

Return of Organization Exempt From Income Tax

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2024
Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

B Check if applicable: C Name of organization UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY
D Employer identification number 74-1272381
E Telephone number (210) 352-7000
G Gross receipts \$ 55,602,224.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status:
J Website: WWW.UWSATX.ORG
K Form of organization:
L Year of formation: 1955
M State of legal domicile: TX

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here: Signature of officer TAMMY FLOYD, CFO
Paid: Preparer's name JOSEPH A. HERNANDEZ, signature JOSEPH A. HERNANDEZ, Date 05/13/26, PTIN P00950841
Preparer Use Only: Firm's name ADKF, P.C., Firm's EIN 74-2606559, Firm's address 9601 MCALLISTER FREEWAY, SUITE 800, SAN ANTONIO, TX 78216, Phone no. 210-829-1300

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE MISSION OF UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY (UWSA) IS TO UNITE THE COMMUNITY TO IDENTIFY AND SOLVE OUR MOST CRITICAL ISSUES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 38,657,088. including grants of \$ 30,814,382.) (Revenue \$) COMMUNITY IMPACT- WE BELIEVE THAT EVERY MAN, WOMAN, AND CHILD DESERVE AN OPPORTUNITY FOR A GOOD LIFE. SINCE 2006, UWSA HAS STRATEGICALLY ALIGNED ITS WORK AND FUNDING AROUND FOUR CORE IMPACT AREAS. THE FOUR IMPACT AREAS WE PROVIDE FUNDING TO PARTNERS FOR AND A DESCRIPTION OF GRANTS WE RECEIVE SUPPORTING PROGRAMS ARE DETAILED BELOW. WE ONLY APPLY FOR GRANTS THAT ALIGN WITH THE STRATEGIES IN EACH OF OUR IMPACT AREAS. AS SUCH, NOT ALL IMPACT AREAS HAVE SUPPORTING GRANTS CURRENTLY. WE UTILIZE A RESULTS BASED ACCOUNTABILITY (RBA) PROCESS TO CREATE, DEFINE, IMPLEMENT, AND REPORT RESULTS, INDICATORS, AND STRATEGIES ACROSS ALL OUR WORK AND INVESTMENTS.

SEE SCHEDULE O FOR CONTINUATION

4b (Code:) (Expenses \$ 1,410,253. including grants of \$) (Revenue \$) COMMUNITY SERVICES 2-1-1 TEXAS - INFORMATION AND REFERRAL (ALAMO AREA INFORMATION CENTER) GRANT: A FREE, CONFIDENTIAL HEALTH AND HUMAN SERVICES HOTLINE THAT HELPS PEOPLE FIND LOCAL INFORMATION AND RESOURCES. 2-1-1 TEXAS - ALAMO REGION IS ONE OF 24 AREA INFORMATION CENTERS IN TEXAS OPERATING 24/7/365, WITH BILINGUAL (SPANISH) CALL SPECIALISTS, AND SERVES BEXAR AND ELEVEN SURROUNDING COUNTIES. IN 2025, 2-1-1 ADDRESSED 147,709 CONNECTIONS. A CONNECTION IS A PHONE CALL, LIVE CHAT, FAX, WALK-IN OR EMAIL TO CONTACT 211. TOP CALLER NEEDS INCLUDED UTILITY ASSISTANCE, FOOD INSECURITY, AND RENT ASSISTANCE.

SEE SCHEDULE O FOR CONTINUATION

4c (Code:) (Expenses \$ 693,792. including grants of \$ 914,780.) (Revenue \$) COMMUNITY ENGAGEMENT 1) WOMEN UNITED (WU): WOMEN UNITED IS A DYNAMIC MEMBERSHIP OF WOMEN (AND MEN) WHO SUPPORT THE WORK OF UNITED WAY TO DRIVE POSITIVE CHANGES IN SAN ANTONIO AND BEXAR COUNTY. WOMEN UNITED PROVIDES MEMBERS WITH A SPEAKER SERIES, VOLUNTEER LEADERSHIP ROLES, AND SIGNATURE NETWORKING EVENTS. IN FY25, WOMEN UNITED WAS COMPROMISED OF MORE THAN 2,796 MEMBERS. THIS MEMBERSHIP GROUP ALSO FUNDS ITS SIGNATURE CAUSE, UNITED WAY CHILD CARE SCHOLARSHIPS, WHICH MAKE QUALITY CHILDCARE ACCESSIBLE AND AFFORDABLE FOR PARENTS COMPLETING DEGREES OR JOB CERTIFICATIONS. PROCEEDS FROM WOMEN UNITED'S ANNUAL POWER OF THE PURSE LUNCHEON AND PURSE AUCTION DIRECTLY BENEFIT THE SCHOLARSHIP PROGRAM. IN FY25, WOMEN UNITED SUPPORTED 61 FAMILIES WITH CHILDCARE SCHOLARSHIPS, INCLUDING 102

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 40,761,133.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		153
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a		31
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b		31
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
TAMMY FLOYD - (210) 352-7000
700 SOUTH ALAMO, SAN ANTONIO, TX 78205

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MR. CHRISTOPHER MARTIN PRESIDENT & CEO	55.00 2.00			X			434,498.	0.	44,417.	
(2) MR. GLENN LUCADOU CHIEF DEVELOPMENT OFFICER	45.00 2.00			X			212,637.	0.	42,100.	
(3) MR. RYAN BOUBEL (FORMER) CHIEF FINANCIAL OFFICER	45.00 2.00			X			202,655.	0.	30,072.	
(4) MS. TAMMY FLOYD CHIEF FINANCIAL OFFICER	45.00 2.00			X			0.	0.	0.	
(5) MS. JENIFFER M. RICHARDSON SVP, STRATEGIC INITIATIVES & PUBLIC	45.00 2.00					X	151,683.	0.	16,304.	
(6) MR. ANDREW M. SASSEVILLE SVP, ACCOUNTABILITY & COMMUNITY SERV	45.00 2.00					X	148,177.	0.	15,155.	
(7) MR. JASON ALEMAN SVP, COMMUNITY IMPACT	45.00 2.00					X	142,829.	0.	12,794.	
(8) MR. DOMINGO R. GONZALES CHIEF MARKETING OFFICER	45.00 2.00					X	138,049.	0.	26,992.	
(9) MR. RUPERT S. SCHREINER IMPACT DATA OFFICER	45.00 2.00					X	134,322.	0.	13,817.	
(10) MR. SAMUEL BARTON VP, INFORMATION SERVICES	45.00 2.00					X	127,287.	0.	16,610.	
(11) MR. JONATHAN GURWITZ BRD CHR, PBLC POLICY, & NOM CHR	4.00 0.00	X		X			0.	0.	0.	
(12) MR. L. HERBERT STUMBERG JR. BOARD SECRETARY	5.00 0.00	X		X			0.	0.	0.	
(13) MS. MARIA D. VILLAGOMEZ BOARD TREASURER & FINANCE CHAIR	3.00 0.00	X		X			0.	0.	0.	
(14) MR. CHARLES E. AMATO ENDOW & LEGACY FND COMMITTEE CHAIR	2.00 2.00	X		X			0.	0.	0.	
(15) MS. BRANDY RALSTON-LINT MARKETING CHAIR	10.00 0.00	X		X			0.	0.	0.	
(16) MS. LAURA J. VACCARO HUMAN RESOURCES COMMITTEE CHAIR	8.00 0.00	X		X			0.	0.	0.	
(17) MR. R. RENE ESCOBEDO AUDIT & ETHICS CHAIR	10.00 0.00	X		X			0.	0.	0.	

UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MS. LISA A. FRIEL RESOURCE DEVELOPMENT CHAIR	2.00 2.00	X		X				0.	0.	0.
(19) MR. ADAM L. HAMILTON, P.E. PAST CAMPAIGN CHAIR	6.00 0.00	X		X				0.	0.	0.
(20) MS. MICHELLE LUGALIA-HOLLON PUBLIC POLICY VICE-CHAIR	3.00 0.00	X		X				0.	0.	0.
(21) MS. VICTORIA M. GARCIA STRATEGY & GOVERNANCE CHAIR	10.00 0.00	X		X				0.	0.	0.
(22) MR. MICHAEL HOWARD TOCQUEVILLE SOCIETY CHAIR	2.00 0.00	X		X				0.	0.	0.
(23) MS. ANDREA GUADARRAMA EMERGING LEADERS CHAIR	15.00 0.00	X		X				0.	0.	0.
(24) MS. JOANNA WEIDMAN WOMEN UNITED CHAIR	2.00 0.00	X		X				0.	0.	0.
(25) MR. RUDY D. GARZA CAMPAIGN CHAIR ELECT	5.00 0.00	X		X				0.	0.	0.
(26) MR. SEYMOUR BATTLE MEMBER-AT-LARGE	3.00 0.00	X						0.	0.	0.
1b Subtotal								1,692,137.	0.	218,261.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,692,137.	0.	218,261.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 18

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
BLUE CROSS BLUE SHIELD 378 OLD GUILBEAU ST., SAN ANTONIO, TX 78204	HEALTH INSURANCE	1,072,743.
ALAMO AREA COMMUNITY NETWORK, 112 E PECAN ST, SUITE 830, SAN ANTONIO, TX 78205	DATA SYSTEMS MAINTENANCE	199,875.
MUTUAL OF OMAHA, 100 NE INTERSTATE 410 LOOP SUITE 900, SAN ANTONIO, TX 78216	BENEFITS INSURANCE COVERAGE	167,380.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 3

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2024)

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	6,381,800.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	35,523,252.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		41,905,052.			
Program Service Revenue	2 a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,963,449.		1963449.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
	b	Less: cost or other basis and sales expenses	7b	11,435,358.			
	c	Gain or (loss)	7c	262,873.			
	d	Net gain or (loss)		262,873.		262,873.	
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	OTHER INCOME	Business Code	812930	35,492.	35,492.	
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d			35,492.		
12	Total revenue. See instructions			44,166,866.	0.	35,492.	
						2226322.	

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	31,729,162.	31,729,162.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	966,511.	423,477.	385,593.	157,441.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	7,688,005.	5,042,289.	483,229.	2,162,487.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	397,570.	224,900.	51,218.	121,452.
9 Other employee benefits	1,145,434.	688,090.	179,690.	277,654.
10 Payroll taxes	576,727.	349,467.	73,326.	153,934.
11 Fees for services (nonemployees):				
a Management				
b Legal	26,269.		26,269.	
c Accounting	60,985.	23,000.	37,985.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	173,554.		173,554.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	398,423.	289,776.	92,199.	16,448.
12 Advertising and promotion	190,607.	131,132.		59,475.
13 Office expenses	108,358.	53,567.	22,795.	31,996.
14 Information technology	471,936.	294,318.	43,498.	134,120.
15 Royalties				
16 Occupancy	182,593.	120,132.	28,312.	34,149.
17 Travel	30,550.	16,998.	2,778.	10,774.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	396,730.	344,262.	30,459.	22,009.
20 Interest				
21 Payments to affiliates	496,335.	217,494.	80,803.	198,038.
22 Depreciation, depletion, and amortization	275,830.	178,462.	44,133.	53,235.
23 Insurance	69,074.	21,673.	40,936.	6,465.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROGRAM SUPPLIES	532,935.	532,935.	0.	0.
b MISCELLANEOUS	140,148.	79,999.	35,015.	25,134.
c CAMPAIGN EXPENSES	88,849.	0.	0.	88,849.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	46,146,585.	40,761,133.	1,831,792.	3,553,660.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	250.	1	0.	
	2 Savings and temporary cash investments	12,364,266.	2	12,337,975.	
	3 Pledges and grants receivable, net	17,455,005.	3	16,401,111.	
	4 Accounts receivable, net	107,979.	4	1,518,742.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	261,363.	9	252,288.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	4,207,487.			
	b Less: accumulated depreciation	2,498,955.			
	11 Investments - publicly traded securities	1,946,710.	10c	1,708,532.	
	12 Investments - other securities. See Part IV, line 11	49,191,245.	11	52,730,118.	
	13 Investments - program-related. See Part IV, line 11	2,365,894.	12	2,508,649.	
	14 Intangible assets		13		
	15 Other assets. See Part IV, line 11		14		
16 Total assets. Add lines 1 through 15 (must equal line 33)	83,692,712.	15	87,457,415.		
17 Accounts payable and accrued expenses	7,591,038.	16	87,457,415.		
18 Grants payable	7,591,038.	17	10,454,009.		
19 Deferred revenue	7,479,290.	18	7,584,078.		
20 Tax-exempt bond liabilities		19			
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20			
22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21			
23 Secured mortgages and notes payable to unrelated third parties		22			
24 Unsecured notes and loans payable to unrelated third parties		23			
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		24			
26 Total liabilities. Add lines 17 through 25	15,070,328.	25	18,038,087.		
27 Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
27 Net assets without donor restrictions	39,877,972.	26	18,038,087.		
28 Net assets with donor restrictions	28,744,412.	27	41,861,712.		
29 Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
29 Capital stock or trust principal, or current funds		28	27,557,616.		
30 Paid-in or capital surplus, or land, building, or equipment fund		29			
31 Retained earnings, endowment, accumulated income, or other funds		30			
32 Total net assets or fund balances	68,622,384.	31	69,419,328.		
33 Total liabilities and net assets/fund balances	83,692,712.	32	87,457,415.		

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Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	44,166,866.
2	Total expenses (must equal Part IX, column (A), line 25)	2	46,146,585.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,979,719.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	68,622,384.
5	Net unrealized gains (losses) on investments	5	2,776,663.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	69,419,328.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	62508056.	42296247.	45211209.	46285098.	41940544.	238241154
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	62508056.	42296247.	45211209.	46285098.	41940544.	238241154
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						26242050.
6 Public support. Subtract line 5 from line 4.						211999104

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	62508056.	42296247.	45211209.	46285098.	41940544.	238241154
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	538,156.	874,306.	1459855.	1898594.	1963449.	6734360.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						244975514
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	86.54 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	87.44 %
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

UNITED WAY OF SAN ANTONIO AND BEXAR
COUNTY

Schedule A (Form 990) 2024

74-1272381 Page 7

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2024 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

UNITED WAY OF SAN ANTONIO AND BEXAR
COUNTY

Employer identification number

74-1272381

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (Rev. 12-2024)

Name of organization UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY	Employer identification number 74-1272381
---	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY	Employer identification number 74-1272381
---	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY

Employer identification number 74-1272381

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, conservation contribution details (2a-2d), number of modified easements, states where located, monitoring policy, staff hours, expenses, and requirements for section 170(h)(4)(B)(i).

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures (1a, 1b) and amounts for financial gain (2a, 2b).

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) (Rev. 12-2024)

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	38,717,873.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	2,776,663.	
	b Donated services and use of facilities	2b	100,746.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e	2,877,409.	
3	Subtract line 2e from line 1		3	35,840,464.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	173,554.	
	b Other (Describe in Part XIII.)	4b	8,152,848.	
	c Add lines 4a and 4b	4c	8,326,402.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	44,166,866.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	37,920,929.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	100,746.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e	100,746.	
3	Subtract line 2e from line 1		3	37,820,183.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	173,554.	
	b Other (Describe in Part XIII.)	4b	8,152,848.	
	c Add lines 4a and 4b	4c	8,326,402.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	46,146,585.

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

UWSA AND THE ENDOWMENT ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC); THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THESE CONSOLIDATED FINANCIAL STATEMENTS. GAAP REQUIRES RECOGNITION AND DISCLOSURE OF UNCERTAIN TAX POSITIONS IN THE FINANCIAL STATEMENTS. MANAGEMENT BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AND THAT IT HAS NO MATERIAL UNCERTAIN TAX POSITIONS. ACCORDINGLY, IT HAS NOT RECOGNIZED ANY LIABILITY FOR UNCERTAIN TAX POSITIONS. FOR THE YEARS ENDED JUNE 30, 2025, AND 2024, UWSA DID NOT RECOGNIZE ANY TAX RELATED INTEREST OR PENALTIES IN THE FINANCIAL STATEMENTS. TAX YEARS 2024-2022 REMAIN OPEN TO EXAMINATION BY THE TAXING JURISDICTIONS THAT THE ORGANIZATION IS SUBJECT TO, AND THESE PERIODS HAVE NOT BEEN EXTENDED BEYOND THE APPLICABLE STATUTE OF LIMITATIONS.

FORM 990, SCHEDULE D, PART X, LINE 2:

DONOR DESIGNATIONS 8,152,848

FORM 990, SCHEDULE D, PART XII, LINE 4B:

DONOR DESIGNATIONS 8,152,848

FORM 990, SCHEDULE D, PART X, LINE 2:

MAKING DISTRIBUTIONS EXCLUSIVELY TO UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY TO BE USED FOR ALLOCATIONS TO UNITED WAY PROGRAMS AND AGENCIES.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY** Employer identification number **74-1272381**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALAMO AREA COMMUNITY NETWORK 85 NE LOOP 410, SUITE 404 SAN ANTONIO, TX 78216	87-2959313	501(C)3	299,875.	0.			RESTRICTED TO SPECIFIC PROGRAM
ALAMO AREA RAPE CRISIS CENTER DBA THE RAPE CRISIS CENTER - 4606 CENTERVIEW, SUITE 240 - SAN ANTONIO, TX 78228	74-2236387	501(C)3	235,404.	0.			RESTRICTED TO SPECIFIC PROGRAM
ALAMO COLLEGES FOUNDATION, INC. 2222 N. ALAMO ST. SAN ANTONIO, TX 78215	74-2422589	501(C)3	166,663.	0.			RESTRICTED TO SPECIFIC PROGRAM
ALAMO PUBLIC TELECOMMUNICATIONS COUNCIL DBA KLRN - 501 BROADWAY ST - SAN ANTONIO, TX 78215	74-2461534	501(C)3	224,512.	0.			RESTRICTED TO SPECIFIC PROGRAM
ALPHA HOME, INC. 300 E. MULBERRY SAN ANTONIO, TX 78212	74-1668144	501(C)3	140,311.	0.			RESTRICTED TO SPECIFIC PROGRAM
ALPHABETZ MONTESSORI CULEBRA LLC 12026 CULEBRA RD. SAN ANTONIO, TX 78253	84-3070586		15,793.	0.			RESTRICTED TO SPECIFIC PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 119.

3 Enter total number of other organizations listed in the line 1 table 32.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (Rev. 12-2024)

**UNITED WAY OF SAN ANTONIO AND BEXAR
COUNTY**

Schedule I (Form 990)

74-1272381

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION INC. 7272 GREENVILLE AVENUE DALLAS, TX 75231	13-5613797	501(C)3	85,689.	0.			RESTRICTED TO SPECIFIC PROGRAM
AMERICAN INDIANS IN TEXAS AT THE SPANISH COLONIAL MISSIONS - 1616 E COMMERCE STREET - SAN ANTONIO, TX 78205	74-2717029	501(C)3	107,500.	0.			RESTRICTED TO SPECIFIC PROGRAM
AMERICAN NATIONAL RED CROSS 431 18TH STREET NW WASHINGTON, DC 20006	53-0196605	501(C)3	80,361.	0.			RESTRICTED TO SPECIFIC PROGRAM
ANY BABY CAN OF SAN ANTONIO, INC. 217 HOWARD SAN ANTONIO, TX 78212	74-2684333	501(C)3	445,719.	0.			RESTRICTED TO SPECIFIC PROGRAM
ASCENSION DEPAUL SERVICES 7607 SOMERSET ROAD SAN ANTONIO, TX 78211	74-6106876	501(C)3	78,278.	0.			RESTRICTED TO SPECIFIC PROGRAM
AUTISM COMMUNITY NETWORK 535 BANDERA RD SAN ANTONIO, TX 78228	26-2592058	501(C)3	240,452.	0.			RESTRICTED TO SPECIFIC PROGRAM
AVANCE INC 824 BROADWAY STREET 204 SAN ANTONIO, TX 78215	74-1769114	501(C)3	737,676.	0.			RESTRICTED TO SPECIFIC PROGRAM
BEAMING BRIGHT LEARNING CENTER 4222 SUN SHADOW SAN ANTONIO, TX 78217	36-4434593		11,079.	0.			RESTRICTED TO SPECIFIC PROGRAM
BEXAR COUNTY COMMUNITY HEALTH COLLABRATIVE - 2300 W COMMERCE STE 301 - SAN ANTONIO, TX 78207	74-2953076	501(C)3	426,120.	0.			RESTRICTED TO SPECIFIC PROGRAM

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF SOUTH TEXAS INC - 10843 GULFDALÉ - SAN ANTONIO, TX 78216	74-1897630	501(C)3	369,075.	0.			RESTRICTED TO SPECIFIC PROGRAM
BLESSED SACRAMENT AND INCARNATE WORD CONVENT - 1135 MISSION ROAD - SAN ANTONIO, TX 78210	74-1369411	501(C)3	140,459.	0.			RESTRICTED TO SPECIFIC PROGRAM
BO PEEP DAYCARE CENTER II 8110 LONE SHADOW TRAIL CONVERSE, TX 78109	81-5242870		9,448.	0.			RESTRICTED TO SPECIFIC PROGRAM
BOOKS & BIBS CHILDCARE AND LEARNING ACADEMY INC - 6756 MONTGOMERY DR. - SAN ANTONIO, TX 78239	93-3952197		35,728.	0.			RESTRICTED TO SPECIFIC PROGRAM
BOYS & GIRLS CLUB OF SAN ANTONIO 123 RALPH STREET SAN ANTONIO, TX 78204	74-1109637	501(C)3	300,375.	0.			RESTRICTED TO SPECIFIC PROGRAM
BOYSVILLE INC. PO BOX 369 CONVERSE, TX 78109	74-1207553	501(C)3	159,573.	0.			RESTRICTED TO SPECIFIC PROGRAM
BRIGHTON CENTER 14207 HIGGINS RD. SAN ANTONIO, TX 78217	74-2331826	501(C)3	252,850.	0.			RESTRICTED TO SPECIFIC PROGRAM
CAPITAL AREA UNITED WAY 700 LAUREL ST BATON ROUGE, LA 70802	72-0447100	501(C)3	6,093.	0.			RESTRICTED TO SPECIFIC PROGRAM
CASTLE HILLS LEARNING CENTER 4638 CENTERVIEW SAN ANTONIO, TX 78228	74-2730363		8,775.	0.			RESTRICTED TO SPECIFIC PROGRAM

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CATHOLIC CHARITIES, ARCHDIOCESE OF SAN ANTONIO, INC. - 202 W. FRENCH PL. - SAN ANTONIO, TX 78212	74-1109743	501(C)3	1,973,526.	0.			RESTRICTED TO SPECIFIC PROGRAM
CHILD ADVOCATES SAN ANTONIO 1956 S. WW WHITE ROAD SAN ANTONIO, TX 78222	74-2494625	501(C)3	201,570.	0.			RESTRICTED TO SPECIFIC PROGRAM
CHILDREN'S ASSOCIATION FOR MAXIMUM POTENTIAL - PO BOX 27086 - SAN ANTONIO, TX 78227	74-2095766	501(C)3	41,517.	0.			RESTRICTED TO SPECIFIC PROGRAM
CHILDREN'S BEREAVEMENT CENTER OF SOUTH TEXAS - 205 W. OLMOS - SAN ANTONIO, TX 78212	74-2828178	501(C)3	146,250.	0.			RESTRICTED TO SPECIFIC PROGRAM
CHILDSAFE 3730 IH 10 E SAN ANTONIO, TX 78220	74-2633697	501(C)3	548,383.	0.			RESTRICTED TO SPECIFIC PROGRAM
CHRISTIAN ASSISTANCE MINISTRY 110 MCCULLOUGH AVENUE SAN ANTONIO, TX 78215	74-1947967	501(C)3	140,000.	0.			RESTRICTED TO SPECIFIC PROGRAM
CHRISTUS CHILDREN'S FOUNDATION PO BOX 1661 SAN ANTONIO, TX 78296	74-1224362	501(C)3	92,712.	0.			RESTRICTED TO SPECIFIC PROGRAM
CHRYSALIS MINISTRIES INC. 509 SAN PEDRO SAN ANTONIO, TX 78212	74-1914047	501(C)3	246,855.	0.			RESTRICTED TO SPECIFIC PROGRAM
CITY YEAR INC 287 COLUMBUS AVENUE BOSTON, MA 02116	22-2882549	501(C)3	192,000.	0.			RESTRICTED TO SPECIFIC PROGRAM

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CLARITY CHILD GUIDANCE CENTER 8535 TOM SLICK SAN ANTONIO, TX 78229	74-1153067	501(C)3	361,679.	0.			RESTRICTED TO SPECIFIC PROGRAM
COLONIAL HILLS UNITED METHODIST 5247 VANCE JACKSON SAN ANTONIO, TX 78230	74-2610528	501(C)3	10,228.	0.			RESTRICTED TO SPECIFIC PROGRAM
COMMUNITIES IN SCHOOLS OF SAN ANTONIO - 1045 CHEEVER BLVD, STE 201 - SAN ANTONIO, TX 78217	74-2393714	501(C)3	636,330.	0.			RESTRICTED TO SPECIFIC PROGRAM
COMMUNITY INFORMATION NOW 7411 JOHN SMITH DRIVE SUITE 11 SAN ANTONIO, TX 78229	81-5286030	501(C)3	59,983.	0.			RESTRICTED TO SPECIFIC PROGRAM
CORAZON MINISTRIES INC 126 GONZALES ST, STE 200 SAN ANTONIO, TX 78205	20-0319533	501(C)3	133,750.	0.			RESTRICTED TO SPECIFIC PROGRAM
COUNTRY HOME LEARNING CENTER (SPRING FARM) - 14966 SPRING FARM - SAN ANTONIO, TX 78247	74-2722253		31,251.	0.			RESTRICTED TO SPECIFIC PROGRAM
COUNTRY HOME LEARNING CENTER (TOPPERWEIN) - 11909 TOEPPERWEIN - SAN ANTONIO, TX 78233	74-2722254		12,830.	0.			RESTRICTED TO SPECIFIC PROGRAM
COUNTRY HOME LEARNING CENTER - CIELO VISTA (FREDRICKSBURG) - 23907 CIELO VISTA - SAN ANTONIO, TX 78255	20-8875669		5,416.	0.			RESTRICTED TO SPECIFIC PROGRAM
CROSSPOINT INC 301 YUCCA STREET SAN ANTONIO, TX 78203	74-6058916	501(C)3	13,914.	0.			RESTRICTED TO SPECIFIC PROGRAM

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CROSSROADS UNITED WAY INC PO BOX 3048 ELKHART, IN 46515	35-0953433	501(C)3	8,376.	0.			RESTRICTED TO SPECIFIC PROGRAM
DE PAUL CHILDREN'S CENTER 7607 SOMERSET ROAD SAN ANTONIO, TX 78211	74-6106876	501(C)3	6,270.	0.			RESTRICTED TO SPECIFIC PROGRAM
DEPELCHIN CHILDREN'S CENTER 4950 MEMORIAL DRIVE HOUSTON, TX 77007	76-0318867	501(C)3	775,102.	0.			RESTRICTED TO SPECIFIC PROGRAM
DOVE LEARNING CENTER INC 2655 TALLEY RD. SAN ANTONIO, TX 78253	45-4625256		9,240.	0.			RESTRICTED TO SPECIFIC PROGRAM
ELLA AUSTIN COMMUNITY CENTER 1023 N. PINE ST. SAN ANTONIO, TX 78202	74-1166908	501(C)3	121,271.	0.			RESTRICTED TO SPECIFIC PROGRAM
EMPOWER HOUSE SA 801 N. OLIVE ST SAN ANTONIO, TX 78202	74-2934053	501(C)3	338,809.	0.			RESTRICTED TO SPECIFIC PROGRAM
EXCELLED SCHOOLS LLC 27521 IH 10 W BOERNE, TX 78006	81-2543126		6,260.	0.			RESTRICTED TO SPECIFIC PROGRAM
FAMILY ENDEAVORS INC DBA ENDEAVORS 6363 DE ZAVALA RD SAN ANTONIO, TX 78249	23-7223078	501(C)3	174,962.	0.			RESTRICTED TO SPECIFIC PROGRAM
FAMILY GATHERINGS 5430 OLD SEGUIN RD SAN ANTONIO, TX 78219	20-3467864		9,243.	0.			RESTRICTED TO SPECIFIC PROGRAM

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FAMILY SERVICE ASSOCIATION OF SAN ANTONIO INC - 702 SAN PEDRO - SAN ANTONIO, TX 78212	74-1117341	501(C)3	3,559,705.	0.			RESTRICTED TO SPECIFIC PROGRAM
FAMILY VIOLENCE PREVENTION SERVICES INC - 7911 BROADWAY - SAN ANTONIO, TX 78209	74-1994151	501(C)3	946,864.	0.			RESTRICTED TO SPECIFIC PROGRAM
FIRST PRESBYTERIAN CHURCH SAN ANTONIO - 404 N. ALAMO ST - SAN ANTONIO, TX 78205	74-1175837	501(C)3	18,471.	0.			RESTRICTED TO SPECIFIC PROGRAM
FUTURE MOGULS LEARNING CENTER 5203 EISENHAUER ROAD SAN ANTONIO, TX 78218	84-3874079		25,085.	0.			RESTRICTED TO SPECIFIC PROGRAM
GIRL SCOUTS OF SOUTHWEST TEXAS INC 811 N COKER LOOP SAN ANTONIO, TX 78216	74-1109759	501(C)3	56,700.	0.			RESTRICTED TO SPECIFIC PROGRAM
GOOD SAMARITAN CENTER OF SAN ANTONIO DBA GOOD SAMARITAN COMMUNITY SERVICE - 1600 SALTILLO - SAN ANTONIO, TX 78207	74-1117340	501(C)3	825,873.	0.			RESTRICTED TO SPECIFIC PROGRAM
GOODWILL INDUSTRIES OF SAN ANTONIO 406 W COMMERCE SAN ANTONIO, TX 78207	74-1238444	501(C)3	672,718.	0.			RESTRICTED TO SPECIFIC PROGRAM
GREATER LONGVIEW UNITED WAY INC PO BOX 411 LONGVIEW, TX 75606	75-0998908	501(C)3	18,887.	0.			RESTRICTED TO SPECIFIC PROGRAM
GREATER RANDOLPH AREA SERVICES PROGRAM INC - 250 DONALAN DR. - CONVERSE, TX 78109	74-2353686	501(C)3	147,240.	0.			RESTRICTED TO SPECIFIC PROGRAM

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GUADALUPE COUNTY UNITED WAY PO BOX 805 SEGUIN, TX 78156	74-2738713	501(C)3	54,597.	0.			RESTRICTED TO SPECIFIC PROGRAM
GUARDIAN HOUSE 1354 BASSE RD SAN ANTONIO, TX 78212	74-2780384	501(C)3	58,791.	0.			RESTRICTED TO SPECIFIC PROGRAM
HAVEN FOR HOPE OF BEXAR COUNTY 1 HAVEN FOR HOPE WAY SAN ANTONIO, TX 78207	20-8075412	501(C)3	1,352,290.	0.			RESTRICTED TO SPECIFIC PROGRAM
HEALY-MURPHY CENTER 618 LIVE OAK SAN ANTONIO, TX 78202	74-1667875	501(C)3	445,190.	0.			RESTRICTED TO SPECIFIC PROGRAM
JASMINE DAVID DBA FAIRYTALE LEARNING AND PRESCHOOL - 4168 STAHL ROAD - SAN ANTONIO, TX 78217	82-0598075		6,650.	0.			RESTRICTED TO SPECIFIC PROGRAM
JOINT BASE SAN ANTONIO - FORT SAM HOUSTON YOUTH PROGRAMS - 2380 STANLEY ROAD, BLDG 124 - JBSA FT. SAM HOUSTON, TX 78224		GOVT	154,333.	0.			RESTRICTED TO SPECIFIC PROGRAM
JOINT BASE SAN ANTONIO - LACKLAND YOUTH PROGRAMS - 2380 STANLEY ROAD, BLDG 124 - JBSA FT. SAM HOUSTON, TX 78224		GOVT	79,333.	0.			RESTRICTED TO SPECIFIC PROGRAM
JOINT BASE SAN ANTONIO - RANDOLPH YOUTH PROGRAMS - 2380 STANLEY ROAD, BLDG 124 - JBSA FT. SAM HOUSTON, TX 78224		GOVT	79,333.	0.			RESTRICTED TO SPECIFIC PROGRAM
JOMAMI DBA MI CASA CHILDCARE 8601 CINNAMON CREEK SAN ANTONIO, TX 78240	20-3561928		15,356.	0.			RESTRICTED TO SPECIFIC PROGRAM

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KERR COUNTY UNITED WAY 820 MAIN STREET 101 KERRVILLE, TX 78028	74-1475945	501(C)3	18,931.	0.			RESTRICTED TO SPECIFIC PROGRAM
KID NATION, INC. 13210 FAIRACRES WAY SAN ANTONIO, TX 78233	37-1913937	501(C)3	22,343.	0.			RESTRICTED TO SPECIFIC PROGRAM
KIDCARE DROP IN, INC. 6237 EVERS RD. LEON VALLEY, TX 78238	20-5285611		20,179.	0.			RESTRICTED TO SPECIFIC PROGRAM
KUEHG CORP 5005 MEADOW ROAD, SUITE 200 LAKE OSWEGO, OR 97035	47-4478313		11,612.	0.			RESTRICTED TO SPECIFIC PROGRAM
LEAFSPRING SCHOOL 3108 MARSHALL ROAD SAN ANTONIO, TX 78259	46-1971855		16,613.	0.			RESTRICTED TO SPECIFIC PROGRAM
LIFE CHURCH CHILD DEVELOPMENT CENTER - 4425 SW LOOP 410 - SAN ANTONIO, TX 78251	74-1605437	501(C)3	9,722.	0.			RESTRICTED TO SPECIFIC PROGRAM
LITTLE ACHIEVERS LEARNING ACADEMY 270 ANTRIM DR SAN ANTONIO, TX 78218	33-1306020		22,543.	0.			RESTRICTED TO SPECIFIC PROGRAM
LORD OF LIFE LUTHERAN CHURCH CHILD DEVELOPMENT CENTER - 5955 FM 78 - SAN ANTONIO, TX 78244	74-6185612	501(C)3	15,182.	0.			RESTRICTED TO SPECIFIC PROGRAM
MACARTHUR PARK LUTHERAN SCHOOL 2903 NACOGDOCHES RD. SAN ANTONIO, TX 78217	74-1891994		5,342.	0.			RESTRICTED TO SPECIFIC PROGRAM

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MADONNA CENTER INCORPORATED 1906 CASTROVILLE SAN ANTONIO, TX 78237	74-1143119	501(C)3	506,751.	0.			RESTRICTED TO SPECIFIC PROGRAM
MEALS ON WHEELS SAN ANTONIO 2718 DANBURY SAN ANTONIO, TX 78217	74-1948646	501(C)3	509,950.	0.			RESTRICTED TO SPECIFIC PROGRAM
MILE HIGH UNITED WAY INC 711 PARK AVENUE WEST DENVER, CO 80205	84-0404235	501(C)3	31,857.	0.			RESTRICTED TO SPECIFIC PROGRAM
MISSION ROAD MINISTRIES 8706 MISSION ROAD SAN ANTONIO, TX 78214	74-2958552	501(C)3	347,845.	0.			RESTRICTED TO SPECIFIC PROGRAM
MY KIDS 2 PRESCHOOL ACADEMY LLC 5534 WALZEM RD SAN ANTONIO, TX 78218	47-4747588		12,245.	0.			RESTRICTED TO SPECIFIC PROGRAM
NATIONAL CENTER FOR BEHAVIORAL HEALTH SOLUTIONS DBA THE CENTER FOR HEALTH CARE S - 6800 PARK TEN BLVD - SAN ANTONIO, TX 78213	47-0857847	501(C)3	212,077.	0.			RESTRICTED TO SPECIFIC PROGRAM
NATURE AND STEM KIDS COLLEGE RECOLETA CAMPUS LLC 4719 CAMINO DORADO DR, STE 1 - SAN ANTONIO, TX 78233	92-1214629		6,434.	0.			RESTRICTED TO SPECIFIC PROGRAM
NORTHEAST SENIOR ASSISTANCE (NESA) 2903 NACOGDOCHES RD. SAN ANTONIO, TX 78217	74-2405293	501(C)3	6,982.	0.			RESTRICTED TO SPECIFIC PROGRAM
PIKES PEAK UNITED WAY 518 NORTH NEVADA AVENUE COLORADO SPRINGS, CO 80903	84-0511799	501(C)3	9,293.	0.			RESTRICTED TO SPECIFIC PROGRAM

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PLAYTIME DAYCARE INC. 11470 SOUTH FOSTER RD. #3 SAN ANTONIO, TX 78223	74-2619368		6,043.	0.			RESTRICTED TO SPECIFIC PROGRAM
POPPYS KIDDIE KAMPUS 200 BRIGGS AVE. SAN ANTONIO, TX 78211	74-2511995		11,671.	0.			RESTRICTED TO SPECIFIC PROGRAM
PRESA COMMUNITY SERVICE CENTER 3721 S. PRESA STREET SAN ANTONIO, TX 78210	74-1902249	501(C)3	185,000.	0.			RESTRICTED TO SPECIFIC PROGRAM
PROJECT QUEST INC 800 QUINTANA RD BLDG 8 SAN ANTONIO, TX 78211	74-2643545	501(C)3	86,332.	0.			RESTRICTED TO SPECIFIC PROGRAM
RESPITE CARE OF SAN ANTONIO INC PO BOX 12633 SAN ANTONIO, TX 78212	74-2467770	501(C)3	280,510.	0.			RESTRICTED TO SPECIFIC PROGRAM
RESTORE EDUCATION INC PO BOX 692338 SAN ANTONIO, TX 78269	26-2966263	501(C)3	787,212.	0.			RESTRICTED TO SPECIFIC PROGRAM
RISE RECOVERY 2803 MOSSROCK SAN ANTONIO, TX 78230	74-2216041	501(C)3	481,226.	0.			RESTRICTED TO SPECIFIC PROGRAM
ROY MASS' YOUTH ALTERNATIVES FOUNDATION - 3103 WEST AVENUE - SAN ANTONIO, TX 78213	68-0554438	501(C)3	333,962.	0.			RESTRICTED TO SPECIFIC PROGRAM
ROZELLE DBA NEW KIDS ON THE BLOCK 623 S. WW WHITE ROAD SAN ANTONIO, TX 78220	26-4289113		13,014.	0.			RESTRICTED TO SPECIFIC PROGRAM

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SA CHRISTIAN HOPE RESOURCE CENTER INC DBA SA HOPE CENTER - PO BOX 780904 - SAN ANTONIO, TX 78278	74-2989365	501(C)3	362,489.	0.			RESTRICTED TO SPECIFIC PROGRAM
SA YOUTH PO BOX 7844 SAN ANTONIO, TX 78207	74-2333088	501(C)3	10,498.	0.			RESTRICTED TO SPECIFIC PROGRAM
SALVATION ARMY, THE 521 W. ELMIRA ST SAN ANTONIO, TX 78212	22-2406433	501(C)3	419,808.	0.			RESTRICTED TO SPECIFIC PROGRAM
SAN ANTONIO AIDS FOUNDATION 818 EAST GRAYSON STREET SAN ANTONIO, TX 78208	74-2427853	501(C)3	55,033.	0.			RESTRICTED TO SPECIFIC PROGRAM
SAN ANTONIO AREA FOUNDATION 155 CONCORD PLAZA DR 301 SAN ANTONIO, TX 78215	74-6065414	501(C)3	50,000.	0.			RESTRICTED TO SPECIFIC PROGRAM
SAN ANTONIO COUNCIL ON ALCOHOL AND DRUG AWARENESS - 7500 US HWY 90 W STE 201 - SAN ANTONIO, TX 78227	74-1340188	501(C)3	24,868.	0.			RESTRICTED TO SPECIFIC PROGRAM
SAN ANTONIO FOOD BANK 52 ENRIQUE M BARRERA PKWY SAN ANTONIO, TX 78227	74-2122979	501(C)3	1,267,962.	0.			RESTRICTED TO SPECIFIC PROGRAM
SAN ANTONIO GROWTH FOR THE EASTSIDE INC DBA SAGE - 220 CHESTNUT - SAN ANTONIO, TX 78202	74-2876270	501(C)3	12,014.	0.			RESTRICTED TO SPECIFIC PROGRAM
SAN ANTONIO LIFETIME RECOVERY INC DBA LIFETIME RECOVERY - PO BOX 5968 - SAN ANTONIO, TX 78201	74-1540097	501(C)3	194,395.	0.			RESTRICTED TO SPECIFIC PROGRAM

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SAN ANTONIO METROPOLITAN MINISTRIES INC - 1919 NW LOOP 410, STE 100 - SAN ANTONIO, TX 78213	74-2285793	501(C)3	353,290.	0.			RESTRICTED TO SPECIFIC PROGRAM
SAN ANTONIO PUBLIC LIBRARY FOUNDATION - 625 SHOOK AVENUE - SAN ANTONIO, TX 78212	74-2283582	501(C)3	53,703.	0.			RESTRICTED TO SPECIFIC PROGRAM
SAN ANTONIO SPORTS FOUNDATION PO BOX 830386 SAN ANTONIO, TX 78283	74-2471362	501(C)3	27,084.	0.			RESTRICTED TO SPECIFIC PROGRAM
SETON HOME 1115 MISSION RD SAN ANTONIO, TX 78210	74-2247996	501(C)3	113,810.	0.			RESTRICTED TO SPECIFIC PROGRAM
SMARTY PANTS LEARNING 6749 BANDERA RD. SAN ANTONIO, TX 78238	81-4676283		16,357.	0.			RESTRICTED TO SPECIFIC PROGRAM
SOUTHWEST OUTREACH FOR OLDER PEOPLE DBA RIDE CONNECT TEXAS - 2201 ST. CLOUD - SAN ANTONIO, TX 78228	45-5521039	501(C)3	6,056.	0.			RESTRICTED TO SPECIFIC PROGRAM
ST. PAUL LUTHERAN CHILD DEVELOPMENT CENTER - 2302 SOUTH PRESA STREET - SAN ANTONIO, TX 78210	74-2219636	501(C)3	432,148.	0.			RESTRICTED TO SPECIFIC PROGRAM
ST. PETER - ST. JOSEPH CHILDREN'S HOME - 919 MISSION ROAD - SAN ANTONIO, TX 78210	74-1143129	501(C)3	147,866.	0.			RESTRICTED TO SPECIFIC PROGRAM
STEPHANIE BUSTOS DBA BUSTOS DAYCARE & LEARNING CENTER - BUSTOS DAYCARE & LEARNING CENTER 959 SW 34 ST. - SAN ANTONIO, TX 78237	20-4174676		15,325.	0.			RESTRICTED TO SPECIFIC PROGRAM

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNDAR SCHOOLS DBA NEXT GEN LEARNING CENTER - 6401 BANDERA RD - SAN ANTONIO, TX 78238	92-3509415		5,256.	0.			RESTRICTED TO SPECIFIC PROGRAM
TEMPLE OF PRAISE EARLY CHILDHOOD DVLPMNT CTR - 8240 CULEBRA - SAN ANTONIO, TX 78251	74-2025861		9,131.	0.			RESTRICTED TO SPECIFIC PROGRAM
TEXAS DIAPER BANK 1803 GRANDSTAND DR., STE 105 SAN ANTONIO, TX 78238	74-2886380	501(C)3	97,039.	0.			RESTRICTED TO SPECIFIC PROGRAM
THE ARC OF SAN ANTONIO INC 13430 WEST AVENUE SAN ANTONIO, TX 78216	74-1200110	501(C)3	59,601.	0.			RESTRICTED TO SPECIFIC PROGRAM
THE CHILDREN'S SHELTER 2939 W WOODLAWN SAN ANTONIO, TX 78228	74-1109660	501(C)3	396,654.	0.			RESTRICTED TO SPECIFIC PROGRAM
THE CIRCLE SCHOOL 217 PERSHING AVE SAN ANTONIO, TX 78209	74-6068891	501(C)3	5,995.	0.			RESTRICTED TO SPECIFIC PROGRAM
THE UNITED WAY OF CENTRAL TEXAS INC - PO BOX 1312 - TEMPLE, TX 76503	74-2575728	501(C)3	7,823.	0.			RESTRICTED TO SPECIFIC PROGRAM
THE ZOLEDAD GROUP, LLC DBA A-2-Z LEARNING CENTER #3 - 158 DARSON MARIE DR. - SAN ANTONIO, TX 78226	26-4416615		25,116.	0.			RESTRICTED TO SPECIFIC PROGRAM
THRIVEWELL CANCER FOUNDATION 4383 MEDICAL DRIVE, SUITE 4078 SAN ANTONIO, TX 78229	26-0371270	501(C)3	112,256.	0.			RESTRICTED TO SPECIFIC PROGRAM

Schedule I (Form 990)

**UNITED WAY OF SAN ANTONIO AND BEXAR
COUNTY**

Schedule I (Form 990)

74-1272381

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THRU PROJECT 4502 CENTERVIEW DR. SUITE 225 SAN ANTONIO, TX 78228	46-3961089	501(C)3	85,000.	0.			RESTRICTED TO SPECIFIC PROGRAM
U.S.O. COUNCIL OF SAN ANTONIO 420 EAST COMMERCE STREET SAN ANTONIO, TX 78205	74-1315272	501(C)3	56,457.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY FOR GREATER AUSTIN 5930 MIDDLE FISKVILLE RD F5TH FLOOR AUSTIN, TX 78752	74-1193439	501(C)3	64,351.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY IN KENDALL COUNTY PO BOX 694 BOERNE, TX 78009	23-7066007	501(C)3	141,620.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF ASHEVILLE AND BUNCOMBE COUNTY INC - 50 S FRENCH BROAD AVE - ASHEVILLE, NC 28801	56-0576157	501(C)3	25,018.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF CENTRAL GEORGIA INC PO BOX 1302 MACON, GA 31202	58-0639811	501(C)3	17,784.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF CENTRAL OKLAHOMA INC 1444 NW 28TH STREET OKLAHOMA CITY, OK 73106	73-0589829	501(C)3	6,008.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF COMAL COUNTY PO BOX 310614 NEW BRAUNFELS, TX 78131	74-2640723	501(C)3	196,642.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF DENTON COUNTY, INC. 1314 TEASLEY LANE DENTON, TX 76205	75-1251128	501(C)3	25,278.	0.			RESTRICTED TO SPECIFIC PROGRAM

Schedule I (Form 990)

**UNITED WAY OF SAN ANTONIO AND BEXAR
COUNTY**

Schedule I (Form 990)

74-1272381

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF GREATER ATLANTA INC 40 COURTLAND STREET ATLANTA, GA 30303	58-0566194	501(C)3	18,433.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF GREATER HOUSTON 50 WAUGH DRIVE HOUSTON, TX 77007	74-1167964	501(C)3	34,997.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF HAYS COUNTY PO BOX 1728 SAN MARCOS, TX 78666	74-2257167	501(C)3	25,158.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF JOHNSON COUNTY PO BOX 31 CLEBURNE, TX 76033	75-1101239	501(C)3	14,228.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF LAREDO INC PO BOX 1711 LAREDO, TX 78044	74-1543862	501(C)3	7,803.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF METROPOLITAN DALLAS INC - 1800 N LAMAR ST - DALLAS, TX 75202	75-6005352	501(C)3	54,074.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF SMITH COUNTY 911 SOUTH BROADWAY TYLER, TX 75701	75-0957331	501(C)3	6,261.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF SOUTH TEXAS PO BOX 187 MCALLEN, TX 78501	74-2052527	501(C)3	27,786.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF TARRANT COUNTY 201 N RUPERT ST STE 107 FORT WORTH, TX 76107	75-0858360	501(C)3	41,901.	0.			RESTRICTED TO SPECIFIC PROGRAM

Schedule I (Form 990)

**UNITED WAY OF SAN ANTONIO AND BEXAR
COUNTY**

Schedule I (Form 990)

74-1272381

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF THE COASTAL BEND INC 4659 EVERHART RD CORPUS CHRISTI, TX 78411	74-1207552	501(C)3	29,003.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF WACO-MCLENNAN COUNTY 1227 N VALLEY MILLS DR 212 WACO, TX 76710	74-1189027	501(C)3	34,823.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY SUNCOAST INC 4925 INDEPENDENCE PKWY STE 120 TAMPA, FL 33634	59-3725701	501(C)3	26,245.	0.			RESTRICTED TO SPECIFIC PROGRAM
URBAN STRATEGIES INC 100 NORTH BROADWAY 1110 SAINT LOUIS, MO 63102	43-1141027	501(C)3	188,768.	0.			RESTRICTED TO SPECIFIC PROGRAM
VERTICAL MINISTRIES 4218 THOUSAND OAKS DRIVE SAN ANTONIO, TX 78217	37-1736507		16,862.	0.			RESTRICTED TO SPECIFIC PROGRAM
VINEYARD SCHOOL LLC 15310 HUEBNER RD SAN ANTONIO, TX 78248	45-1769368		14,663.	0.			RESTRICTED TO SPECIFIC PROGRAM
WESTCARE TEXAS INC PO BOX 94738 LAS VEGAS, NV 89193	46-3013004	501(C)3	60,961.	0.			RESTRICTED TO SPECIFIC PROGRAM
YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER SAN ANTONIO - 16103 HENDERSON PASS - SAN ANTONIO, TX 78232	74-1109634	501(C)3	1,342,365.	0.			RESTRICTED TO SPECIFIC PROGRAM
YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF SAN ANTONIO - 2318 CASTROVILLE RD - SAN ANTONIO, TX 78237	74-1143135	501(C)3	819,823.	0.			RESTRICTED TO SPECIFIC PROGRAM

Schedule I (Form 990)

UNITED WAY OF SAN ANTONIO AND BEXAR

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

FORM 990, SCHEDULE I, PART 1, LINE 2

THE UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY HAS AN ESTABLISHED ACCOUNTABILITY REVIEW PROCESS FOR ITS INVESTMENTS THAT INVOLVES THE ANNUAL ASSESSMENT OF THE ORGANIZATIONAL SOUNDNESS OF THE PARTNER AGENCY AND THE EFFECTIVENESS OF THE PROGRAM IN WHICH UNITED WAY IS INVESTING. ORGANIZATIONAL SOUNDNESS IS ASSESSED THROUGH OUR REVIEW PROCESS WHICH LOOKS AT 21 ELEMENTS IN FOUR AREAS: BOARD GOVERNANCE, FINANCIAL ACCOUNTABILITY, ADMINISTRATIVE EFFICIENCY AND ABILITY TO GENERATE NON-UNITED WAY RESOURCES. PROGRAM EFFECTIVENESS IS ASSESSED BY LOOKING AT ANOTHER 21 ELEMENTS IN FIVE KEY AREAS: TARGET POPULATION, COMMUNITY NEEDS, PROGRAM OUTCOMES, PROGRAM DESIGN, LOGIC MODELS AND IMPACT.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization **UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY** Employer identification number **74-1272381**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) (Rev. 12-2024)

UNITED WAY OF SAN ANTONIO AND BEXAR

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MR. CHRISTOPHER MARTIN PRESIDENT & CEO	(i)	434,498.	0.	0.	31,050.	13,367.	478,915.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MR. GLENN LUCADOU CHIEF DEVELOPMENT OFFICER	(i)	212,637.	0.	0.	19,483.	22,617.	254,737.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MR. RYAN BOUBEL (FORMER) CHIEF FINANCIAL OFFICER	(i)	202,655.	0.	0.	18,551.	11,521.	232,727.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MS. JENIFFER M. RICHARDSON SVP, STRATEGIC INITIATIVES & PUBLIC	(i)	151,683.	0.	0.	7,641.	8,663.	167,987.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MR. ANDREW M. SASSEVILLE SVP, ACCOUNTABILITY & COMMUNITY SERV	(i)	148,177.	0.	0.	13,155.	2,000.	163,332.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MR. JASON ALEMAN SVP, COMMUNITY IMPACT	(i)	142,829.	0.	0.	12,794.	0.	155,623.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MR. DOMINGO R. GONZALES CHIEF MARKETING OFFICER	(i)	138,049.	0.	0.	12,904.	14,088.	165,041.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE L

(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY** Employer identification number **74-1272381**

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
				(1)									
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total							\$						

Total \$

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) (Rev. 12-2024)

Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DAVID BOHNE	BOARD MEMBER AND PR	21,157,579.	ASSET MANAG		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L. See instructions.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: DAVID BOHNE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER AND PRESIDENT OF BROADWAY BANK

(D) DESCRIPTION OF TRANSACTION: ASSET MANAGEMENT

SCH L, PART IV

(D) TOTAL OF TRANSACTION: ASSET MANAGEMENT. \$21,157,579

(E) SHARING OF ORGANIZATIONS REVENUES: NO

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization	UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY	Employer identification number	74-1272381
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION - CONTINUED:

UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY (UWSA) IS A 501 (C)(3) NOT-FOR-PROFIT ORGANIZATION WITH OVER 85 YEARS OF EXPERIENCE SERVING CHILDREN, FAMILIES AND INDIVIDUALS. IT IS THE LARGEST PRIVATE HEALTH AND HUMAN SERVICES ORGANIZATION IN BEXAR COUNTY, SUPPORTING 115 OUTCOME-BASED PROGRAMS AND 63 AGENCIES. THE ORGANIZATION'S MISSION STATEMENT IS, "TO UNITE THE COMMUNITY TO IDENTIFY AND SOLVE OUR MOST CRITICAL ISSUES."

UWSA MAKES ANNUAL INVESTMENTS OF CONTRIBUTED FUNDS IN HEALTH AND SOCIAL SERVICES, MANAGEMENT OF SUBCONTRACTS FOR GRANT FUNDS AWARDED, AND THE REGULAR MONITORING OF THESE PROGRAMS, SERVICES, AND AGENCIES. IT ALSO ANALYZES SOCIAL PROBLEMS AND HEALTH ISSUES THAT AFFECT THE COMMUNITY. AS ISSUES ARE IDENTIFIED AND PRIORITIZED, IN PARTNERSHIP WITH OTHER COMMUNITY STAKEHOLDERS IT DEVELOPS, PLANS, AND EXECUTES INITIATIVES AND STRATEGIES TO ADDRESS THE UNDERLYING CAUSES OF THESE PROBLEMS.

UWSA INVESTS IN STRATEGIES THAT PREPARE CHILDREN FOR LIFE, HELP STUDENTS SUCCEED, FOSTER SELF-SUFFICIENCY FOR INDIVIDUALS AND FAMILIES AND CONNECT PEOPLE IN CRISIS TO PROGRAMS THAT HELP THEM THRIVE. SINCE 2006, UWSA HAS STRATEGICALLY ALIGNED ITS WORK AND FUNDING AROUND THESE FOUR CORE IMPACT AREAS:

- READY CHILDREN (RCIC) SUPPORTING THE DEVELOPMENT OF YOUNG CHILDREN TO ENSURE THEY ARE HAPPY, HEALTHY, AND PREPARED FOR SCHOOL.
- SUCCESSFUL STUDENTS (SSIC) EMPOWERING STUDENTS TO GRADUATE FROM HIGH SCHOOL AND TRANSITION INTO SUCCESSFUL ADULTHOOD.
- STRONG INDIVIDUALS AND FAMILIES (SIFIC) PROMOTING SELF-SUFFICIENCY AND RESILIENCE AMONG INDIVIDUALS AND FAMILIES.
- SAFETY NET (SN) PROVIDING IMMEDIATE ASSISTANCE TO INDIVIDUALS IN CRISIS BY ADDRESSING URGENT AND ESSENTIAL NEEDS.

PARTNER AGENCIES SEEKING FUNDING MUST HAVE A PROGRAM THAT FITS INTO ONE OF THE CORE IMPACT AREAS. UWSA ADMINISTERS A REQUEST FOR FUNDING PROCESS THAT WILL PROVIDE FUNDING FOR A 3- OR 5-YEAR CYCLE. IF AN AGENCY IS AWARDED FUNDING FOR A SPECIFIC PROGRAM, THERE ARE QUARTERLY AND ANNUAL PERFORMANCE REQUIREMENTS THAT MUST BE MET TO MAINTAIN THAT FUNDING. UWSA RESERVES THE RIGHT TO WITHDRAW FUNDING IF PERFORMANCE REQUIREMENTS ARE NOT MET. UWSA IS CURRENTLY SUPPORTING 115 OUTCOME-BASED PROGRAMS AND 63 AGENCIES. DURING FISCAL YEAR-ENDED 6/30/25, MORE THAN 259,703 PEOPLE RECEIVED HELP THROUGH UWSA.

ADDITIONALLY, UWSA IS DEEPLY COMMITTED TO SERVING THE BROADER COMMUNITY, INCLUDING THOSE WHO HAVE SERVED IN THE MILITARY. AS "MILITARY CITY, USA," SAN ANTONIO IS HOME TO A SIGNIFICANT POPULATION OF ACTIVE-DUTY SERVICE MEMBERS AND VETERANS. UWSA PROVIDES TARGETED SERVICES AND SUPPORT TO MILITARY FAMILIES AND VETERANS RESIDING IN BEXAR COUNTY, REINFORCING ITS MISSION TO ADDRESS THE MOST CRITICAL NEEDS OF ALL COMMUNITY MEMBERS.

ONE OF THE MANY WAYS WE SUPPORT OUR GOALS IS TO CONDUCT AN ANNUAL COMMUNITY FUNDRAISING CAMPAIGN. IN 2024, WE RAISED \$46,073,307.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization	UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY	Employer identification number	74-1272381
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ADDITIONALLY, UWSA MANAGES A SERIES OF STATE, FEDERAL, PRIVATE FOUNDATIONS, AND CORPORATE GRANTS. FOR THE FISCAL YEAR ENDED JUNE 30, 2025, UWSA RECEIVED \$6,381,800 IN STATE/FEDERAL GRANTS AND \$1,364,384 IN PRIVATE FOUNDATION GRANTS. IN TOTAL, \$7,746,184 WAS AWARDED TO UWSA TO SUPPORT 34 PROGRAMS OPERATED BY 25 AGENCY PARTNERS. UWSA ONLY PURSUES GRANTS THAT ALIGN WITH ITS FOUR CORE IMPACT AREAS.

UWSA RECEIVED A 4-STAR RATING FROM CHARITY NAVIGATOR. UWSA HAS ALSO EARNED THE 2025 PLATINUM SEAL OF TRANSPARENCY BY ADDING INFORMATION TO OUR NONPROFIT PROFILE ON GUIDESTAR. NOW, COMMUNITY MEMBERS AS WELL AS 10+ MILLION GUIDESTAR USERS CAN FIND IN-DEPTH INFORMATION ABOUT OUR GOALS, STRATEGIES, AND PROGRESS.

FORM 990, PART III, LINE 4A, DESCRIPTION OF ORGANIZATION MISSION - CONT.:

1. READY CHILDREN: ALL CHILDREN ARE HAPPY, HEALTHY, AND READY TO SUCCEED IN KINDERGARTEN. IN FY25, 15,566 LIVES WERE IMPACTED THROUGH PARENTING PROGRAMS; QUALITY EARLY CHILDHOOD EDUCATION PROGRAMS; AND CHILD PROTECTION, DISABILITY, AND HEALTH SERVICES. IN ADDITION TO INTERVENTION AND PREVENTION SERVICES OFFERED TO CHILDREN AND FAMILIES, 61 SYSTEMS WERE ENGAGED TO PREVENT CHILD ABUSE.

A) HEALTHY OUTCOMES THROUGH PREVENTION AND EARLY SUPPORT (HOPES) III GRANT: UWSA'S HOPES III GRANT FROM THE TEXAS HEALTH AND HUMAN SERVICES COMMISSION (HHSC) FAMILY SUPPORT SERVICES DIVISION IS AN ONGOING GRANT THAT WAS INITIALLY AWARDED IN APRIL 2017 AND FOCUSES ON INCREASING PROTECTIVE FACTORS IN FAMILIES WITH CHILDREN UNDER THE AGE OF FIVE. THIS IS DONE THROUGH THE PROMOTION OF CHILD WELL-BEING, EARLY CHILDHOOD EDUCATION AND OTHER FAMILY SERVICES, AND IS ACCOMPLISHED THROUGH COMMUNITY COLLABORATION WITH NINE AGENCIES THAT COLLECTIVELY SERVED 521 FAMILIES; AND CONNECTED 477 FAMILIES WITH SUPPORT SERVICES; AND PROVIDED 79 DEVELOPMENTALLY APPROPRIATE TEXT MESSAGES AND 4,016 CAREGIVERS. ADDITIONALLY, IN APRIL 2022, PEI AWARDED UWSA INNOVATION FUNDS TO ENHANCE CURRENT HOPES PROGRAMMING. THIS RESULTED IN BEING ABLE TO CONNECT FAMILIES TO ADDITIONAL COUNSELING SERVICES AND OFFER AGE-APPROPRIATE MENTAL HEALTH SERVICES FOR CHILDREN UNDER THE AGE OF 3; PROVIDE A PEER MENTORING PROGRAM; ESTABLISH A PARENT ADVISORY COMMITTEE AND INCORPORATE THEIR VOICE IN ALL HOPES ACTIVITY. THE PAC WAS INITIATED TO ELEVATE PARENT VOICE ABOUT THEIR EXPERIENCE IN RECEIVING SERVICES AND MAKE RECOMMENDATIONS WHERE NECESSARY TO IMPROVE OUR OUTREACH AND SERVICE DELIVERY. THE PAC HAS A TOTAL OF 13 ACTIVE MEMBERS WHO MEET ON A MONTHLY BASIS.

B) HELP ME GROW GRANT: UWSA'S HELP ME GROW BEXAR COUNTY GRANT FROM THE DEPARTMENT OF STATE HEALTH SERVICES (DSHS) FOCUSES ON LEVERAGING EXISTING RESOURCES TO ENSURE COMMUNITIES IDENTIFY VULNERABLE CHILDREN, LINK FAMILIES TO COMMUNITY-BASED SERVICES, AND EMPOWER FAMILIES TO SUPPORT THEIR CHILDREN'S HEALTHY DEVELOPMENT. THIS IS DONE THROUGH THE OPERATION OF A SPECIALIZED CHILD DEVELOPMENT PHONE LINE THAT PROVIDES EDUCATION AND SUPPORT TO FAMILIES AROUND SPECIFIC DEVELOPMENTAL OR BEHAVIORAL CONCERNS OR QUESTIONS, DEVELOPMENTAL SCREENS, REFERRALS TO COMMUNITY-BASED SUPPORTS, AND FOLLOW UP. IN FY25 215 FAMILIES WERE SERVED BY HMG BEXAR COUNTY.

C) MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING PROGRAM (MIECHV) GRANT: A FEDERALLY FUNDED TEXAS HOME VISITING PROGRAM FOR AT RISK

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PREGNANT WOMEN AND FAMILIES WITH CHILDREN 0-5 IS FOCUSED ON THE PREVENTION OF CHILD ABUSE. UTILIZING THREE LOCAL ORGANIZATIONS AS PARTNERS, RESOURCES AND SKILL BUILDING INTERVENTIONS ARE PROVIDED TO SUPPORT PARENTS TO RAISE HEALTHY CHILDREN WHO ARE READY TO LEARN BY KINDERGARTEN. IN FY25, 789 FAMILIES WERE SERVED THROUGH IN-HOME PARENTING CLASSES AND NURSE HOME VISITING PROGRAMS. ADDITIONALLY, ALL OUTCOME PERFORMANCE TARGETS WERE MET.

D) READYKIDSA: A COMMUNITY COALITION OF OVER 60 ORGANIZATIONS THAT BUILDS ON SUCCESSFUL CHILD AND FAMILY PROGRAMS TO PROMOTE HAPPY, HEALTHY, READY CHILDREN AGES 0-8 WITH TOOLS AND RESOURCES TO SUPPORT PARENTS, CAREGIVERS, AND EDUCATORS. IN 2017, THIS COALITION ENGAGED IN A STRATEGIC PLANNING PROCESS TO DEVELOP THE BEXAR COUNTY CHILDREN'S AGENDA, WHICH HAS GUIDED THE EARLY CHILDHOOD INVESTMENT OF UWSA AS WELL AS THE CITY OF SAN ANTONIO. THE BEXAR COUNTY CHILDREN'S AGENDA NOT ONLY IDENTIFIES THE PRIORITY ISSUES AROUND CHILD WELL-BEING BUT ALSO INCLUDES A CORRESPONDING SCORECARD WITH THE KEY INDICATORS THAT WILL HELP THE COALITION MONITOR ACTUAL PROGRESS TOWARD ITS VISION (WWW.READYKIDSA.COM). IN MAY 2023, UWSA ALSO RECEIVED NOTIFICATION OF AN AWARD OF EARLY CHILDHOOD SYSTEMS BUILDING (ECSB) FUNDING. THIS GRANT HAS ALLOWED UWSA TO CONTINUE SUPPORTING THE READYKIDSA COALITION BY HIRING A FULL-TIME STAFF PERSON TO MANAGE THIS WORK AND ESTABLISH A COUNTY-LEVEL PARENT ADVISORY COMMITTEE. THE RKSA PAC HAS A TOTAL OF 9 ACTIVE MEMBERS WHO COME TOGETHER MONTHLY AND ARE CURRENTLY STILL IN THE BUILDING THEIR STRUCTURE PHASE ALONG WITH RECEIVING PARENT LEADERSHIP TRAINING. ADDITIONALLY, THE PAC HAS ASSEMBLED SEVEN SUB-COMMITTEES TO FURTHER DEVELOP PRIORITY AREAS. THEY INCLUDE THE FOLLOWING: (1) MILITARY SUBCOMMITTEE, (2) DATA SUBCOMMITTEE, (3) CHILD WELLNESS SUBCOMMITTEE, (4) FATHERHOOD INITIATIVES SUBCOMMITTEE, (5) MATERNAL WELLNESS SUBCOMMITTEE, (6) HELP ME GROW SUBCOMMITTEE, (7) THE NETWORKING SUB-COMMITTEE.

2) SUCCESSFUL STUDENTS: YOUNG PEOPLE ARE ACTIVELY ENGAGED IN THEIR COMMUNITIES, PREPARED FOR THE 21ST CENTURY WORKFORCE, AND HAVE RESOURCE-RICH ENVIRONMENTS WITH PREPARED AND ENGAGED ADULTS TO SUPPORT THEM TO BECOME SUCCESSFUL ADULTS. IN FY25, APPROXIMATELY 9,010 SCHOOL AGE CHILDREN THROUGH AGE 24 AND THEIR CAREGIVERS RECEIVED SERVICES THROUGH OUR PARTNER AGENCIES IN THE AREAS OF ACADEMIC, YOUTH DEVELOPMENT, MENTORING, AND CHARACTER-BUILDING PROGRAMS TO DECREASE YOUTH DISCONNECTION, CHRONIC ABSENTEEISM AND DISCIPLINARY/BEHAVIORAL REFERRALS; COUNSELING AND MENTAL HEALTH SERVICES (INCLUDING SUBSTANCE USE COUNSELING); AND ACADEMIC SUPPORTS TO INCREASE READING AND MATH PROFICIENCIES. IN ADDITION TO INTERVENTIONS AND ENGAGEMENT SERVICES OFFERED TO YOUTH AND THEIR CAREGIVERS, 24 SYSTEMS WERE ENGAGED TO IMPLEMENT TRAUMA-SENSITIVE AND RESTORATIVE JUSTICE PRACTICES.

3) STRONG INDIVIDUALS AND FAMILIES: ENSURES ALL INDIVIDUALS AND FAMILIES ARE STABLE, FLOURISH ECONOMICALLY, REACH THEIR FULL POTENTIAL AND MAINTAIN A QUALITY OF LIFE FREE FROM DISCRIMINATION. IN FY25, A TOTAL OF 21,591 INDIVIDUALS RECEIVED SERVICES FOCUSED ON PROVIDING EDUCATION AND WORKFORCE DEVELOPMENT AND DECREASING FAMILY VIOLENCE. SERVICES INCLUDED EMPLOYMENT TRAINING, HEALTH/MENTAL HEALTH, SUBSTANCE ABUSE, FINANCIAL LITERACY, AND COUNSELING PROGRAMS. ADDITIONALLY, 38 SYSTEMS WERE ENGAGED IN BUILDING AN AWARENESS CAMPAIGN TO REDUCE THE WAGE DISPARITY BETWEEN WOMEN OF COLOR AND ANGLO MEN.

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A) VOLUNTEER INCOME TAX ASSISTANCE PROGRAM (VITA): PROVIDING CRITICAL ASSETS FOR FINANCIAL STABILITY, VITA OFFERS FREE INCOME TAX PREPARATION TO INDIVIDUALS AND HOUSEHOLDS WHO EARNED UP TO \$65,000 FOR THE 2024 TAX YEAR. THE PROGRAM IS A SAFE ALTERNATIVE TO COSTLY, AND OFTEN PREDATORY, TAX PREPARATION SERVICES. WORKING IN VITA SITES THROUGHOUT THE CITY, 397 TRAINED AND IRS-CERTIFIED VOLUNTEERS PREPARED 24,853 RETURNS RESULTING IN \$5.9 MILLION SAVINGS IN TAX PREPARATION FEES. \$33,202,268 WAS REFUNDED TO LOCAL FILERS AND \$13 MILLION IN EARNED INCOME TAX CREDIT (EITC) WENT BACK TO 5,922 TAXPAYERS.

B) DUAL GENERATION INITIATIVE: THE UWSA DUAL GENERATION INITIATIVE ASSERTS THAT WHEN CHILDREN ARE SURROUNDED BY STRONG FAMILIES AND HEALTHY COMMUNITIES, THEY CAN OVERCOME CHALLENGES CREATED BY POVERTY AND FULFILL THEIR POTENTIAL. THIS APPROACH IS A COMMUNITY EFFORT FUNDED BY A RANGE OF FOUNDATIONS AND UWSA TO HELP FAMILIES ON THE EAST AND WEST SIDES OF SAN ANTONIO SECURE STABLE HOUSING, CHILDCARE, WELL-PAYING JOBS, AND EDUCATION, SO THEY CAN ACHIEVE GREATER STABILITY AND SUCCESS. IN FY 2025, 494 HOUSEHOLDS WITH CHILDREN AGES 0 TO 10 WERE ACTIVELY ENGAGED IN SECURING SERVICES AND/OR SUPPORT FOR THEIR FAMILIES; 311 ADULTS IN THESE HOUSEHOLDS WERE IN AN EDUCATION AND/OR WORKFORCE TRAINING PROGRAM WITH 59% COMPLETING AT LEAST ONE OR MORE INDIVIDUALIZED TRAINING SESSIONS OR MET A SPECIFIC GOAL RELATED TO THEIR ADULT EDUCATION AND JOB TRAINING DURING THIS PERIOD. THE DUAL GENERATION INITIATIVE SUPPORTED 744 CHILDREN WITH PARENTING EDUCATION AND QUALITY CHILD DEVELOPMENT AND/OR OUT OF SCHOOL TIME SERVICES.

- DORIS DUKE FOUNDATION: THROUGH THE CHILD WELL-BEING PROGRAM, THE FOUNDATION AIMED TO PROMOTE CHILDREN'S HEALTHY DEVELOPMENT AND PROTECT THEM FROM ABUSE AND NEGLECT. WITH A \$350,000, 2-YEAR GRANT FROM DORIS DUKE ALONG WITH A ONE-YEAR \$25,000 INVESTMENT FROM AETNA, THE DUAL GENERATION INITIATIVE WAS DESIGNED TO BUILD ON THE EXISTING PROTECTIVE FACTORS IN A FAMILY WITH NEW INVESTMENTS IN TWO CULTURALLY SENSITIVE CHILD ABUSE PREVENTION PROGRAMS, CENTER FOR THE IMPROVEMENT OF CHILD CARING'S EFFECTIVE BLACK PARENTING PROGRAM (EBPP) AND LOS NIOS BIEN EDUCADOS. THIS GRANT CONCLUDED DECEMBER 2024.

FORM 990, PART III, LINE 4A, DESCRIPTION OF ORGANIZATION MISSION - CONT.:

- THE ASCEND AT THE ASPEN INSTITUTE: THROUGH ITS 2GEN ACCELERATOR COMMUNITY, THE ASCEND AT THE ASPEN INSTITUTE AWARDED A ONE-YEAR \$170,000 BEST PRACTICES GRANT TO DUAL GENERATION. AS ONE OF ONLY 15 ORGANIZATIONS SELECTED NATIONWIDE, DUAL GENERATION WAS RECOGNIZED FOR ITS STRONG COMMUNITY-BASED MODEL AND FOR DEMONSTRATING EFFECTIVE TWO-GENERATION (2GEN) APPROACHES THAT SUPPORT CHILDREN AND PARENTS TOGETHER TO ADVANCE INTERGENERATIONAL WELL-BEING. THE INITIATIVE'S PRIMARY GOAL WAS TO DOCUMENT AND SHARE PROVEN STRATEGIES SO THEY CAN BE REPLICATED, SCALED, AND EMBEDDED INTO BROADER SYSTEMS SUCH AS EDUCATION, WORKFORCE, HEALTH, AND EARLY CHILDHOOD. BY BUILDING EVIDENCE, DRIVING SYSTEMS CHANGE, AND PROMOTING EQUITY, THIS GRANT AIMED TO ENSURE MORE FAMILIES WITH LOW INCOMES COULD ACHIEVE EDUCATIONAL SUCCESS, ECONOMIC STABILITY, AND LONG-TERM FAMILY WELL-BEING. THE GRANT CONCLUDED IN DECEMBER OF 2024.

- SIEMER INSTITUTE GRANT: THE SIEMER FAMILY FOUNDATION GRANT FOCUSES ON THE PREVENTION OF HOMELESSNESS AND CHRONIC ABSENTEEISM IN SCHOOL-AGED CHILDREN AND SUPPORTS UWSA'S DUAL GENERATION PARTNERSHIP WORK. THE MULTI-YEAR GRANT IS \$150,000 PER YEAR AND CONCLUDES ON DECEMBER 31,

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2026. THE GRANT FOCUSES ON A TWO-GENERATION APPROACH TO FINANCIALLY STABILIZING FAMILIES AND PROMOTING HOLISTIC FAMILY SUPPORT. THROUGH SIEMER'S PARTNERSHIP WITH COMMUNITY ORGANIZATIONS, THEY IMPLEMENT 2GEN PROGRAMS THAT ARE CENTERED ON KEEPING KIDS IN THEIR SCHOOLS AND PREVENTING UNPLANNED MOVES. THIS APPROACH ENSURES THAT FAMILIES RECEIVE THE COMPREHENSIVE SUPPORT THEY NEED TO THRIVE. THE INITIATIVE HAS BEEN WORKING WITH THE SIEMER INSTITUTE TO DISCUSS EXPANSION OF FUNDS TO SUPPORT THE INITIATIVE'S WORK.

C) UNITED WAY FAMILY RESOURCE CENTER NETWORK: UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY ESTABLISHED THE FAMILY RESOURCE CENTER (FRC) NETWORK TO CREATE WELCOMING, COMMUNITY-ROOTED SPACES WHERE FAMILIES CAN ACCESS SUPPORT, BUILD CONNECTIONS, AND STRENGTHEN RESILIENCE. THE FIRST SITE, THE EASTSIDE FRC, OPENED IN NOVEMBER 2023 IN PARTNERSHIP WITH DEPELCHIN CHILDREN'S CENTER, SETTING THE APPROACH FOR HOW UNITED WAY WORKS ALONGSIDE TRUSTED COMMUNITY PARTNERS TO DESIGN SERVICES THAT REFLECT THE VOICES AND CULTURES OF LOCAL FAMILIES. THE NETWORK HAS PRIORITIZED NEIGHBORHOODS HISTORICALLY IMPACTED BY INEQUITIES, WHILE ENSURING THAT MORE FAMILIES IN SAN ANTONIO CAN BENEFIT FROM ACCESSIBLE COMMUNITY-STRENGTHENING OPPORTUNITIES. THE NETWORK'S APPROACH IS GROUNDED IN FOUR CORE PILLARS:

1. PARENT ADVISORY COMMITTEES (PACS) THAT CO-DESIGN SERVICES, EVENTS, AND SPACES THAT ENSURE EACH CENTER REFLECTS THE VOICES, CULTURES, AND LIVED EXPERIENCES OF THE FAMILIES IT SERVES.
2. ALIGNMENT WITH THE NATIONAL FAMILY SUPPORT NETWORK STANDARDS OF QUALITY, A NATIONALLY RECOGNIZED FRAMEWORK THAT DEFINES BEST PRACTICES FOR FAMILY SUPPORT PROGRAMS, PROMOTES COMMON LANGUAGE AND EXPECTATIONS, AND EXPLICITLY EMPHASIZES DIVERSITY IN GUIDING SERVICE DELIVERY, FAMILY ENGAGEMENT, AND ORGANIZATIONAL OPERATIONS.
3. USE OF THE PROTECTIVE FACTORS FRAMEWORK, A RESEARCH-INFORMED AND STRENGTHS-BASED MODEL THAT FOCUSES ON PROMOTING STRONG, STABLE FAMILIES THROUGH FACTORS SUCH AS PARENTAL RESILIENCE, SOCIAL CONNECTIONS, KNOWLEDGE OF CHILD DEVELOPMENT, CONCRETE SUPPORT, AND CHILDREN'S SOCIAL-EMOTIONAL COMPETENCE; THESE ELEMENTS SUPPORT PREVENTING CRISES AND ENHANCING EQUITABLE OUTCOMES FOR ALL FAMILIES.
4. A TIERED SERVICE MODEL, INCLUDING CORE SERVICES (E.G., COUNSELING, PARENTING SUPPORT, RESOURCE NAVIGATION) PRIORITIZED FOR DESIGNATED ZIP CODES, AND COMMUNITY STRENGTHENING SERVICES (E.G., FAMILY CARE CLOSET, FAMILY EVENTS, WORKSHOPS) THAT ARE INTENTIONALLY DESIGNED AS LOW-BARRIER SUPPORTS OPEN TO ALL FAMILIES REGARDLESS OF WHERE THEY LIVE OR THE AGES OF THEIR CHILDREN.

UNITED WAY EASTSIDE FAMILY RESOURCE CENTER: THE EASTSIDE FAMILY RESOURCE CENTER PROVIDES CORE SERVICES TO 54 INDIVIDUALS, WHO COLLECTIVELY RECEIVED 396 COUNSELING SESSIONS AND 86 ONE-ON-ONE RESOURCE NAVIGATION SESSIONS. IN ADDITION, THE CENTER DELIVERED 2,645 SERVICE TOUCHPOINTS THROUGH LOW-BARRIER COMMUNITY STRENGTHENING SERVICES SUCH AS BASIC NEEDS SUPPORT, FAMILY ENGAGEMENT ACTIVITIES, EDUCATIONAL WORKSHOPS, AND OTHER OPPORTUNITIES DESIGNED TO CONNECT AND SUPPORT FAMILIES.

ADDITIONAL FAMILY RESOURCE CENTERS - IN FY26, THE NETWORK WILL EXPAND WITH TWO NEW CENTERS: A SCHOOL-BASED FRC IN PARTNERSHIP WITH TOYOTA USA'S DRIVING POSSIBILITIES INITIATIVE, SERVING FAMILIES IN EAST CENTRAL ISD; AND A COMMUNITY-BASED NORTHEAST FRC, PRIORITIZING ZIP CODE

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78218 FOR CORE SERVICES WHILE OFFERING CITYWIDE ACCESS TO ALL COMMUNITY STRENGTHENING SERVICES.			

D) SERVICE MEMBERS VETERAN AND FAMILIES (SMVF) GRANT: THROUGH ITS PARTNERSHIP WITH 3 LOCAL AGENCIES IN FISCAL YEAR 2024 AND AS A DIRECT SERVICES PROVIDER IN FISCAL YEAR 2025, UWSA MANAGES A STATE GRANT INTENDED TO IMPROVE THE WELL-BEING OF TEXAS MILITARY AND VETERAN FAMILIES. THE FOCUS IS TO REDUCE MILITARY AND VETERAN FAMILIES' RISK OF CHILD ABUSE AND/OR NEGLECT BY COMBINING RESOURCES FOR EASY AVAILABILITY AND SUPPORT CUSTOMIZED TO THE UNIQUE STRESSORS OF THE MILITARY COMMUNITY. COLLECTIVELY, IN FY25, 240 FAMILIES WERE SERVED, AND AN ADDITIONAL 272 INDIVIDUALS AND FAMILIES WERE ASSISTED THROUGH MISSION UNITED, A RESOURCE AND REFERRAL SERVICE DESIGNED TO SUPPORT THE UNIQUE NEEDS OF MILITARY CHILDREN AND FAMILIES.

E) STRONG FAMILIES, STRONG FORCES: FUNDED UNDER THE SMVF GRANT, STRONG FAMILIES STRONG FORCES (SFSF) IS AN EVIDENCE-BASED CURRICULUM DESIGNED TO SUPPORT MILITARY FAMILIES THROUGH MILITARY-RELATED SEPARATIONS OR LIFE EVENTS. IN FISCAL YEAR 2025, UWSA WAS HONORED TO BECOME THE DIRECT SERVICE OF SFSF, SERVING 67 FAMILIES. SFSF BUILDS ON FAMILY STRENGTH TO IMPROVE COMMUNICATION, FAMILY CONNECTION, AND CO-PARENTING SKILLS, REDUCING THE STRESSORS OF TRANSITIONS MILITARY FAMILIES EXPERIENCE AND INCREASING FAMILY RESILIENCY. THIS IS ACCOMPLISHED BY SUPPORTING FAMILIES IN DEVELOPING STRONG SOCIAL CONNECTIONS, ACCESSING MATERIAL SUPPORT THROUGH EFFECTIVE RESOURCE NAVIGATION, AND BUILDING OVERALL FAMILY RESILIENCE.

4) SAFETY NET: ENSURES ALL PEOPLE ARE SAFE AND ABLE TO MEET THEIR URGENT ESSENTIAL NEEDS TO REACH FULL POTENTIAL. TOGETHER, WE ARE WORKING TO SUPPORT THE SUCCESSFUL TRANSITION TO ECONOMIC STABILITY, INCREASE ACCESS TO HEALTHY FOOD, PROVIDE EMERGENCY SHELTER FOR INDIVIDUALS AND FAMILIES IN CRISIS AND PROVIDE SERVICES THAT LEAD TO HOUSING STABILITY. IN 2025, 212,884 INDIVIDUALS RECEIVED ESSENTIAL NEEDS (FOOD, CLOTHING, UTILITY, TRANSPORTATION AND DISASTER) ASSISTANCE, CASE MANAGEMENT SERVICES, FOOD ASSISTANCE, EMERGENCY SHELTER SERVICES IN CONJUNCTION WITH CASE MANAGEMENT SERVICES, INCLUDING GAINING HOUSING STABILITY.

A) EMERGENCY FOOD AND SHELTER PROGRAM (EFSP): EFSP IS A RESTRICTED FEDERAL GRANT AWARDED THROUGH THE U.S. DEPARTMENT OF HOMELAND SECURITY (DHS)/FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA). THIS UNIQUE PUBLIC-PRIVATE PARTNERSHIP BRINGS THE VOLUNTARY AND GOVERNMENT SECTORS TOGETHER TO PROVIDE EMERGENCY SHELTER, FOOD, AND SUPPORTIVE SERVICES FOR INDIVIDUALS AND FAMILIES IN BEXAR COUNTY. THE BEXAR COUNTY, TX LOCAL BOARD #788600, ADMINISTERED BY UWSA, LOOKS AT NEEDS AND GAPS IN SERVICES IN THE COMMUNITY, AND FOCUSES THE DOLLARS ACCORDINGLY.

THE EFSP BEXAR COUNTY BOARD REVIEWED REQUIRED DOCUMENTATION FOR THE COMPLIANCE REVIEW OF PHASES 39, ARPA-R, 40 AND 41, TOTALING OVER \$8M THAT WILL OCCUR AT A FUTURE DATE. THE LOCAL BOARD WAS ALLOCATED \$707,827 IN DIRECT FUNDING FOR PHASE 42; HOWEVER, THESE FUNDS REMAIN ON HOLD PENDING GUIDANCE FROM FEMA AND THE EFSP.

FROM JANUARY 1, 2019, TO MAY 31, 2024, THE BEXAR COUNTY LOCAL BOARD ADMINISTERED \$92.7M ACROSS FIVE APPROPRIATIONS OF HUMANITARIAN RELIEF FUNDING TO SUPPORT CRITICAL MIGRANT SERVICES IN OUR COMMUNITY. IN

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FY25, THE LOCAL BOARD ALSO COMPLETED AND SUBMITTED COMPLIANCE REPORTING FOR THE FINAL TWO APPROPRIATIONS.			

B) SHELTER AND SERVICES PROGRAM (SSP): SSP WAS A RESTRICTED FEDERAL GRANT AWARDED THROUGH THE U.S. DEPARTMENT OF HOMELAND SECURITY (DHS)/FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA) FOR SERVICES ASSOCIATED WITH NONCITIZEN MIGRANT ARRIVALS IN THEIR COMMUNITIES. UWSA WAS A DIRECT RECIPIENT OF FY23 SSP FUNDING, SERVING IN AN ADMINISTRATIVE ROLE AND SELECTED SAN ANTONIO FOOD BANK TO SUSTAIN OPERATIONS IN OUR COMMUNITY'S HUMANITARIAN EFFORT. FOLLOWING THE PROGRAM'S APRIL 1, 2025 TERMINATION, UWSA PREPARED FOR THE JULY 31 CLOSEOUT DEADLINE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS - CONTINUED:

A) 2-1-1 CHILDCARE GRANT: THE 2-1-1 TEXAS/UWSA HELP LINE GUIDES FAMILIES TO CHILDCARE PROVIDERS AND RESOURCES, LICENSED CHILDCARE FACILITIES, FAMILY CHILDCARE HOMES AND OUT-OF-SCHOOL TIME CARE. CALL SPECIALISTS ALSO INFORM FAMILIES OF CHILDCARE SUBSIDY PROGRAMS. IN FY25, OUR 2-1-1 HELP LINE MANAGED 1,680 CALLS RELATED TO CHILDCARE, YIELDING A TOTAL OF 2,907 REFERRALS FOR CHILDCARE NEEDS.

B) PROJECT COOL: SINCE 1997, UWSA AND GOVERNMENT/COMMUNITY/CORPORATE PARTNERS HAVE PROVIDED HEAT RELIEF TO SENIOR RESIDENTS (OVER 60 YEARS OLD), AND RESIDENTS WITH DISABILITIES, THROUGH DONATION AND FREE DISTRIBUTION OF 20-INCH BOX FANS. IN FY25, OUR 2-1-1 HELP LINE PROCESSED 1,684 CALLERS YIELDING 2,178 FAN NEEDS.

C) SMOKE DETECTOR PROGRAM: A SAN ANTONIO FIRE DEPARTMENT SMOKE DETECTOR PROGRAM OFFERING FREE SMOKE DETECTORS, INCLUDING INSTALLATION, TO CITIZENS LIVING IN SINGLE-FAMILY HOMES. TENS OF THOUSANDS HAVE BEEN INSTALLED THROUGHOUT SAN ANTONIO SINCE THE PROGRAM'S INCEPTION. THOSE IN NEED CONTACT THE UWSA 2-1-1 HELP LINE. IN FY25, 437 CALLERS MADE INQUIRIES YIELDING 439 SMOKE DETECTOR NEEDS.

D) 2-1-1 MIDDLE RIO GRANDE AND GOLDEN CRESCENT AREA INFORMATION CENTERS GRANTS: OUR ALAMO AREA INFORMATION CENTER ENSURES REGIONAL EXTENDED AFTER-HOURS COVERAGE (EVENINGS, WEEKENDS, AND HOLIDAYS) FOR TWO AREA INFORMATION CENTERS TO ENSURE ALL RESIDENTS IN TEXAS HAVE ACCESS TO INFORMATION AND REFERRAL SERVICES 24 HOURS A DAY. IN FY25, WE ASSISTED 688 CALLERS FROM MIDDLE RIO GRANDE AND 731 CALLERS FROM GOLDEN CRESCENT, FOR A TOTAL OF 1,419 CALLERS. IN FY2026 UWSA WILL ASSUME FULL TIME RESPONSIBILITY FOR THESE SERVICE AREAS.

E) MISSION UNITED: HOME TO JOINT BASE SAN ANTONIO-RANDOLPH, JBSA-FORT SAM HOUSTON, JBSA-LACKLAND AND JBSA-CAMP BULLIS, SAN ANTONIO IS KNOWN AS MILITARY CITY, USA. IN 2015, OUT OF CONCERN FOR HIGHLY STRESSED AND VULNERABLE MILITARY FAMILIES, UWSA CREATED MISSION UNITED TO HELP MILITARY/VETERAN FAMILIES NAVIGATE THE COMPLEX ARRAY OF COMMUNITY AND MILITARY SUPPORT PROGRAMS. IN FY25, MISSION UNITED RECEIVED OVER 2,449 MILITARY CALLS THROUGH OUR 2-1-1 HELP LINE. IN ADDITION, MISSION UNITED CONDUCTED OVER 245 FOLLOW-UP CALLS CONNECTING ACTIVE-DUTY SERVICE MEMBERS, RESERVISTS, VETERANS, AND THEIR FAMILIES TO VITAL COMMUNITY RESOURCES.

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F) LABOR RELATIONS: SINCE THE MID-1970S, UWSA HAS HAD A STAFF LABOR LIAISON. THE STAFF MEMBER WORKS WITH LABOR LEADERS AND THEIR MEMBERSHIP IN YEAR-ROUND ENGAGEMENT WITH A FOCUS FOR SUPPORTING THE UWSA COMMUNITY CAMPAIGN THROUGH COMMUNICATIONS, PRESENTATIONS, TRAINING SESSIONS, AND EVENTS. THEY EMPHASIZE THE 2-1-1 HELP LINE FOR HEALTH AND HUMAN SERVICES, REFERRALS AND INFORMATION. THE LABOR LIAISON ALSO WORKS ON DISASTER RELIEF EFFORTS AND, WHEN AVAILABLE, IS CALLED TO COORDINATE WITH THE LABOR UNIONS AFFECTED.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: CHILDREN ENROLLED IN CHILDCARE, AND 12 SCHOLARS GRADUATED WITH A DEGREE OR JOB CERTIFICATION.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS - CONTINUED:

2) EMERGING LEADERS: FOUNDED IN 2014, UWSA'S EMERGING LEADERS ENGAGES YOUNG PROFESSIONALS IN UWSA'S WORK TO STRENGTHEN THE GREATER SAN ANTONIO COMMUNITY. EMERGING LEADERS SUPPORT UWSA THROUGH PHILANTHROPIC EFFORTS, NETWORKING, VOLUNTEERISM, AND PROFESSIONAL DEVELOPMENT OPPORTUNITIES. IN FY25, EMERGING LEADERS HAD OVER 2,300 MEMBERS, 233 VOLUNTEERS LOGGED VOLUNTEER HOURS AT THREE (3) COMMUNITY EVENTS. ADDITIONALLY, VOLUNTEERS PACKAGED OVER 100 LITERACY KITS FOR UNHOUSED YOUTH, DISTRIBUTED OVER 10,000+ POUNDS OF FOOD TO LOCAL ACTIVE DUTY AND MILITARY VETERANS, AND DONATED 100 WARM CLOTHING ITEMS (COATS, JACKETS, HATS, GLOVES, SCARVES) FOR FAMILIES IN NEED.

3) THE UWSA VOLUNTEER CENTER: BEXAR COUNTY'S LARGEST RESOURCE DEVOTED SOLELY TO THE PROMOTION AND NURTURING OF VOLUNTEERISM AND COMMUNITY SERVICE. THE CENTER MOBILIZES THOUSANDS OF VOLUNTEERS FOR COMMUNITY-WIDE CIVIC EVENTS AND UWSA SIGNATURE EVENTS.

A) SAN ANTONIO VOLUNTEER ADMINISTRATORS (SAVA): A PROFESSIONAL ORGANIZATION FOR VOLUNTEER ADMINISTRATORS WHO HAVE VOLUNTEER MANAGEMENT RESPONSIBILITIES OR INTERESTS. MEMBERS PARTICIPATE IN BI-MONTHLY MEETINGS AND LUNCH-AND-LEARNS, TRAINING WORKSHOPS, AND MAKE VALUABLE CONNECTIONS WITH OTHER VOLUNTEER MANAGEMENT PROFESSIONALS. DIVERSE COMMITTEES PROVIDE SAVA MEMBERS WITH THE OPPORTUNITY TO PARTICIPATE IN ORGANIZATIONAL DEVELOPMENT AS WELL AS SUPPORTING SAVA SERVICES AND RESOURCES.

B) SHOEBOX PROJECT: UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY'S ANNUAL SHOEBOX PROJECT AIMS TO PROVIDE SHOEBOXES FILLED WITH BASIC COMFORTS LIKE SOAP, SHAMPOO, TOOTHPASTE AND OTHER PERSONAL-CARE ITEMS TO THOSE IN NEED LOCALLY. FOR FISCAL YEAR 2025, THE CAMPAIGN RAN FROM APRIL 1 TO MAY 27, HAD MORE THAN 500 INDIVIDUAL VOLUNTEERS AND 16 LOCAL AGENCIES DISTRIBUTING BOXES TO THEIR CLIENTS. THE PROJECT WAS A TREMENDOUS SUCCESS WITH OVER 8,000 SHOEBOXES FULL OF EVERYDAY TOILETRIES DELIVERED TO PEOPLE IN NEED.

C) WRITE START: THE WRITE START PROJECT IS A SCHOOL SUPPLY DRIVE BY UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY THAT BENEFITS LOCAL EDUCATORS. EACH YEAR, OUR COMMUNITY UNITES TO SHOW TEACHERS OUR APPRECIATION FOR EVERYTHING THEY DO FOR OUR CHILDREN. IN AUGUST 2024, UNITED WAY VOLUNTEERS ASSEMBLED MORE THAN 2,500 BAGS WITH OVER \$40,180 IN SCHOOL SUPPLIES AND DELIVERED THEM TO THOUSANDS OF GRATEFUL EDUCATORS IN TWO LOCAL SCHOOL DISTRICTS.

Name of the organization UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY	Employer identification number 74-1272381
---	--

4) BEXAR NECESSITIES: BEXAR NECESSITIES COLLABORATES WITH COMMUNITY PARTNERS (NONPROFITS, UNIVERSITIES, HOSPITALS, PUBLIC SECTOR ORGANIZATIONS AND THE FAITH-BASED COMMUNITY) VIA AN EMAIL LISTSERV TO FILL THE NEEDS OF INDIVIDUALS WHO ARE SEEKING HELP. IT IS AN "ELECTRONIC BULLETIN BOARD" ALLOWING NONPROFIT AGENCIES TO POST REQUESTS FOR DIFFICULT-TO-LOCATE RESOURCES AND ACCESS INFORMATION ABOUT SERVICE AVAILABILITY OR CHANGES. IN 2024 THERE WERE 2,675 MEMBERS. IN 2025, 469 WERE ADDED FOR A TOTAL OF 3,144 TO DATE.

FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE WITH MANAGEMENT AND THE CPA THAT PREPARED THE TAX RETURN. UPON APPROVAL OF THE TAX RETURN BY THE AUDIT COMMITTEE, IT IS PRESENTED TO THE BOARD BEFORE BEING FILED.

FORM 990, PART VI, SECTION B, LINE 12C:
THE WRITTEN CONFLICT OF INTEREST POLICY IS CONTAINED WITHIN THE EMPLOYEE HANDBOOK. ANNUALLY, ALL EMPLOYEES, OFFICERS AND TRUSTEES ARE ASKED TO READ THE POLICY AND CONFIRM IN WRITING COMPLIANCE WITH THE POLICY.

FORM 990, PART VI, SECTION B, LINE 15:
UWSA HAS ESTABLISHED COMPENSATION POLICIES THAT INCLUDE DEFINED PAY GRADES AND SALARY RANGES FOR ALL POSITIONS, BASED ON MARKET DATA AVAILABLE AT THE TIME POSITIONS ARE CREATED. ON AN ANNUAL BASIS, AN INDEPENDENT COMPENSATION SPECIALIST FROM A LOCAL FORTUNE 500 COMPANY REVIEWS COMPARABLE COMPENSATION DATA FOR ALL PAY GRADES USING LOCAL AND NATIONAL NONPROFIT AND FORPROFIT MARKET DATA. IN APRIL 2025, UWSA ALSO ENGAGED AN INDEPENDENT THIRDPARTY COMPENSATION CONSULTANT TO CONDUCT A COMPREHENSIVE REVIEW OF TOTAL COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER AND OTHER SENIOR LEADERSHIP TEAM MEMBERS. THE BOARD OF DIRECTORS, THROUGH ITS HUMAN RESOURCES COMMITTEE AND DESIGNATED COMPENSATION COMMITTEE, REVIEWS THE COMPARABILITY DATA AND CONSULTANT RECOMMENDATIONS, AND THE FULL BOARD APPROVES FINAL COMPENSATION DECISIONS.

FORM 990, PART VI, SECTION C, LINE 18:
UWSA'S FORM 990 IS AVAILABLE UPON REQUEST AND ALSO ON GUIDESTAR'S WEBSITE.

FORM 990, PART VI, SECTION C, LINE 19:
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS, AND FORM 990 ARE AVAILABLE UPON REQUEST.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

OMB No. 1545-0047

**Open to Public
Inspection**

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY** Employer identification number **74-1272381**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY ENDOWMENT AND LEGACY FUND, 81-2566792, 700 SOUTH ALAMO, SAN ANTONIO, TX 78205	SEE PART VII	TEXAS	501(C)(3)	LINE 12A, I	UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY	<input checked="" type="checkbox"/>	

UNITED WAY OF SAN ANTONIO AND BEXAR

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

UNITED WAY OF SAN ANTONIO AND BEXAR

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)	X	
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SEE PART VII	L	0.	NOT MEASURED
(2) SEE PART VII	N	0.	NOT MEASURED
(3) SEE PART VII	O	0.	NOT MEASURED
(4) SEE PART VII	C	425,000.	FAIR MARKET VALUE
(5) SEE PART VII	I	15,411.	FAIR MARKET VALUE
(6)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

FORM 990, SCHEDULE R, PART II, COLUMN(B):

TO MAINTAIN AN ENDOWMENT FUND TO BE USED FOR THE BENEFIT OF AND IN
FURTHERANCE OF THE PURPOSES OF THE UNITED WAY OF SAN ANTONIO AND BEXAR
COUNTY.

FORM 990, SCHEDULE R, PART V, LINE 2 COLUMN(A), LINE 1, 2, 3, 4 AND 5:

UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY ENDOWMENT AND LEGACY FUND

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

JUNE 30, 2025

PREPARED FOR:

UNITED WAY OF SAN ANTONIO AND BEXAR
COUNTY
700 SOUTH ALAMO
SAN ANTONIO, TX 78205

PREPARED BY:

ADKF, P.C.
9601 MCALLISTER FREEWAY, SUITE 800
SAN ANTONIO, TX 78216

AMOUNT DUE OR REFUND:

NO AMOUNT IS DUE.

MAKE CHECK PAYABLE TO:

NO AMOUNT IS DUE.

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning JUL 1, 2024, and ending JUN 30, 2025

2024

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer **UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY**

EIN or SSN
74-1272381

Name and title of officer or person subject to tax **TAMMY FLOYD
CFO**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here	<input type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b <u>0.</u>
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize ADKF, P.C. to enter my PIN 72381
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____

Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

70697486100

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature JOSEPH A. HERNANDEZ

Date 05/13/26

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2024)

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2024 or other tax year beginning JUL 1, 2024, and ending JUN 30, 2025

2024

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is an 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Form header section including: A Check box if address changed, B Exempt under section 501(c)(3), C Book value of all assets at end of year, D Employer identification number 74-1272381, E Group exemption number, F Check box if an amended return.

G Check organization type: 501(c) corporation (checked), 501(c) trust, 401(a) trust, Other trust, State college/university, 6417(d)(1)(A) Applicable entity.

H Check if filing only to claim: Credit from Form 8941, Refund shown on Form 2439, Elective payment amount from Form 3800.

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation.

J Enter the number of attached Schedules A (Form 990-T): 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes (), No (X)

L The books are in care of TAMMY FLOYD Telephone number (210) 352-7000

Part I Total Unrelated Business Taxable Income

Table for Part I: Total Unrelated Business Taxable Income. Rows 1-11 showing calculations from unrelated trades to final taxable income of 0.

Part II Tax Computation

Table for Part II: Tax Computation. Rows 1-7 showing tax calculations for corporations, trusts, proxy tax, and noncompliant facility income, resulting in 0.

Part III Tax and Payments

Table for Part III: Tax and Payments. Rows 1a-4 showing foreign tax credit, other credits, and total tax amount of 0.

Part III Tax and Payments <i>(continued)</i>			
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	0.
6 a	Payments: Preceding year's overpayment credited to the current year	6a	
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c	Tax deposited with Form 8868	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Elective payment election amount from Form 3800	6g	
h	Payment from Form 2439	6h	
i	Credit from Form 4136	6i	
j	Other (see instructions)	6j	
7	Total payments. Add lines 6a through 6j	7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
11	Enter the amount of line 10 you want: Credited to 2025 estimated tax Refunded	11	

Part IV Statements Regarding Certain Activities and Other Information <i>(see instructions)</i>			
1	At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
			X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.		
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
		\$	
		\$	
		\$	
		\$	
6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	Date	CFO	Title	
					May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JOSEPH A. HERNANDEZ	JOSEPH A. HERNANDEZ	05/13/26		P00950841
	Firm's name	Firm's EIN			
	ADKF, P.C.	74-2606559			
	Firm's address			Phone no.	
	9601 MCALLISTER FREEWAY, SUITE 800 SAN ANTONIO, TX 78216			210-829-1300	

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1

OMB No. 1545-0047

2024

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY	B Employer identification number 74-1272381
C Unrelated business activity code (see instructions) 812930	D Sequence: 1 of 1

E Describe the unrelated trade or business **AIRGARAGE**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales <u>35,492.</u>			
b Less returns and allowances _____ c Balance	1c 35,492.		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3 35,492.		35,492.
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5		
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13 35,492.		35,492.

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1	
2 Salaries and wages	2	10,637.
3 Repairs and maintenance	3	
4 Bad debts	4	
5 Interest (attach statement). See instructions	5	
6 Taxes and licenses	6	
7 Depreciation (attach Form 4562). See instructions	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	8b
9 Depletion	9	
10 Contributions to deferred compensation plans	10	
11 Employee benefit programs	11	
12 Excess exempt expenses (Part VIII)	12	
13 Excess readership costs (Part IX)	13	
14 Other deductions (attach statement) SEE STATEMENT 1	14	29,826.
15 Total deductions. Add lines 1 through 14	15	40,463.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	-4,971.
17 Deduction for net operating loss. See instructions	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	-4,971.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold Enter method of inventory valuation

1 Inventory at beginning of year	1	
2 Purchases	2	
3 Cost of labor	3	
4 Additional section 263A costs (attach statement)	4	
5 Other costs (attach statement)	5	
6 Total. Add lines 1 through 5	6	
7 Inventory at end of year	7	
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)				0.
4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11 Total dividends-received deductions included in line 10				0.

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number		Exempt Controlled Organizations		
				3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).		
Totals			0.	0.		

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
a Add columns A through D. Enter here and on Part I, line 11, column (A)				0.

3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

Part XI Supplemental Information (see instructions)

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 1

DESCRIPTION	AMOUNT
ELECTRICAL EXPENSE	7,779.
LAWN MAINTENANCE	5,143.
WATER EXPENSE	304.
SECURITY	7,382.
PEST CONTROL	112.
OTHER EXPENSES	7,833.
DEPRECIATION	1,273.
TOTAL TO SCHEDULE A, PART II, LINE 14	29,826.

Alternative Minimum Tax-Corporations

2024

Attach to your tax return.
 Go to www.irs.gov/Form4626 for instructions and the latest information.

Name of corporation UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY	Employer identification number (EIN) 74-1272381
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- A** Is the corporation filing this form a member of a controlled group treated as a single employer under sections 59(k)(1)(D) and 52? Yes No
 If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the controlled group treated as a single employer taken into account in the determination of "applicable corporation" under section 59(k)(1)(D).
- B** Is the corporation filing this form a member of a foreign-parented multinational group (FPMG) within the meaning of section 59(k)(2)(B)? Yes No
 If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the FPMG under section 59(k)(2)(B).

Part I Applicable Corporation Determination (Report all amounts in U.S. dollars.)
If you have already determined in current or prior years you are an applicable corporation, skip Part I and continue to Part II.

	(a) First Preceding Year Ended	(b) Second Preceding Year Ended	(c) Third Preceding Year Ended
1 Net income or loss per applicable financial statement(s) (AFS) (see inst):			
a Consolidated net income or loss per the AFS of the corporation	1a		
b Include AFS net income or loss of other includible entities (add net income and subtract net loss)	1b		
c Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	1c		
d Adjustment for certain consolidating entries (see instructions)	1d		
e Specified additional net income or loss item B. Reserved for future use	1e		
f AFS net income or loss of all entities in the test group before adjustments. Combine lines 1a through 1d	1f		
2 Adjustments (see instructions):			
a Financial statements covering different tax years	2a		
b Corporations that are not included on the taxpayer's consolidated return	2b		
c Aggregate pro-rata share of adjusted net income from controlled foreign corporations (CFCs) for which the corporation is a U.S. shareholder. If zero or less, enter -0- (attach Schedule A (Form 4626)) (see instructions for special rules if completing this form for an FPMG)	2c		
d Amounts that are not effectively connected to a U.S. trade or business (see instructions for special rules if completing this form for an FPMG)	2d		
e Certain taxes	2e		
f Patronage dividends and per-unit retain allocations (cooperatives only)	2f		
g Alaska native corporations	2g		
h Certain credits	2h		
i Mortgage servicing income	2i		
j Tax-exempt entities (organizations subject to tax under section 511)	2j		
k Depreciation	2k		
l Qualified wireless spectrum	2l		
m Covered transactions	2m		
n Adjustments related to bankruptcy and insolvency	2n		
o Certain insurance company adjustments	2o		
p Adjustment P - Reserved for future use	2p		
q Adjustment Q - Reserved for future use	2q		
r Adjustment R - Reserved for future use	2r		
s Adjustment S - Reserved for future use	2s		
z Other	2z		
3 Specified adjustment. Reserved for future use	3		
4 Total adjustments. Combine lines 2a through 2z	4		
5 AFSI. Combine lines 1f and 4	5		
6 AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 5			6
7 3-year average annual AFSI (see instructions)			7

Part I **Applicable Corporation Determination** (Report all amounts in U.S. dollars.) *(continued)*

- 8** Is line 7 more than \$1 billion?
 Yes. Continue to line 9.
 No. STOP here and attach to your tax return.
- 9** Is the corporation a member of an FPMG within the meaning of section 59(k)(2)(B)?
 Yes. Continue to line 10.
 No. Continue to Part II.

	(a) First Preceding Year Ended	(b) Second Preceding Year Ended	(c) Third Preceding Year Ended	
10 AFSI for purposes of the \$100 million test before adjustments:				
a AFSI from line 5	10a			
b Aggregation differences (see instructions)	10b			
c Total AFSI for purposes of the \$100 million test before adjustments. Combine lines 10a and 10b	10c			
11 Adjustments:				
a Income not effectively connected to a U.S. trade or business	11a			
b Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S. shareholder. If zero or less, enter -0- (attach Schedule A (Form 4626)) (see instructions)	11b			
c Reserved for future use - Other adjustments 1	11c			
d Reserved for future use - Other adjustments 2	11d			
12 Total adjustments. Combine lines 11a and 11b	12			
13 Total AFSI for purposes of the \$100 million test. Combine lines 10c and 12	13			
14 AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 13				14
15 3-year average annual AFSI for purposes of the \$100 million test				15

- 16** Is line 15 \$100 million or more?
 Yes. Continue to Part II.
 No. STOP here. Attach to your tax return.

Part II Corporate Alternative Minimum Tax (CAMT)

Table with 3 columns: Description, Code, and Amount. Rows include 1 Net income or loss per AFS, 2 Adjustments, 3 Total adjustments, 4 AFSI before financial statement net operating loss carryover, 5 Financial statement net operating loss (FSNOL), 6 AFSI. Subtract line 5 from line 4, 7 Multiply line 6 by 15% (0.15), 8 Corporate alternative minimum tax foreign tax credit (CAMT FTC), 9 Tentative minimum tax, 10 Regular tax liability, 11 Base erosion minimum tax, 12 Combine lines 10 and 11, 13 Alternative minimum tax.

Part III Adjustment for Certain Taxes Under Section 56A(c)(5)

Table with 3 columns: Description, Code, and Amount. Rows include 1 Current income tax provision - Foreign, 2 Current income tax provision - Federal, 3 Deferred income tax provision - Foreign, 4 Deferred income tax provision - Federal, 5 Income taxes included in equity method investment income, 6a-6h Adjustments A-H, 6z Income taxes in other places, 7 Total. Combine lines 1 through 6z.

Part IV Corporate Alternative Minimum Tax - Foreign Tax Credit

Section I - CAMT Foreign Tax Credit

1	Domestic corporation CAMT foreign income taxes:			
a	Total foreign taxes paid or accrued as reported on Form 1118, Schedule B, Part I, column 2(j)	1a		
b	Adjustment	1b		
c	Adjustment	1c		
d	Adjustment	1d		
e	Adjustment	1e		
f	Adjustment	1f		
g	Adjustment	1g		
2	Total domestic corporation CAMT foreign income taxes. Combine lines 1a through 1g.....			2
3	Allowable CFC CAMT foreign income taxes:			
a	Pro-rata share of CFC CAMT foreign income taxes from Part IV, Section II, line 11, column (n)	3a		
b	Other	3b		
c	Carryover of excess foreign taxes (from Part IV, Section III, line 4, column (vii))	3c		
d	Total CFC CAMT foreign income taxes. Add lines 3a, 3b, and 3c			3d
e	Percentage specified in section 55(b)(2)(A)(i)	3e	15%	
f	Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S. shareholder. Enter the amount from Part VI, Section II, line 3 (see instructions)	3f		
g	CFC CAMT FTC limitation (multiply line 3e by line 3f)			3g
h	Allowable CFC CAMT foreign income taxes (lesser of line 3d or line 3g)			3h
4	CAMT FTC Line 4 - Reserved for future use			4
5	CAMT FTC Line 5 - Reserved for future use			5
6	Total CAMT foreign income taxes. Combine lines 2 and 3h. Enter this amount on Part II, line 8.....			6