

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2018**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

<b>B</b> Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization <b>UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY</b>		<b>D</b> Employer identification number <b>74-1272381</b>
	Doing business as		<b>E</b> Telephone number <b>(210) 352-7000</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>46,371,299.</b>
	700 SOUTH ALAMO		<b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code <b>SAN ANTONIO, TX 78205</b>		<b>H(b)</b> Are all subordinates included? Yes No	
<b>F</b> Name and address of principal officer: <b>CHRISTOPHER MARTIN SAME AS C ABOVE</b>		If "No," attach a list. (see instructions)	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527			
<b>J</b> Website: ▶ <b>WWW.UNITEDWAYSATX.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		<b>L</b> Year of formation: <b>1955</b>	<b>M</b> State of legal domicile: <b>TX</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE MISSION OF UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY (UWSA) IS (SEE SCHEDULE O FOR CONTINUATION)</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	<b>126</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	<b>125</b>
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a) .....	<b>5</b>	<b>102</b>
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>8372</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 38 .....	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) .....	<b>42,347,884.</b>	<b>38,689,388.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	<b>0.</b>	<b>0.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	<b>583,820.</b>	<b>608,413.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	<b>42,931,704.</b>	<b>39,297,801.</b>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	<b>36,087,484.</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....		<b>0.</b>	<b>0.</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....		<b>9,662,459.</b>	<b>8,133,036.</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....		<b>0.</b>	<b>0.</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>2,704,166.</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....		<b>1,619,343.</b>	<b>1,886,261.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	<b>47,369,286.</b>	<b>39,536,686.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	<b>-4,437,582.</b>	<b>-238,885.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26) .....	<b>40,996,369.</b>	<b>40,135,043.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	<b>11,849,945.</b>	<b>10,729,759.</b>
		<b>29,146,424.</b>	<b>29,405,284.</b>

**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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer		Date		
	<b>EDWARD H. GUERRA, EXECUTIVE VP, CFO</b> Type or print name and title		<b>Electronically signed/filed on 4/16/2020</b>		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	<b>SUSAN VALDEZ</b>			<input type="checkbox"/>	<b>P00187817</b>
Firm's name ▶ <b>AKIN, DOHERTY, KLEIN &amp; FEUGE, P.C.</b>			Firm's EIN ▶ <b>74-2606559</b>		
Firm's address ▶ <b>8610 N. NEW BRAUNFELS, SUITE 101 SAN ANTONIO, TX 78217</b>			Phone no. <b>(210) 829-1300</b>		

May the IRS discuss this return with the preparer shown above? (see instructions)  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 INCREASE THE ORGANIZED CAPACITY OF PEOPLE TO CARE FOR ONE ANOTHER.

SEE SCHEDULE O FOR CONTINUATION

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 \$ 33,617,240. including grants of \$ 29,230,575. ) (Revenue \$ ) COMMUNITY IMPACT

WE BELIEVE THAT EVERY MAN, WOMAN, AND CHILD DESERVES AN OPPORTUNITY FOR A GOOD LIFE. IN 2006, UWSA BEGAN WORK IN FOUR FOCUS AREAS. CURRENTLY, AND THROUGHOUT THE NEXT SEVERAL YEARS, WE ARE ALIGNING OUR FUNDING RECEIVED THROUGH THE ANNUAL CAMPAIGN AND GRANTS TO FOCUS MORE STRATEGICALLY IN THOSE FOUR AREAS. WE ARE UTILIZING A RESULTS BASED ACCOUNTABILITY (RBA) PROCESS TO CREATE, DEFINE, IMPLEMENT AND REPORT ON RESULTS, INDICATORS AND STRATEGIES ACROSS ALL OF OUR WORK AND INVESTMENTS.

SEE SCHEDULE O FOR CONTINUATION

4b (Code: ) (Expenses \$ 1,393,411. including grants of \$ 43,038. ) (Revenue \$ ) COMMUNITY SERVICES

2-1-1 TEXAS ALAMO - 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 TEXASALAMO REGION IS ONE OF 24 AREA INFORMATION CENTERS IN TEXAS OPERATES 24/7/365, WITH BILINGUAL (SPANISH) CALL SPECIALISTS, AND SERVES BEXAR AND ELEVEN SURROUNDING COUNTIES. IN 2018, 2-1-1 HANDLED 223,580 CALLERS/WEBSITE VISITORS. TOP CALLER NEEDS INCLUDED RENT/UTILITY ASSISTANCE AND FOOD INSECURITY.

SEE SCHEDULE O FOR CONTINUATION

4c (Code: ) (Expenses \$ 718,891. including grants of \$ 243,776. ) (Revenue \$ ) COMMUNITY ENGAGEMENT

WOMEN UNITED (WU): THE WOMEN'S LEADERSHIP COUNCIL (NOW WOMEN UNITED (WU) WAS CREATED IN 1999. IN 2018 WU HAD OVER 3,100 MEMBERS. THE GROUP'S SIGNATURE CAUSE, CHILDCARE SCHOLARSHIPS, ENABLE PARENTS AND CHILDREN TO FURTHER THEIR EDUCATION AND ULTIMATELY REDUCE THE CYCLE OF POVERTY. LAST YEAR, WE AWARDED 33 SCHOLARSHIPS AND PROVIDED QUALITY CHILDCARE FOR THE 50 CHILDREN OF THOSE SCHOLARSHIP RECIPIENTS. FOURTEEN SCHOLARS GRADUATED. WU HOSTS AN ANNUAL FUNDRAISING LUNCHEON TO BENEFIT THE SCHOLARSHIP PROGRAM. MENTORING CIRCLES WERE LAUNCHED IN 2017 TO OFFER GUIDANCE/RESOURCES TO SCHOLARSHIP RECIPIENTS. WU MEMBERSHIP INCLUDES EVENTS, SEMINARS, AND DISCUSSIONS ON WOMEN'S HEALTH, AND COMMUNITY ISSUES. SEE SCHEDULE O FOR CONTINUATION

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

4e Total program service expenses 35,729,542.

**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> ?	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 <b>Section 501(c)(3) organizations.</b> 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 Revenue Procedure 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 temporarily restricted endowments, permanent endowments, or 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>		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
<b>22</b> 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
<b>23</b> 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	
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</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	
<b>36 Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

**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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> 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
<b>2a</b>	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		102
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	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>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</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	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
<b>15</b>	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 instructions and file Form 4720, Schedule N.	15	X
<b>16</b>	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

**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 in 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
<b>1a</b>	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 in Schedule O.		
	1a	126	
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	1b	125	
<b>2</b>	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	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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>b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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 in Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	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>b</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?		
<b>16b</b>			

**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 in Schedule O)
- 19** Describe in 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 **EDWARD H. GUERRA - (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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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. MICHAEL S. CISKOWSKI EXEC COMM CHAIRMAN	2.00 2.00	X		X				0.	0.	0.
(2) MR. RICK CAVENDER EXEC COMM PAST CHAIR	2.00 0.00	X		X				0.	0.	0.
(3) MR. L. HERBERT STUMBERG, JR. EXEC COMM SECRETARY	2.00 0.00	X		X				0.	0.	0.
(4) MS. LAURA BISHOP EXEC COMM TREASURER	2.00 0.00	X		X				0.	0.	0.
(5) MR. CHARLES E. AMATO EXEC COMM ENDOWMENT CHAIRMAN	2.00 2.00	X		X				0.	0.	0.
(6) MS. MARY ROSE BROWN EXEC COMM MARKETING CHAIR	2.00 0.00	X		X				0.	0.	0.
(7) MS. DONNA TITZMAN EXEC COMM PERSONNEL CHAIR	2.00 0.00	X		X				0.	0.	0.
(8) MS. LISA A. FRIEL EXEC COMM AUDIT CHAIR	2.00 2.00	X		X				0.	0.	0.
(9) MS. KIMBERLY S. LUBEL EC CAMPAIGN & NOMINATING CHAIR	2.00 0.00	X		X				0.	0.	0.
(10) MR. JONATHAN GURWITZ EC PRTRNS FOR CMNTY CHANGE(PCC)CHAIR	2.00 0.00	X		X				0.	0.	0.
(11) MR. MARK M. JOHNSON EXEC COMM FINANCE CHAIR	2.00 2.00	X		X				0.	0.	0.
(12) MS. HANNAH ZUNKER EXEC COMM EMERGING LEADERS CHAIR	2.00 0.00	X		X				0.	0.	0.
(13) MS. LAURA J. VACCARO EXEC COMM WOMEN UNITED CHAIR	2.00 0.00	X		X				0.	0.	0.
(14) MR. CARLOS E. ALVAREZ EXEC COMM MBR AT LRG	2.00 2.00	X						0.	0.	0.
(15) MS. APRIL ANCIRA EXEC COMM MBR AT LRG	2.00 0.00	X						0.	0.	0.
(16) DANNY J. ANDERSON, PH.D. EXEC COMM MBR AT LRG	2.00 0.00	X						0.	0.	0.
(17) MR. BRADLEY C. BARRON EXEC COMM MBR AT LRG	2.00 0.00	X						0.	0.	0.

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

Form 990 (2018)

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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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) MR. DAVID BOHNE EXEC COMM MBR AT LRG	2.00 0.00	X						0.	0.	0.
(19) MS. CASSANDRA CARR EXEC COMM MBR AT LRG	2.00 0.00	X						0.	0.	0.
(20) MS. LINDA CHAVEZ-THOMPSON EXEC COMM MBR AT LRG	2.00 0.00	X						0.	0.	0.
(21) MR. TOM CUMMINS EXEC COMM MBR AT LRG	2.00 0.00	X						0.	0.	0.
(22) MR. R. RENE ESCOBEDO EXEC COMM MBR AT LRG	2.00 0.00	X						0.	0.	0.
(23) MR. PHILLIP D. GREEN EXEC COMM MBR AT LRG	2.00 0.00	X						0.	0.	0.
(24) MR. ADAM L. HAMILTON, P.E. EXEC COMM MBR AT LRG	2.00 0.00	X						0.	0.	0.
(25) MS. SARAH HARTE EXEC COMM MBR AT LRG	2.00 0.00	X						0.	0.	0.
(26) MR. JAMES L. HAYNE, JR. EXEC COMM MBR AT LRG	2.00 0.00	X						0.	0.	0.
<b>1b Sub-total</b> .....								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								1,957,859.	0.	286,497.
<b>d Total (add lines 1b and 1c)</b> .....								1,957,859.	0.	286,497.

**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 **20**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> 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	
<b>5</b> 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
NONE		

**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 **0**

**SEE PART VII, SECTION A CONTINUATION SHEETS**

Form **990** (2018)



UNITED WAY OF SAN ANTONIO AND BEXAR  
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Form 990

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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 (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
(27) MR. PETER J. HOLT EXEC COMM MBR AT LRG	2.00 0.00	X						0.	0.	0.
(28) MS. KATHY MAYS JOHNSON EXEC COMM MBR AT LRG	2.00 0.00	X						0.	0.	0.
(29) REV. KENNETH R. KEMP, M.D. EXEC COMM MBR AT LRG	2.00 0.00	X						0.	0.	0.
(30) LEONARD E. LAWRENCE, M.D. EXEC COMM MBR AT LRG	2.00 0.00	X						0.	0.	0.
(31) MR. THOMAS M. MENGLER EXEC COMM MBR AT LRG	2.00 0.00	X						0.	0.	0.
(32) MR. HARVEY E. NAJIM EXEC COMM MBR AT LRG	2.00 0.00	X						0.	0.	0.
(33) MR. PHILIP J. PFEIFFER EXEC COMM MBR AT LRG	2.00 0.00	X						0.	0.	0.
(34) MR. TODD PILAND EXEC COMM MBR AT LRG	2.00 0.00	X						0.	0.	0.
(35) MS. MARSHA M. SHIELDS EXEC COMM MBR AT LRG	2.00 0.00	X						0.	0.	0.
(36) MR. GILBERT F. VAZQUEZ EXEC COMM MBR AT LRG	2.00 0.00	X						0.	0.	0.
(37) MS. MARIA VILLAGOMEZ EXEC COMM MBR AT LRG	2.00 0.00	X						0.	0.	0.
(38) MS. PEGGY WALKER EXEC COMM MBR AT LRG	2.00 0.00	X						0.	0.	0.
(39) MR. JUAN AMAYA MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(40) MR. CURT ANASTACIO MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(41) MR. ERNESTO ANCIRA, JR. MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(42) MR. JOE A. ATKINSON MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(43) MS. BARBARA BANKER MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(44) MR. J. DAN BATES MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(45) MR. J. MICHAEL BELZ MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(46) MS. JELYNNE LEBLANC BURLEY MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

UNITED WAY OF SAN ANTONIO AND BEXAR  
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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 (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
(47) MS. RHONDA K. CALVERT MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(48) MS. STEPHANIE CHANDLER MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(49) MR. FULLY CLINGMAN MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(50) MR. DERRICK CRAVER MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(51) MS. MARY DAVIDSON MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(52) MR. TED DAY MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(53) MS. YOLANDA DE LEON MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(54) MS. TRISH DEBERRY MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(55) MS. LAURA DIXON MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(56) TAYLOR EIGHMY, PH.D. MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(57) MR. RUBEN M. ESCOBEDO, CPA MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(58) MR. CHRISTOPHER EUGSTER MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(59) MR. DICK EVANS MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(60) THOMAS M. EVANS, PH.D. MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(61) MS. MARY FINGER MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(62) MR. PATRICK B. FROST MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(63) MR. TOM C. FROST MEMBER-AT-LARGE (7/1/18-8/10/18)	2.00 0.00	X						0.	0.	0.
(64) MS. VICTORIA M. GARCIA MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(65) MR. WILLIAM GOLD MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(66) MR. RICHARD E. GOLDSMITH MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

UNITED WAY OF SAN ANTONIO AND BEXAR  
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Form 990

74-1272381

**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 (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
(67) MR. JOSEPH W. GORDER MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(68) BRIAN G. GOTTARDY, ED.D. MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(69) MR. JAMES D. GOUDGE MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(70) MS. SUZANNE GOUDGE MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(71) MR. WILLIAM E. GREEHEY MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(72) MR. ROGER R. HEMMINGHAUS MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(73) MR. MIKE HERNANDEZ MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(74) MR. WILLIAM HILEMAN MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(75) MR. JIMMY HOLMES MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(76) MR. PETER M. HOLT MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(77) MR. MIKE HOWARD MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(78) GEN ANDREW P. IOSUE, USAF (RET) MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(79) MR. PAUL H. JOHNSON MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(80) MS. ABIGAIL KAMPMANN MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(81) MR. BILL CLARK KENT MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(82) MR. CLAYTON E. KILLINGER MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(83) MR. WILLIAM R. KLESSE MEMBER-AT-LARGE	2.00 2.00	X						0.	0.	0.
(84) MR. KIRK KOHLER MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(85) MR. BART C. KOONTZ MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(86) MR. JIM LAFFOON MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

UNITED WAY OF SAN ANTONIO AND BEXAR  
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Form 990

74-1272381

**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 (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
(87) MR. PAT LEGAN MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(88) MR. RICHARD G. LINDNER MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(89) MR. CHARLES D. LUTZ, III MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(90) MR. BOB MARBUT MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(91) MR. PEDRO MARTINEZ MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(92) MR. L. LOWRY MAYS MEMBER-AT-LARGE	2.00 2.00	X						0.	0.	0.
(93) MR. RED MCCOMBS MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(94) MR. JOSEPH S. MCLAUCHLAN MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(95) MR. JOE MERTENS MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(96) MR. JOHN K. MEYER MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(97) MR. WILLIAM G. MOLL MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(98) MR. BOBBY OLVEDA MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(99) MS. JUDY PEACE MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(100) MR. RICHARD PEREZ MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(101) MR. JIM PERSCHBACH MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(102) MS. SHELLEY POTTER MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(103) MR. JAMES R. REED MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(104) MR. GRAHAM REEVE MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(105) MS. KATIE REYNOLDS MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(106) MS. CARI BREAKIE RICHARDSON MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

UNITED WAY OF SAN ANTONIO AND BEXAR  
COUNTY

Form 990

74-1272381

**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 (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
(107) MR. ANTHONY TODD ROBERTSON MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(108) MR. BRADLEY ROLLINS MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(109) MG DAVID A RUBENSTEIN USA(RET) MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(110) MS. JENNA SAUCEDO-HERRERA MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(111) MR. RICHARD T. SCHLOSBERG, III MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(112) MR. DAVE SCHMIDT MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(113) MR. GEORGE W. SCOFIELD MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(114) MR. BEN SCOTT MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(115) MR. LIONEL SOSA MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(116) THE HON. JOHN J. SPECIA, JR. MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(117) CHAP MG HOWARD STENDAHL USAF(R) MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(118) MR. JOE STIGLMEIER MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(119) MR. MATTHEW M. STONE MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(120) CYNTHIA TENIENTE-MATSON, ED.D. MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(121) MR. PAUL D. THORNTON MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(122) MR. JAMES M. TRUSS MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(123) MS. SUZANNE WADE MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(124) MR. W. LAWRENCE WALKER, JR. MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(125) MR. FLOYD WILSON, JR. MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
(126) MR. BARTELL ZACHRY MEMBER-AT-LARGE	2.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										



**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	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	4,220,597.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	34,468,791.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f			38,689,388.			
Program Service Revenue	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f						
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		469,554.			469,554.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
		<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7,193,357.	19,000.				
		<b>b</b> Less: cost or other basis and sales expenses					
		7,046,675.	26,823.				
	<b>c</b> Gain or (loss)						
	146,682.	-7,823.					
	<b>d</b> Net gain or (loss)			138,859.		138,859.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
<b>b</b> Less: direct expenses		<b>b</b>					
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory						
Miscellaneous Revenue		<b>Business Code</b>					
<b>11 a</b> _____							
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions			39,297,801.	0.	0.	608,413.	

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

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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  **X**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	29,517,389.	29,517,389.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	836,029.	451,781.	78,801.	305,447.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	5,442,255.	3,665,506.	256,646.	1,520,103.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	469,170.	299,828.	46,786.	122,556.
<b>9</b> Other employee benefits	918,089.	568,805.	146,616.	202,668.
<b>10</b> Payroll taxes	467,493.	277,385.	59,673.	130,435.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	1,187.		1,187.	
<b>c</b> Accounting	47,000.	18,500.	28,500.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	65,908.		65,908.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	65,076.	48,533.	16,543.	
<b>12</b> Advertising and promotion	146,318.	95,264.	419.	50,635.
<b>13</b> Office expenses	158,603.	48,855.	33,922.	75,826.
<b>14</b> Information technology	184,074.	126,898.	29,473.	27,703.
<b>15</b> Royalties				
<b>16</b> Occupancy	161,077.	62,829.	67,556.	30,692.
<b>17</b> Travel	33,780.	15,517.	7,880.	10,383.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	111,079.	91,149.	14,994.	4,936.
<b>20</b> Interest				
<b>21</b> Payments to affiliates	569,335.	300,653.	156,731.	111,951.
<b>22</b> Depreciation, depletion, and amortization	167,385.	108,852.	28,753.	29,780.
<b>23</b> Insurance	46,380.	13,856.	25,696.	6,828.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>CAMPAIGN EXPENSES</b>	75,117.		6,821.	68,296.
<b>b</b> <b>MISCELLANEOUS</b>	44,061.	9,700.	29,206.	5,155.
<b>c</b> <b>PROGRAM SUPPLIES</b>	6,572.	6,572.	0.	0.
<b>d</b> <b>WORKERS' COMPENSATION</b>	3,309.	1,670.	867.	772.
<b>e</b> All other expenses				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	39,536,686.	35,729,542.	1,102,978.	2,704,166.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)



UNITED WAY OF SAN ANTONIO AND BEXAR  
COUNTY

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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	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	450.	<b>1</b>	250.	
	<b>2</b> Savings and temporary cash investments .....	3,855,942.	<b>2</b>	6,205,302.	
	<b>3</b> Pledges and grants receivable, net .....	16,160,808.	<b>3</b>	13,839,366.	
	<b>4</b> Accounts receivable, net .....	141,055.	<b>4</b>	136,252.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	178,622.	<b>9</b>	337,521.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	3,539,487.			
	<b>b</b> Less: accumulated depreciation .....	2,425,808.			
	<b>11</b> Investments - publicly traded securities .....	17,676,237.	<b>11</b>	16,616,705.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	1,836,006.	<b>12</b>	1,885,968.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	40,996,369.	<b>16</b>	40,135,043.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	3,731,849.	<b>17</b>	2,861,485.	
	<b>18</b> Grants payable .....	8,118,096.	<b>18</b>	7,868,274.	
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> 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 .....		<b>25</b>		
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	11,849,945.	<b>26</b>	10,729,759.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	1,745,438.	<b>27</b>	3,410,812.	
	<b>28</b> Temporarily restricted net assets .....	26,383,895.	<b>28</b>	24,108,504.	
	<b>29</b> Permanently restricted net assets .....	1,017,091.	<b>29</b>	1,885,968.	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
<b>33</b> Total net assets or fund balances .....	29,146,424.	<b>33</b>	29,405,284.		
<b>34</b> Total liabilities and net assets/fund balances .....	40,996,369.	<b>34</b>	40,135,043.		

Form 990 (2018)

**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	39,297,801.
2	Total expenses (must equal Part IX, column (A), line 25)	2	39,536,686.
3	Revenue less expenses. Subtract line 2 from line 1	3	-238,885.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	29,146,424.
5	Net unrealized gains (losses) on investments	5	497,765.
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 in Schedule O)	9	-20.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	29,405,284.

**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 in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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		X
b Were the organization's financial statements audited by an independent accountant? _____ 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	X	
c 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? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
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 Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 [ ] A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 [ ] A school described in section 170(b)(1)(A)(ii).
3 [ ] A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 [ ] A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 [ ] A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 [ ] A community trust described in section 170(b)(1)(A)(vi).
9 [ ] An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 [ ] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions.
11 [ ] An organization organized and operated exclusively to test for public safety.
12 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a [ ] Type I. A supporting organization operated, supervised, or controlled by its supported organization(s).
b [ ] Type II. A supporting organization supervised or controlled in connection with its supported organization(s).
c [ ] Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s).
d [ ] Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

UNITED WAY OF SAN ANTONIO AND BEXAR

**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	53953625.	50551027.	42769992.	42347884.	38689388.	228311916
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	53953625.	50551027.	42769992.	42347884.	38689388.	228311916
<b>5</b> 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) .....						9696814.
<b>6 Public support.</b> Subtract line 5 from line 4.						218615102

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	53953625.	50551027.	42769992.	42347884.	38689388.	228311916
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	333,037.	366,659.	372,999.	381,980.	469,554.	1924229.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						230236145
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	94.95 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	94.76 %
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five 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**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** 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 - 2017.** 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined in 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>		
<b>c</b> Did a disqualified person (as defined in 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>		
<b>10a</b> 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 10b below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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>		
<b>2</b> 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>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> By reason of the relationship described in (2), 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>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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>b</b> Did the activities described in (a) 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>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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>Provide details in Part VI.</i>		
<b>b</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>		

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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 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	<b>Distributable Amount.</b> 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

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**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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in <b>Part VI</b> ). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 <b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

**SCHEDULE D**  
**(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**  
**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)       Preservation of a historically important land area  
 Protection of natural habitat       Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	11,316,415.	9,441,155.	5,114,980.		
b Contributions	5,847.	1,465,000.	3,917,500.	5,115,000.	
c Net investment earnings, gains, and losses	660,097.	410,260.	408,675.	-20.	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	11,982,359.	11,316,415.	9,441,155.	5,114,980.	

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  100.00 %
  - c Temporarily restricted endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes | No |
|-----------------------------|-----|----|
| (i) unrelated organizations |     | X  |
| (ii) related organizations  | X   |    |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		610,693.		610,693.
b Buildings		1,958,552.	1,698,149.	260,403.
c Leasehold improvements				
d Equipment		970,242.	727,659.	242,583.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,113,679.

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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 FIN 48 (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	31,036,873.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	497,765.	
b	Donated services and use of facilities	2b	337,787.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	835,552.	
3	Subtract line 2e from line 1	3	30,201,321.	
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	65,908.	
b	Other (Describe in Part XIII.)	4b	9,030,572.	
c	Add lines 4a and 4b	4c	9,096,480.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	39,297,801.	

**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	30,777,993.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	337,787.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	337,787.	
3	Subtract line 2e from line 1	3	30,440,206.	
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	65,908.	
b	Other (Describe in Part XIII.)	4b	9,030,572.	
c	Add lines 4a and 4b	4c	9,096,480.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	39,536,686.	

**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.

FORM 990, SCHEDULE D, PART V, LINE 4:

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

FORM 990, SCHEDULE D, 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 THE 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

**Part XIII** Supplemental Information (continued)

TAX POSITIONS. FOR THE YEARS ENDED JUNE 30, 2019 AND 2018, UWSA DID NOT  
RECOGNIZE ANY TAX RELATED INTEREST OR PENALTIES IN THE FINANCIAL  
STATEMENTS. TAX YEARS 2018-2016 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 XI, LINE 4B:

DONOR DESIGNATIONS 9,030,572

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

DONOR DESIGNATIONS 9,030,572

**SCHEDULE I  
(Form 990)**

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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2018**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ALAMO PUBLIC TELECOMMUNICATIONS (KLRN) - 501 BROADWAY ST - SAN ANTONIO, TX 78215	74-2461534	501(C)3	101,821.	0.			RESTRICTED TO SPECIFIC PROGRAM
ALPHA HOME, INC. 300 E. MULBERRY AVE. SAN ANTONIO, TX 78212	74-1668144	501(C)3	121,517.	0.			RESTRICTED TO SPECIFIC PROGRAM
AMERICAN HEART ASSOCIATION, S.A. DIVISION - 8415 WURZBACH RD. - SAN ANTONIO, TX 78229	13-5613797	501(C)3	154,931.	0.			RESTRICTED TO SPECIFIC PROGRAM
AMERICAN RED CROSS - S.A. AREA CHAPTER - 3642 EAST HOUSTON ST. - SAN ANTONIO, TX 78219	53-0196605	501(C)3	1,047,827.	0.			RESTRICTED TO SPECIFIC PROGRAM
ANY BABY CAN OF SAN ANTONIO 217 HOWARD ST. SAN ANTONIO, TX 78212	74-2684333	501(C)3	378,563.	0.			RESTRICTED TO SPECIFIC PROGRAM
AUSTISM SERVICE CENTER OF SAN ANTONIO - 4242 WOODCOCK DR #101 - SAN ANTONIO, TX 78228	26-2592058	501(C)3	139,329.	1,936.	ACTUAL COST OF TICKET	ZOO TICKET ADMISSION	RESTRICTED TO SPECIFIC PROGRAM

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ **85.**
- 3** Enter total number of other organizations listed in the line 1 table ..... ▶ **1.**

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

Schedule I (Form 990) (2018)



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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AVANCE INC. 903 BILLY MITCHELL BLVD, SUITE 100 SAN ANTONIO, TX 78226	91-1780559	501(C)3	670,763.	1,600.	ACTUAL COST OF TICKET	ZOO TICKET ADMISSION	RESTRICTED TO SPECIFIC PROGRAM
BARSHOP JEWISH COMMUNITY CENTER 12500 NW MILITARY HWY #275 SAN ANTONIO, TX 78231	74-1152783	501(C)3	314,535.	0.			RESTRICTED TO SPECIFIC PROGRAM
BIG BROTHERS BIG SISTERS OF SOUTH TEXAS - 10843 GULF DALE DR. - SAN ANTONIO, TX 78216	74-1897630	501(C)3	221,910.	480.	ACTUAL COST OF TICKET	ZOO TICKET ADMISSION	RESTRICTED TO SPECIFIC PROGRAM
BOY SCOUTS OF AMERICA, ALAMO AREA COUNCIL - 2226 N W MILITARY HWY. - SAN ANTONIO, TX 78213	74-6079583	501(C)3	663,638.	0.			RESTRICTED TO SPECIFIC PROGRAM
BOYS & GIRLS CLUBS OF SAN ANTONIO 123 RALPH AVE. SAN ANTONIO, TX 78204	74-1109637	501(C)3	400,039.	5,600.	ACTUAL COST OF TICKET	ZOO TICKET ADMISSION	RESTRICTED TO SPECIFIC PROGRAM
BOYSVILLE, INC. PO BOX 369 CONVERSE, TX 78109	74-1207553	501(C)3	220,467.	0.			RESTRICTED TO SPECIFIC PROGRAM
BRIGHTON CENTER 14207 HIGGINS RD. SAN ANTONIO, TX 78217	74-2331826	501(C)3	72,215.	0.			RESTRICTED TO SPECIFIC PROGRAM
CATHOLIC CHARITIES, ARCHDIOCESE OF SAN ANTONIO, INC. - 202 W. FRENCH PL. - SAN ANTONIO, TX 78212	74-1109743	501(C)3	2,167,632.	11,280.	ACTUAL COST OF TICKET	ZOO TICKET ADMISSION	RESTRICTED TO SPECIFIC PROGRAM
EL CENTRO DEL BARRIO, INC. 3750 COMMERCIAL AVE. SAN ANTONIO, TX 78221	74-1787031	501(C)3	376,077.	0.			RESTRICTED TO SPECIFIC PROGRAM

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CHILD ADVOCATES SAN ANTONIO 406 SAN PEDRO AVE. SAN ANTONIO, TX 78212	74-2494625	501(C)3	182,770.	0.			RESTRICTED TO SPECIFIC PROGRAM
CHILDREN'S ASSOCIATION FOR MAXIMUM POTENTIAL - PO BOX 27086 - SAN ANTONIO, TX 78227	74-2095766	501(C)3	272,732.	0.			RESTRICTED TO SPECIFIC PROGRAM
CHRISTUS SANTA ROSA HEALTH CARE CORPORATION - 333 N. SANTA ROSA ST. - SAN ANTONIO, TX 78207	74-1109665	501(C)3	640,666.	0.			RESTRICTED TO SPECIFIC PROGRAM
CHILDREN'S SHELTER, THE 2939 W WOODLAWN SAN ANTONIO, TX 78228	74-1109660	501(C)3	1,626,784.	5,600.	ACTUAL COST OF TICKET	ZOO TICKET ADMISSION	RESTRICTED TO SPECIFIC PROGRAM
CHILDSAFE 3730 IH 10 E SAN ANTONIO, TX 78220	74-2633697	501(C)3	223,688.	0.			RESTRICTED TO SPECIFIC PROGRAM
CHRISTIAN ASSISTANCE MINISTRY 110 MCCULLOUGH AVE. SAN ANTONIO, TX 78215	74-1947967	501(C)3	166,596.	0.			RESTRICTED TO SPECIFIC PROGRAM
CHRYSALIS MINISTRIES, INC. 509 SAN PEDRO SAN ANTONIO, TX 78212	74-1914047	501(C)3	209,311.	0.			RESTRICTED TO SPECIFIC PROGRAM
CLARITY CHILD GUIDANCE CENTER 8535 TOM SLICK SAN ANTONIO, TX 78229	74-1153067	501(C)3	944,801.	0.			RESTRICTED TO SPECIFIC PROGRAM
COMMUNITIES-IN-SCHOOLS OF SAN ANTONIO - 1616 E COMMERCE, BLDG 1 - SAN ANTONIO, TX 78205	74-2393714	501(C)3	568,989.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CROSSPOINT, INC. 301 YUCCA ST. SAN ANTONIO, TX 78203	74-6058916	501(C)3	16,203.	0.			RESTRICTED TO SPECIFIC PROGRAM
ASCENSION DEPAUL SERVICES 7607 SOMERSET RD. SAN ANTONIO, TX 78211	74-6106876	501(C)3	279,913.	0.			RESTRICTED TO SPECIFIC PROGRAM
DEPELCHIN CHILDREN'S CENTER 4950 MEMORIAL DR. HOUSTON, TX 77007	76-0318867	501(C)3	147,871.	0.			RESTRICTED TO SPECIFIC PROGRAM
ELLA AUSTIN COMMUNITY CENTER 1023 N. PINE SAN ANTONIO, TX 78202	74-1166908	501(C)3	290,863.	1,200.	ACTUAL COST OF TICKET	ZOO TICKET ADMISSION	RESTRICTED TO SPECIFIC PROGRAM
ENDEAVORS, INC. 6363 DE ZAVALA RD. SAN ANTONIO, TX 78249	23-7223078	501(C)3	206,863.	0.			RESTRICTED TO SPECIFIC PROGRAM
FAMILY SERVICE ASSOCIATION OF SAN ANTONIO, INC. - 702 SAN PEDRO - SAN ANTONIO, TX 78212	74-1117341	501(C)3	2,242,862.	6,848.	ACTUAL COST OF TICKET	ZOO TICKET ADMISSION	RESTRICTED TO SPECIFIC PROGRAM
FAMILY VIOLENCE PREVENTION SERVICES, INC. - 7911 BROADWAY - SAN ANTONIO, TX 78209	74-1994151	501(C)3	702,265.	0.			RESTRICTED TO SPECIFIC PROGRAM
FOOTHILLS UNITED WAY 711 PARK AVENUE WEST, SUITE 180 DENVER, CO 80205	84-6042598	501(C)3	13,581.	0.			RESTRICTED TO SPECIFIC PROGRAM
GRASP (GREATER RANDOLPH AREA SERVICE PROGRAM INC) - 250 DONALAN DR. - CONVERSE, TX 78109	74-2353686	501(C)3	117,926.	0.			RESTRICTED TO SPECIFIC PROGRAM

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GIRL SCOUTS OF SOUTHWEST TEXAS 811 N COKER LOOP SAN ANTONIO, TX 78216	74-1109759	501(C)3	496,358.	0.			RESTRICTED TO SPECIFIC PROGRAM
GOOD SAMARITAN COMMUNITY SERVICES 1600 SALTILLO SAN ANTONIO, TX 78207	74-1117340	501(C)3	671,931.	0.			RESTRICTED TO SPECIFIC PROGRAM
GOODWILL INDUSTRIES OF SAN ANTONIO 406 W COMMERCE SAN ANTONIO, TX 78207	74-1238444	501(C)3	763,228.	800.	ACTUAL COST OF TICKET	ZOO TICKET ADMISSION	RESTRICTED TO SPECIFIC PROGRAM
GUADALUPE COUNTY UNITED WAY PO BOX 805 SEGUIN, TX 78156	74-2738713	501(C)3	44,673.	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	1,187,750.	0.			RESTRICTED TO SPECIFIC PROGRAM
HEALY-MURPHY CENTER 618 LIVE OAK SAN ANTONIO, TX 78202	74-1667875	501(C)3	395,241.	1,200.	ACTUAL COST OF TICKET	ZOO TICKET ADMISSION	RESTRICTED TO SPECIFIC PROGRAM
JBSA FORT SAM HOUSTON YOUTH SERVICES - 3060 STANLEY ROAD - SAN ANTONIO, TX 78234		GOV'T	142,413.	0.			RESTRICTED TO SPECIFIC PROGRAM
JBSA LACKLAND AFB BOYS & GIRLS CLUB - 2361 SELFRIDGE, BLDG. 8420 - LACKLAND, TX 78236		GOV'T	72,094.	0.			RESTRICTED TO SPECIFIC PROGRAM
JBSA RANDOLPH AFB YOUTH ACTIVITIES 502 FSS/FSYYY 415 B ST, E BLDG. 585 RANDOLPH AFB, TX 78150		GOV'T	65,785.	0.			RESTRICTED TO SPECIFIC PROGRAM

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEFFERSON OUTREACH FOR OLDER PEOPLE - 2201 ST. CLOUD - SAN ANTONIO, TX 78228	74-2345987	501(C)3	25,139.	0.			RESTRICTED TO SPECIFIC PROGRAM
JEWISH FAMILY SERVICE OF SAN ANTONIO TEXAS, INC. - 12500 NW MILITARY HWY #250 - SAN ANTONIO, TX 78231	74-1759254	501(C)3	173,731.	0.			RESTRICTED TO SPECIFIC PROGRAM
KERR COUNTY UNITED WAY PO BOX 290561 KERRVILLE, TX 78029	74-1475945	501(C)3	13,410.	0.			RESTRICTED TO SPECIFIC PROGRAM
SAN ANTONIO LIFETIME RECOVERY, INC. - 10290 SOUTHTON ROAD - SAN ANTONIO, TX 78223	74-1540097	501(C)3	224,511.	0.			RESTRICTED TO SPECIFIC PROGRAM
MADONNA CENTER, INC. 1906 CASTROVILLE SAN ANTONIO, TX 78237	74-1143119	501(C)3	184,949.	0.			RESTRICTED TO SPECIFIC PROGRAM
MARTINEZ STREET WOMEN'S CENTER 801 N. OLIVE ST SAN ANTONIO, TX 78202	74-2934053	501(C)3	58,849.	1,600.	ACTUAL COST OF TICKET	ZOO TICKET ADMISSION	RESTRICTED TO SPECIFIC PROGRAM
MEALS ON WHEELS SAN ANTONIO 4306 NW LOOP 410 SAN ANTONIO, TX 78229	74-1948646	501(C)3	284,118.	0.			RESTRICTED TO SPECIFIC PROGRAM
MISSION ROAD MINISTRIES 8706 MISSION ROAD SAN ANTONIO, TX 78214	74-2958552	501(C)3	627,422.	0.			RESTRICTED TO SPECIFIC PROGRAM
NORTHEAST SENIOR ASSISTANCE (NESA) 2903 NACOGDOCHES RD. SAN ANTONIO, TX 78217	74-2405293	501(C)3	25,139.	0.			RESTRICTED TO SPECIFIC PROGRAM

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PRESA COMMUNITY SERVICE CENTER 3721 S. PRESA STREET SAN ANTONIO, TX 78210	74-1902249	501(C)3	892,938.	0.			RESTRICTED TO SPECIFIC PROGRAM
ALAMO AREA RAPE CRISIS CENTER 4606 CENTERVIEW, SUITE 200 SAN ANTONIO, TX 78228	74-2236387	501(C)3	256,164.	0.			RESTRICTED TO SPECIFIC PROGRAM
RESPITE CARE OF SAN ANTONIO INCORPORATED - PO BOX 12633 - SAN ANTONIO, TX 78212	74-2467770	501(C)3	344,154.	0.			RESTRICTED TO SPECIFIC PROGRAM
RISE RECOVERY PO BOX 15322 SAN ANTONIO, TX 78212	74-2216041	501(C)3	256,342.	0.			RESTRICTED TO SPECIFIC PROGRAM
ROY MASS' YOUTH ALTERNATIVES, INC. 3103 WEST AVE. SAN ANTONIO, TX 78213	74-1914638	501(C)3	382,804.	0.			RESTRICTED TO SPECIFIC PROGRAM
SALVATION ARMY, THE 521 W. ELMIRA ST SAN ANTONIO, TX 78212	75-0800678	501(C)3	587,240.	0.			RESTRICTED TO SPECIFIC PROGRAM
SAN ANTONIO AIDS FOUNDATION 818 EAST GRAYSON STREET SAN ANTONIO, TX 78208	74-2427853	501(C)3	110,934.	0.			RESTRICTED TO SPECIFIC PROGRAM
SAN ANTONIO COUNCIL ON ALCOHOL AND DRUG AWARENESS - 7500 HWY 90, STE 100 - SAN ANTONIO, TX 78227	74-1340188	501(C)3	120,495.	0.			RESTRICTED TO SPECIFIC PROGRAM
SAN ANTONIO FOOD BANK 5200 ENRIQUE M. BARRERA PARKWAY SAN ANTONIO, TX 78227	74-2122979	501(C)3	1,259,142.	0.			RESTRICTED TO SPECIFIC PROGRAM

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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SAN ANTONIO HOUSING AUTHORITY 818 S. FLORES SAN ANTONIO, TX 78204	74-6002070	GOV'T	157,232.	0.			RESTRICTED TO SPECIFIC PROGRAM
SAN ANTONIO INDEPENDENT SCHOOL DISTRICT - 141 LAVACA ST - SAN ANTONIO, TX 78210	74-6002167	GOV'T	50,800.	0.			RESTRICTED TO SPECIFIC PROGRAM
SAN ANTONIO METROPOLITAN MINISTRIES - 1919 NW LOOP 410, STE 100 - SAN ANTONIO, TX 78213	74-2285793	501(C)3	158,597.	0.			RESTRICTED TO SPECIFIC PROGRAM
SAN ANTONIO PUBLIC LIBRARY FOUNDATION - 625 SHOOK AVENUE - SAN ANTONIO, TX 78212	74-2283582	501(C)3	42,180.	0.			RESTRICTED TO SPECIFIC PROGRAM
SAN ANTONIO SPORTS FOUNDATION PO BOX 830386 SAN ANTONIO, TX 78283	74-2471362	501(C)3	52,903.	0.			RESTRICTED TO SPECIFIC PROGRAM
SAN ANTONIO YOUTH CENTER 1215 W POPLAR ST. SAN ANTONIO, TX 78207	74-2333088	501(C)3	79,206.	0.			RESTRICTED TO SPECIFIC PROGRAM
SETON HOME 1115 MISSION ROAD SAN ANTONIO, TX 78210	74-2247996	501(C)3	186,481.	0.			RESTRICTED TO SPECIFIC PROGRAM
SOUTHWEST OUTREACH FOR OLDER PEOPLE (SWOOP) - 517 SW MILITARY DR. - SAN ANTONIO, TX 78221	45-5521039	501(C)3	24,828.	0.			RESTRICTED TO SPECIFIC PROGRAM
ST. PAUL LUTHERAN CHILD DEVELOPMENT CENTER - 2302 S. PRESA ST - SAN ANTONIO, TX 78210	74-2219636	501(C)3	65,630.	0.			RESTRICTED TO SPECIFIC PROGRAM

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ST. PETER - ST. JOSEPH CHILDREN'S HOME - 919 MISSION ROAD - SAN ANTONIO, TX 78210	74-1143129	501(C)3	326,803.	0.			RESTRICTED TO SPECIFIC PROGRAM
TEXAS DIAPER BANK 1803 GRANDSTAND DR., STE 150 SAN ANTONIO, TX 78238	74-2886380	501(C)3	56,016.	0.			RESTRICTED TO SPECIFIC PROGRAM
THE ARC OF SAN ANTONIO 13430 WEST AVE. SAN ANTONIO, TX 78218	74-1200110	501(C)3	64,423.	0.			RESTRICTED TO SPECIFIC PROGRAM
THE CENTER FOR HEALTH CARE SERVICES - 6800 PARK TEN BLVD., SUITE 200-S - SAN ANTONIO, TX 78213	74-1590659	GOV'T	156,901.	0.			RESTRICTED TO SPECIFIC PROGRAM
THRIVEWELL CANCER FOUNDATION 4383 MEDICAL DR., SUITE 4078 SAN ANTONIO, TX 78229	26-0371270	501(C)3	33,847.	0.			RESTRICTED TO SPECIFIC PROGRAM
U.S.O. COUNCIL OF SAN ANTONIO 420 E. COMMERCE ST. SAN ANTONIO, TX 78205	74-1315272	501(C)3	153,147.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY FOR GREATER AUSTIN 2000 E MLK JR. BLVD AUSTIN, TX 78702	74-1193439	501(C)3	18,323.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF CENTRAL GEORGIA, INC. - PO BOX 1302 - MACRON, GA 31202	58-0639811	501(C)3	12,719.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF COMAL COUNTY 468 S. SEGUIN AVE. STE 403 NEW BRAUNFELS, TX 78130	74-2640723	501(C)3	167,266.	0.			RESTRICTED TO SPECIFIC PROGRAM

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UNITED WAY OF GREATER ATLANTA 40 COURTLAND ST., N.E., SUITE 300 ATLANTA, GA 30303	58-0566194	501(C)3	6,296.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF GREATER HOUSTON 50 WAUGH DR. HOUSTON, TX 77007	74-1167964	501(C)3	64,499.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF METROPOLITAN DALLAS, INC. - 1800 N. LAMAR - DALLAS, TX 75202	75-6005352	501(C)3	8,423.	0.			RESTRICTED TO SPECIFIC PROGRAM
UNITED WAY OF WESTERN NEBRASKA 1517 BROADWAY SCOTTSBLUFF, NE 69361	47-0424788	501(C)3	10,242.	0.			RESTRICTED TO SPECIFIC PROGRAM
VOICES FOR CHILDREN 118 N. MEDINA STREET, SUITE 121 SAN ANTONIO, TX 78207	74-2987232	501(C)3	21,526.	0.			RESTRICTED TO SPECIFIC PROGRAM
YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER SAN ANTONIO - 231 E. RHAPSODY - SAN ANTONIO, TX 78216	74-1109634	501(C)3	1,408,401.	0.			RESTRICTED TO SPECIFIC PROGRAM
YOUNG WOMEN'S CHRISTIAN ASSOCIATION - 503 CASTROVILLE RD. - SAN ANTONIO, TX 78237	74-1143135	501(C)3	450,416.	0.			RESTRICTED TO SPECIFIC PROGRAM
COMMUNITY INITIATIVES			103,945.	0.			RESTRICTED TO SPECIFIC PROGRAMS

Schedule I (Form 990)

UNITED WAY OF SAN ANTONIO AND BEXAR  
COUNTY

**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 ORGANIZATION 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

**Part IV Supplemental Information**

AT ANOTHER 21 ELEMENTS IN FIVE KEY AREAS: TARGET POPULATION, COMMUNITY NEEDS, PROGRAM OUTCOMES, PROGRAM DESIGN, LOGIC MODELS AND IMPACT.

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

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 filing 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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>		<input checked="" type="checkbox"/>
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		

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

Schedule J (Form 990) 2018

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

Schedule J (Form 990) 2018

74-1272381

Page 2

**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 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. LYNDON R. HERRIDGE PRES&CEO(JUL-MAR)/VICE CHAIR(APR-JUN)	(i)	402,121.	0.	0.	24,750.	17,224.	444,095.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MR. EDWARD H. GUERRA EVP, CFO	(i)	186,177.	0.	0.	16,776.	22,351.	225,304.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) GEN EDWARD RICE, JR. USAF(RET) SREVP,PCC(JUL-DEC)/ECPC VC(JAN-JUN)	(i)	240,188.	0.	0.	21,150.	0.	261,338.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MG MARGARET POORE EVP, PCC	(i)	201,518.	0.	0.	19,050.	1,000.	221,568.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MR. JEFFREY VANCE EVP, RESOURCE DEVELOPMENT	(i)	205,299.	0.	0.	19,224.	22,424.	246,947.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MS. TONI VAN BUREN SVP, STRATEGIC INITIATIVES, PCC & WU	(i)	190,126.	0.	0.	17,103.	10,640.	217,869.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MR. THOMAS GALVIN SVP, LEADERSHIP & MAJOR GIFTS	(i)	188,718.	0.	0.	16,884.	29,428.	235,030.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MS. MARY ELLEN BURNS SVP, GRANT IMPLEMENTATION	(i)	154,940.	0.	0.	14,693.	3,843.	173,476.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

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 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

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:

TO INCREASE THE ORGANIZED CAPACITY OF PEOPLE TO CARE FOR ONE ANOTHER.

OUR ROLE IS TO STRATEGICALLY BRING TOGETHER THE TIME, TALENT AND TREASURE OF THE PEOPLE OF OUR COMMUNITY TO ADDRESS COMPLEX SOCIAL ISSUES SO WE CAN ALL LIVE UNITED.

FOUNDED IN 1939, UWSA IS NOW THE LARGEST PRIVATE HEALTH AND HUMAN SERVICES ORGANIZATION IN BEXAR COUNTY. A LOCALLY AND NATIONALLY RESPECTED NONPROFIT, UWSA RECENTLY RECEIVED A 4-STAR RATING FOR STRENGTH AND STABILITY FROM CHARITY NAVIGATOR, PLACING US AMONG THE TOP 1% OF ALL CHARITIES RECEIVING THIS CONSECUTIVE RANKING. UWSA HAS ALSO EARNED A 2019 GOLD 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 I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION - CONTINUED:

OUR GOALS FOCUS ON CHILDREN WHO ARE HAPPY, HEALTHY AND READY FOR SCHOOL, STUDENTS WHO GRADUATE FROM HIGH SCHOOL AND BECOME SUCCESSFUL ADULTS, SELF-SUFFICIENT INDIVIDUALS AND FAMILIES, AND MEETING RESIDENTS' URGENT AND IMMEDIATE NEEDS. UWSA IS COMMITTED TO SERVING THE COMMUNITY AT LARGE, INCLUDING THOSE WHO SERVE(D) IN THE MILITARY. AS MILITARY CITY, USA, WE PROVIDE SERVICES TO THE LARGE AND IMPORTANT GROUP OF MILITARY MEMBERS AND VETERANS RESIDING IN BEXAR COUNTY.

DURING FISCAL YEAR-ENDED 6/30/19, OVER 407,650 PEOPLE RECEIVED HELP

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization	UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY	Employer identification number	74-1272381
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THROUGH UWSA. WE CREATE, LEVERAGE, MANAGE AND INVEST RESOURCES. WE WORK WITH STRATEGIC PARTNERS SUCH AS BUSINESSES, HUMAN SERVICES AGENCIES, FAITH-BASED ORGANIZATIONS, SCHOOLS AND GOVERNMENT INSTITUTIONS AND, MOST IMPORTANTLY, RESIDENTS THEMSELVES TO ENSURE OUR STRATEGIES AND COMMUNITY DOLLARS DO AS MUCH GOOD AS POSSIBLE.

ONE OF THE MANY WAYS WE SUPPORT OUR GOALS IS TO CONDUCT AN ANNUAL COMMUNITY FUNDRAISING CAMPAIGN. IN 2018, \$46,076,000 WAS RAISED AND INVESTMENTS WERE MADE IN HIGH-QUALITY, OUTCOMES-DRIVEN PROGRAMS, DIRECT-SERVICE PROVIDERS, AND PUBLIC-POLICY INITIATIVES. WE ALSO WERE AWARDED AND MANAGED \$5.3 MILLION IN STATE, FEDERAL AND PRIVATE FOUNDATION GRANTS THAT ARE ALIGNED WITH OUR GOALS. UWSA CONTINUES TO WORK TO DEVELOP COMMITTED VOLUNTEERS AND ADVOCATES TO BE THE FORCE THAT HELPS UWSA ACHIEVE ITS MISSION.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
OUR ROLE IS TO STRATEGICALLY BRING TOGETHER THE TIME, TALENT AND TREASURE OF THE PEOPLE OF OUR COMMUNITY TO ADDRESS COMPLEX SOCIAL ISSUES SO WE CAN ALL LIVE UNITED.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:  
OUR FOUR IMPACT AREAS INCLUDE:

READY CHILDREN: ALL CHILDREN ARE HAPPY, HEALTHY AND READY TO SUCCEED IN KINDERGARTEN. IN 2018, MORE THAN 48,000 LIVES WERE IMPACTED THROUGH PARENTING PROGRAMS; QUALITY EARLY CHILDHOOD EDUCATION PROGRAMS; AND CHILD PROTECTION, DISABILITY AND HEALTH SERVICES.



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READYKIDSA: A COMMUNITY COALITION OF OVER 120 ORGANIZATIONS THAT BUILD ON SUCCESSFUL CHILD AND FAMILY PROGRAMS TO PROMOTE HAPPY, HEALTHY, READY CHILDREN 0-8 WITH TOOLS AND RESOURCES TO SUPPORT PARENTS, CAREGIVERS, AND EDUCATORS. IN 2017, THIS COALITION ENGAGED IN A STRATEGIC PLANNING PROCESS TO COLLECTIVELY BUILD A SHARED VISION FOR CHILDREN. THIS PROCESS CREATED THE BEXAR COUNTY CHILDREN'S AGENDA, WHICH HAS GUIDED THE EARLY CHILDHOOD INVESTMENT OF UNITED WAY OF SAN ANTONIO & BEXAR COUNTY 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).

MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING PROGRAM (MIECHV) GRANT: A FEDERALLY-FUNDED TEXAS HOME VISITING PROGRAM FOR AT RISK PREGNANT WOMEN AND FAMILIES WITH CHILDREN 0-5. WITH FOUR LOCAL ORGANIZATIONS AS PARTNERS, RESOURCES AND SKILL BUILDING INTERVENTIONS WERE PROVIDED TO SUPPORT PARENTS TO RAISE HEALTHY CHILDREN WHO ARE READY TO LEARN BY KINDERGARTEN. IN 2018, 333 FAMILIES WERE SERVED THROUGH IN-HOME PARENTING CLASSES AND NURSE HOME VISITING PROGRAMS AND ALL OUTCOME PERFORMANCE TARGETS WERE MET.

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 ON CHILDCARE SUBSIDY PROGRAMS. IN 2018, WE HANDLED 4,102 CALLS.

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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 2018, APPROXIMATELY 165,000 STUDENTS WERE SERVED IN A NUMBER OF WAYS INCLUDING YOUTH DEVELOPMENT, MENTORING, AND CHARACTER BUILDING PROGRAMS; COUNSELING AND MENTAL HEALTH SERVICES; AND PHYSICAL HEALTH AND RECREATION PROGRAMS. ADDITIONALLY, 16,686 STUDENTS AND PARENTS IN 4 SCHOOL DISTRICTS PARTICIPATED IN A FOCUSED EFFORT TO ENGAGE PARENTS IN THEIR CHILD'S EDUCATION.

PARENT ENGAGEMENT: INCREASES ACTIVE PARTICIPATION, COMMUNICATION, AND COLLABORATION BETWEEN PARENTS, SCHOOLS, AND COMMUNITIES TO ENSURE STUDENT ACHIEVEMENT AND SUCCESS. PARENT ENGAGEMENT ACTIVITIES INCLUDE EDUCATING OTHER PARENTS ON THE IMPORTANCE OF SCHOOL ATTENDANCE, DEVELOPING PARENT LEADERSHIP SKILLS THROUGH CONFERENCES AND EVENTS, AND VOLUNTEERING AT SCHOOL. PARENTS ALSO CONDUCT HOME VISITS THROUGHOUT THE SCHOOL YEAR AND PROVIDE COMMUNITY FEEDBACK TO SCHOOL ADMINISTRATION ON ISSUE/CONCERNS DISCOVERED DURING HOME VISITS. IN 2018, 571 PARENTS VOLUNTEERED AT THE 29 CAMPUSES, CONDUCTED 7,269 HOME VISITS, AND LOGGED 79,063 VOLUNTEER HOURS.

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 2018, MORE THAN 91,000 INDIVIDUALS AND FAMILIES (CIVILIAN AND MILITARY) WERE SUPPORTED THROUGH RE-ENTRY PROGRAMS; NEIGHBORHOOD CENTERS; EMPLOYMENT TRAINING PROGRAMS; HEALTH/MENTAL HEALTH, SUBSTANCE ABUSE, AND COUNSELING

Name of the organization	UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY	Employer identification number	74-1272381
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SERVICES; AND TRANSPORTATION, DAY-ACTIVITY CENTERS, AND MEAL DELIVERY SERVICES.

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 \$55,000 FOR THE 2018 TAX YEAR. THE PROGRAM IS SAFE ALTERNATIVE TO COSTLY, AND OFTEN PREDATORY, TAX PREPARATION SERVICES. DURING THE REGULAR 2018 VITA SEASON, 19 SITES PREPARED 28,549 RETURNS RESULTING IN \$6.4 MILLION SAVINGS IN TAX PREPARATION FEES. THERE WERE OVER 300 TRAINED AND IRS-CERTIFIED VOLUNTEERS (CONTRIBUTING OVER 18,500 VOLUNTEER HOURS). \$46,571,641 WAS REFUNDED TO LOCAL FILERS AND \$16.5 MILLION IN EARNED INCOME TAX CREDITS (EITC) WENT BACK TO 8,371 TAXPAYERS.

ANNIE E. CASEY FOUNDATION (AECF) GRANT: THE UWSA DUAL GENERATION PARTNERSHIP 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 TO HELP FAMILIES IN THE EASTSIDE OF SAN ANTONIO SECURE STABLE HOUSING, CHILD CARE, WELL-PAYING JOBS AND EDUCATION, SO THEY CAN ACHIEVE GREATER STABILITY AND SUCCESS. BY EQUIPPING FAMILIES WITH TOOLS AND SKILLS TO THRIVE, THE SAN ANTONIO DUAL GENERATION PARTNERSHIP BRINGS HOPE FOR A BRIGHTER FUTURE FOR FAMILIES AND THE WHOLE COMMUNITY. THE ANNIE E. CASEY FOUNDATION PROVIDED A PLANNING GRANT IN 2012 TO THE INITIATIVE LEAD BY THE UWSA AND CURRENTLY PROVIDES A CO-INVESTMENT OF UP TO \$1M PER YEAR UNTIL 2019.

SIEMER INSTITUTE GRANT: THE SIEMER FAMILY FOUNDATION GRANT FOCUSES ON

Name of the organization UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY	Employer identification number 74-1272381
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THE PREVENTION OF HOMELESSNESS AND CHRONIC ABSENTEEISM IN SCHOOL-AGED CHILDREN AND SUPPORTS UWSA'S DUAL GENERATION PARTNERSHIP WORK. THE MULTI-YEAR GRANT IS FOR \$100,000 ANNUALLY FOR THREE YEARS. THE GRANT FOCUSES ON A TWO-GENERATION APPROACH TO FINANCIALLY STABILIZING FAMILIES.

HEALTHY OUTCOMES THROUGH PREVENTION AND EARLY SUPPORT (HOPES) III GRANT: UWSA'S HOPES III GRANT FROM THE TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES (DFPS), PREVENTION & EARLY INTERVENTION DIVISION (PEI) WAS 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 WELFARE, EARLY CHILDHOOD EDUCATION AND OTHER FAMILY SERVICES, AND IS ACCOMPLISHED THROUGH COMMUNITY COLLABORATION WITH NINE AGENCIES THAT COLLECTIVELY SERVED 655 FAMILIES; CONNECTED WITH 2,396 FAMILIES THROUGH COMMUNITY EVENTS; AND OFFERED INFORMATION ABOUT DEVELOPMENTAL MILESTONES AND LOCAL AGE APPROPRIATE EVENTS TO 2,309 FAMILIES SUBSCRIBING TO BRIGHT BY TEXT SERVICES.

MILITARY FAMILIES AND VETERANS PILOT PREVENTION PROGRAM (MFVPPP) GRANT: THROUGH ITS PARTNERSHIP WITH 7 LOCAL AGENCIES, UNITED WAY MANAGES A STATE GRANT PILOTING A NEW SUPPORT SYSTEM TO IMPROVE THE WELL-BEING OF TEXAS MILITARY AND VETERAN FAMILIES. THIS FOCUS IS TO REDUCE MILITARY AND VETERAN FAMILIES' RISK OF CHILD ABUSE AND/OR NEGLECT BY COMBINING RESOURCES FOR EASY AVAILABILITY AND SUPPORTS CUSTOMIZED TO THE UNIQUE STRESSORS OF OUR MILITARY COMMUNITY. COLLECTIVELY, IN 2018, 322 FAMILIES WERE SERVED AND 99% OF THE CHILDREN OF FAMILIES IN THIS PROGRAM REMAINED SAFE.

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SAFETY NET: A "SAFETY NET" OF EMERGENCY/DISASTER CARE SERVICES TO MEET IMMEDIATE, URGENT NEEDS. TO BREAK THE CYCLE OF POVERTY, UWSA FIGHTS AGAINST HUNGER AND HOMELESSNESS AND CHAMPIONS COMPASSION AND RESILIENCY. IN 2018, 184,332 LIVES WERE IMPACTED: 94,203 WERE PROVIDED EMERGENCY CLOTHING, 43,529 RECEIVED FOOD BAGS OR BOXES, 7,999 WERE PROVIDED UTILITY ASSISTANCE, AND 38,601 PEOPLE WERE GIVEN SHELTER, CRISIS AND DISASTER SERVICES.

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

PROJECT COOL: SINCE 1997, UWSA AND GOVERNMENT/COMMUNITY/CORPORATE PARTNERS PROVIDE HEAT RELIEF TO SENIOR RESIDENTS OVER 60 YEARS OLD, AND RESIDENTS WITH DISABILITIES, THROUGH DONATION AND FREE DISTRIBUTION OF 20-INCH BOX FANS. IN 2018, OUR 2-1-1 HELP LINE HANDLED 2,087 REQUESTS REGARDING FANS.

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 UNITED WAY 2-1-1 HELP LINE. IN 2018, 411 CALLERS MADE INQUIRIES.

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 2018, WE ASSISTED 3,206 CALLERS.

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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. OUT OF CONCERN FOR HIGHLY STRESSED AND VULNERABLE MILITARY FAMILIES, UWSA CREATED MISSION UNITED IN 2015 TO HELP MILITARY/VETERAN FAMILIES NAVIGATE THE COMPLEX ARRAY OF COMMUNITY AND MILITARY SUPPORT PROGRAMS. IN 2018, MISSION UNITED RECEIVED OVER 6,222 MILITARY CALLS THROUGH OUR 2-1-1 HELP LINE. IN ADDITION, MISSION UNITED CONDUCTED OVER 743 FOLLOW-UP CALLS CONNECTING ACTIVE DUTY SERVICE MEMBERS, RESERVISTS, VETERANS AND THEIR FAMILIES TO VITAL COMMUNITY RESOURCES.

LABOR RELATIONS: UWSA HAS HAD A STAFF LABOR LIAISON TEAM SINCE THE MID-1970S. THESE STAFF MEMBERS EDUCATE AND ENGAGE LABOR LEADERS AND UNIONS AND SHARPEN THE FOCUS FOR SUPPORTING THE UWSA COMMUNITY CAMPAIGN THROUGH WORKSHOPS, TRAINING SESSIONS, EVENTS AND AWARDS. THEY EMPHASIZE THE 2-1-1 HELP LINE FOR HEALTH AND HUMAN SERVICES REFERRALS AND INFORMATION.

EMERGENCY FOOD AND SHELTER PROGRAM (EFSP): THE EMERGENCY FOOD AND SHELTER PROGRAM MANAGES FEDERAL FUNDS AWARDED THROUGH THE U.S. DEPARTMENT OF HOMELAND SECURITY. THIS UNIQUE PUBLIC-PRIVATE PARTNERSHIP BRINGS THE VOLUNTARY AND GOVERNMENT SECTORS TOGETHER TO PROVIDE EMERGENCY FOOD AND SHELTER SERVICES. 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. IN 2018, THE EFSP BEXAR COUNTY LOCAL BOARD WAS AWARDED FEDERAL FUNDS FOR PHASE 36 IN THE AMOUNT OF \$728,195 (AND \$24,000 IN STATE SET-ASIDE FUNDS). LOCAL BOARD

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#788600 PARTNERED WITH FIFTEEN LOCAL ORGANIZATIONS DURING PHASE 36.

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

EMERGING LEADERS COUNCIL (ELC): FOUNDED IN 2014, UWSA'S EMERGING LEADERS COUNCIL (ELC) ENGAGES, INSPIRES, EDUCATES AND EMPOWERS YOUNG PROFESSIONALS TO MAKE A DIFFERENCE THROUGH VOLUNTEERISM, ADVOCACY AND PHILANTHROPY. MEMBERS SUPPORT UWSA BY NETWORKING WITH OTHER YOUNG LEADERS, WHILE MAKING A DIFFERENCE IN THE COMMUNITY, AND STRENGTHENING PERSONAL AND PROFESSIONAL CONNECTIONS. IN 2018, OVER 3,600 MEMBERS LOGGED OVER 3,200 VOLUNTEER HOURS AT OVER 30 COMMUNITY EVENTS. ELC MEMBERSHIP INCLUDES PROFESSIONAL/EDUCATIONAL PROGRAMS TO LEARN MORE ABOUT THE PROGRAMS WHERE ELC DONATIONS ARE MAKING AN IMPACT.

THE VOLUNTEER CENTER AT UNITED WAY: 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, AS WELL AS FOR DISASTERS (HURRICANES, FLOODS, FIRES).

VOLUNTEER OF THE YEAR (VOYA) AWARDS: IN 2018, THE VOLUNTEER CENTER HOSTED THE 30TH ANNUAL VOYA AWARDS. OVER 400 PEOPLE ATTENDED AND 67 LOCAL HEROES WERE NOMINATED. FOURTEEN AWARDS SALUTED THE FEATS OF VOLUNTEERS LIVING THROUGHOUT BEXAR COUNTY. ALL NOMINEES RECEIVED RECOGNITION AND A \$1,000 MINI-GRANT WAS PRESENTED TO EACH WINNER TO BENEFIT THEIR CHARITY OF CHOICE.

SHOEBOX PROJECT: VOLUNTEER SUPPORT FOR UWSA'S 5TH ANNUAL SHOEBOX

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PROJECT MADE IT POSSIBLE FOR 58 NONPROFIT PARTNERS SERVING LOCAL CHILDREN, VETERANS, ELDERLY, HOMELESS AND VULNERABLE POPULATIONS TO DISTRIBUTE 7,000 PERSONAL-CARE BOXES FILLED WITH TOILETRIES SUCH AS TOOTHPASTE, SOAP AND DEODORANT.

WRITE START PROJECT: THE 3RD ANNUAL WRITE START PROJECT FILLED THE GAP AND COST OF TEACHERS' SUPPLIES BY PROVIDING SCHOOL SUPPLIES TO TEACHERS IN 111 SAN ANTONIO SCHOOLS IN EIGHT SCHOOL DISTRICTS, IMPACTING OVER 5,000 AREA TEACHERS. THIS PROJECT IS ALIGNED WITH UWSA'S IMPACT COUNCIL WORK TO SUPPORT YOUNG CHILDREN AND SUCCESSFUL STUDENTS.

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.

BEXAR NECESSITIES: AN "ELECTRONIC BULLETIN BOARD" ALLOWING NONPROFIT AGENCIES TO POST REQUESTS FOR DIFFICULT-TO-LOCATE RESOURCES AND ACCESS INFORMATION ABOUT SERVICE AVAILABILITY OR CHANGES. THE PROGRAM NETWORKS NONPROFITS, UNIVERSITIES, HOSPITALS, PUBLIC SECTOR ORGANIZATIONS AND THE FAITH BASED COMMUNITY VIA AN EMAIL LIST-SERVE. BEXAR NECESSITIES COLLABORATES WITH COMMUNITY PARTNERS TO FILL THE NEEDS OF THOSE INDIVIDUALS WHO ARE SEEKING HELP. IN 2018, THERE WERE APPROXIMATELY 1,925 MEMBERS, 360 OF WHICH WERE ADDED DURING THE YEAR.

FORM 990, PART VI, SECTION A, LINE 2:

MR. ERNESTO ANCIRA, JR. (MEMBER-AT-LARGE) AND MS. APRIL ANCIRA (EXEC COMM



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MBR-AT-LARGE) HAVE A FAMILIAL RELATIONSHIP.

MR. J. DAN BATES (MBR-AT-LARGE), MR. BRADLEY C. BARRON (EXEC COMM MBR-AT-LARGE), AND MS. MARY ROSE BROWN (EXEC COMM MARKETING CHAIR) HAVE A BUSINESS RELATIONSHIP.

MR. J. DAN BATES (MBR-AT-LARGE), MR. PHILIP J. PFEIFFER (EXEC COMM MBR-AT-LARGE) AND MR. ADAM L. HAMILTON, P.E. (EXEC COMM MBR-AT-LARGE) HAVE A BUSINESS RELATIONSHIP.

MR. DAVID BOHNE (EXEC COMM MBR-AT-LARGE), MR. J. DAN BATES (MBR-AT-LARGE), MR. JAMES D. GOUDGE (MEMBER-AT-LARGE), AND MS. SUZANNE GOUDGE (MEMBER-AT-LARGE) HAVE A BUSINESS RELATIONSHIP.

MR. TOM CUMMINS (EXEC COMM MEMBER-AT-LARGE) AND MS. SHELLEY POTTER (MEMBER-AT-LARGE) HAVE A FAMILIAL RELATIONSHIP

MR. RUBEN M. ESCOBEDO, CPA (MEMBER-AT-LARGE) AND MR. R. RENE ESCOBEDO (EXEC COMM MBR-AT-LARGE) HAVE A FAMILIAL RELATIONSHIP.

MR. PATRICK B. FROST (MEMBER-AT-LARGE) AND MR. TOM C. FROST (MEMBER-AT-LARGE) HAVE A FAMILIAL RELATIONSHIP.

MR. JAMES D. GOUDGE (MEMBER-AT-LARGE) AND MS. SUZANNE GOUDGE (MEMBER-AT-LARGE) HAVE A FAMILIAL RELATIONSHIP.

MR. PETER J. HOLT (EXEC COMM MEMBER-AT-LARGE) AND MR. PETER M. HOLT (MEMBER-AT-LARGE) HAVE A FAMILIAL RELATIONSHIP.

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MR. L. LOWRY MAYS (MEMBER-AT-LARGE) AND MS. KATHY MAYS JOHNSON (EXEC COMM MBR-AT-LARGE) HAVE A FAMILIAL RELATIONSHIP.

MR. RED MCCOMBS (MEMBER-AT-LARGE) AND MS. MARSHA M. SHIELDS (EXEC COMM MBR-AT-LARGE) HAVE A FAMILIAL RELATIONSHIP.

MR. PHILIP J. PFEIFFER (EXEC COMM MBR-AT-LARGE), MS. DONNA TITZMAN (EXEC COMM PERSONNEL CHAIR), MS. LAURA J. VACCARO (EXEC COMM WOMEN UNITED CHAIR), AND MS. HANNAH ZUNKER (EXEC COMM EMERGING LEADERS CHAIR) HAVE A BUSINESS RELATIONSHIP.

MR. BARTELL ZACHRY (MEMBER-AT-LARGE) AND MR. JOHN B. ZACHRY (MEMBER-AT-LARGE) HAVE A FAMILIAL RELATIONSHIP.

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:

COMPENSATION SALARY RANGES FOR ALL POSITIONS ARE DETERMINED BY AN OUTSIDE VOLUNTEER COMMITTEE COMPOSED OF HUMAN RESOURCE PROFESSIONALS FROM A LOCAL MAJOR CORPORATION. THIS VOLUNTEER COMMITTEE SECURES COMPARABLE SALARY DATA

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FROM LOCAL AND NATIONAL SOURCES TO ESTABLISH THE GRADE AND SALARY RANGE FOR EACH POSITION WITHIN UNITED WAY. THESE GRADE AND SALARY RANGES ARE APPROVED ANNUALLY BY THE PERSONNEL COMMITTEE AND SUBSEQUENTLY THE GOVERNING BODY OF VOLUNTEERS. THIS PROCESS WAS LAST PERFORMED IN NOVEMBER 2018.

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.

FORM 990, PART VIII, LINE 12, COLUMN A AND PART IX, LINE 25, COLUMN C AND D UWSA PAYS ALL ADMINISTRATIVE AND FUNDRAISING EXPENSES OF THE UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY ENDOWMENT AND LEGACY FUND. THE COMBINED REVENUE OF BOTH ENTITIES IS \$39,633,653 AND TOTAL MANAGEMENT AND FUNDRAISING EXPENSES ARE \$3,807,144, RESULTING IN A CONSOLIDATING OPERATING EXPENSE RATIO OF 9.61%.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

OTHER ADJUSTMENTS -20.

**SCHEDULE R  
(Form 990)**

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

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	X	

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

Schedule R (Form 990) 2018

**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

**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
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> 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)			
(5)			
(6)			

**UNITED WAY OF SAN ANTONIO AND BEXAR**

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**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 AND 3:

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