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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013Open to Public
Inspection**A** For the 2013 calendar year, or tax year beginning

07/01, 2013, and ending

06/30, 2014

B Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization

UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

700 SOUTH ALAMO

City or town, state or province, country, and ZIP or foreign postal code

SAN ANTONIO, TX 78205

F Name and address of principal officer

LYNDON HERRIDGE

700 SOUTH ALAMO SAN ANTONIO, TX 78205

D Employer identification number

74-1272381

E Telephone number

(210) 352-7000

G Gross receipts \$ 97,894,608.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website. ▶ WWW.UNITEDWAYSATX.ORG**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation 1955**M** State of legal domicile TX**Part I** Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities	THE UNITED WAY OF SAN ANTONIO & BEXAR COUNTY'S (UWSA) MISSION IS TO INCREASE THE ORGANIZED CAPACITY OF PEOPLE TO CARE FOR ONE ANOTHER. SEE SCHEDULE O FOR CONTINUATION.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	145.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	145.
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	133.
	6	Total number of volunteers (estimate if necessary)	6	7,856.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	44,488,948.	49,057,718.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	345,774.	395,492.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,408.	169.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	44,841,130.	49,453,379.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	35,000,193.	40,241,400.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	6,338,552.	7,023,800.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0	0
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,848,401.	
	18	Total expenses - add lines 17 and 16b (must equal Part IX, column (A), line 25)	1,306,857.	1,415,450.
	19	Revenue less expenses - Subtract line 18 from line 12	42,645,602.	48,680,650.
	20	Total assets (Part X, line 16)	2,195,528.	772,729.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22	Net assets or fund balances - Subtract line 21 from line 20	47,394,864.	49,948,857.
			10,780,938.	12,236,912.
		36,613,926.	37,711,945.	

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.

Sign Here

Signature of officer: *Suzanne Kopatz* Date: 5/8/15

SUZANNE KOPATZ SR VP & CFO

Paid Preparer Use Only

Print/Type preparer's name: JOY REINER Preparer's signature: *Joy Reiner* Date: 5/6/15

Check ☐ if self-employed PTIN: P01224777

Firm's name: ▶ BDO USA LLP Firm's EIN: ▶ 13-5381590

Firm's address: ▶ 9901 IH-10, SUITE 500 SAN ANTONIO, TX 78230 Phone no: 210-342-8000

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2013)

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission

THE UNITED WAY OF SAN ANTONIO & BEXAR COUNTY'S MISSION IS TO INCREASE
THE ORGANIZED CAPACITY OF PEOPLE TO CARE FOR ONE ANOTHER.

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 ☒ No

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code _____) (Expenses \$ 5,435,285. including grants of \$ _____) (Revenue \$ 169.)

THE UNITED WAY PROVIDES SEVERAL COMMUNITY SERVICE PROGRAMS. SOME
OF THOSE SERVICES ARE: 2-1-1 TEXAS/UNITED WAY HELP LINE - PROVIDES
24/7 TELEPHONE INFORMATION AND REFERRAL SERVICE FOR HEALTH AND
HUMAN CARE NEEDS. THE HELP LINE IS A PUBLIC/PRIVATE COLLABORATIVE
BETWEEN THE TEXAS HEALTH AND HUMAN SERVICE COMMISSION AND UNITED
WAY OF SAN ANTONIO AND BEXAR COUNTY.

SEE SCHEDULE O FOR CONTINUATION.

4b (Code _____) (Expenses \$ 40,241,400. including grants of \$ 40,241,400.) (Revenue \$ _____)

ALLOCATION TO UNITED WAY FUNDED PROGRAMS.

4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)**4d** Other program services (Describe in Schedule O)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **▶** 45,676,685.

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)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule C, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule D, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule D, Part IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule D, Part VI	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? If "Yes," complete Schedule D, Part VII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule D, Part VIII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule D, Part IX	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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)? If "Yes," complete Schedule D, Part X	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14 a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule F, Parts I and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule F, Parts II and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule F, Parts III and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule G, Part I (see instructions)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24 a 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>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II.</i>	26	X
27 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>	27	X
28 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)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	X
c 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>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38 X	

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	29
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	133
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country. ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	5a	X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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 ☒ X

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 145 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		
b Enter the number of voting members included in line 1a, above, who are independent 1b 145		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2	X	
3 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? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9		X

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

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

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 (or 1024 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, physical address, and telephone number of the person who possesses the books and records of the organization ► SUZANNE KOPATZ 700 SOUTH ALAMO SAN ANTONIO, TX 78205 210-352-7000

JSA

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Form 990 (2013)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 dotted 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. CURT ANASTASIO EXEC COMM CHAIRMAN	2.00	X		X				0	0	0
(2) MR. WILLIAM GOLD EXEC COMM SECRETARY	2.00	X		X				0	0	0
(3) MR. MIKE CISKOWSKI EXEC COMM TREASURER	2.00	X		X				0	0	0
(4) MR. DAN BATES EXEC COMM PAST CHAIRMAN	2.00	X		X				0	0	0
(5) MR. CHARLIE AMATO EXEC COMM CHAIR-ELECT	2.00	X		X				0	0	0
(6) MR. RICHARD LINDNER EXEC COMM PERSONNEL CHAIR	2.00	X		X				0	0	0
(7) MS. KIMBERLY BOWERS EXEC COMM PTNRS COM CHG CHAIR	2.00	X		X				0	0	0
(8) MR. ROGER HEMMINGHAUS EXEC COMM NOMINATING CHAIR	2.00	X		X				0	0	0
(9) MR. RONALD CALGAARD, PH.D. EXEC COMM ENDOWMENT CHAIR	2.00	X		X				0	0	0
(10) MR. RUBEN ESCOBEDO, CPA EXEC COMM AUDIT CHAIR	2.00	X		X				0	0	0
(11) MS. SHERYL SCULLEY EXEC COMM VICE CHAIR CAMPAIGN	2.00	X		X				0	0	0
(12) MS. BARBARA GENTRY EXEC COMM COMMNTY SRVCS CHAIR	2.00	X		X				0	0	0
(13) MR. MICHAEL ROTH, C.F.A. EXEC COMM FINANCE CHAIR	2.00	X		X				0	0	0
(14) MR. CARLOS ALVAREZ EXEC COMM MBR-AT-LARGE	2.00	X						0	0	0

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 dotted 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			
(15) MR. DAVID BOHNE EXEC COMM MBR-AT-LARGE	2.00	X						0	0	0
(16) MS. GAYLE BROWN EXEC COMM MBR-AT-LGE (11/1/13)	2.00	X						0	0	0
(17) MR. RICK CAVENDER EXEC COMM MBR-AT-LARGE	2.00	X						0	0	0
(18) MS. GRACIELA CIGARROA EXEC COMM MBR-AT-LARGE	2.00	X						0	0	0
(19) GEN DON COOK, RET EXEC COMM MBR-AT-LARGE	2.00	X						0	0	0
(20) MR. TOM CUMMINS EXEC COMM MBR-AT-LARGE	2.00	X						0	0	0
(21) MR. DICK EVANS EXEC COMM MBR-AT-LARGE	2.00	X						0	0	0
(22) MS. LISA FRIEL EXEC COMM MBR-AT-LARGE	2.00	X						0	0	0
(23) MS. VICTORIA GARCIA EXEC COMM MBR-AT-LARGE	2.00	X						0	0	0
(24) MR. GREGORY GOFF EXEC COMM MBR-AT-LARGE	2.00	X						0	0	0
(25) MS. JAN HILL EXEC COMM MBR-AT-LARGE	2.00	X						0	0	0
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								1,656,776.	0	202,082.
d Total (add lines 1b and 1c)								1,656,776.	0	202,082.

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 **16**

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

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 dotted 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			
(26) LEONARD LAWRENCE, M.D. EXEC COMM MBR-AT-LARGE	2.00	X						0	0	0
(27) BRUCE LESLIE, PH.D. EXEC COMM MBR-AT-LARGE	2.00	X						0	0	0
(28) MR. JOHN MCKEON EXEC COMM MBR-AT-LARGE	2.00	X						0	0	0
(29) MS. JENNIFER MORIARTY EXEC COMM MBR-AT-LARGE	2.00	X						0	0	0
(30) MR. HARVEY NAJIM EXEC COMM MBR-AT-LARGE	2.00	X						0	0	0
(31) MR. CHRIS NIELSEN EXEC COMM MBR-AT-LGE (12/31/13)	2.00	X						0	0	0
(32) MR. DENNIS NOLL EXEC COMM MBR-AT-LARGE	2.00	X						0	0	0
(33) MS. PEGGY PACE EXEC COMM MBR-AT-LARGE	2.00	X						0	0	0
(34) MR. PHILIP PFEIFFER EXEC COMM MBR-AT-LARGE	2.00	X						0	0	0
(35) MR. JOE STIGLMEIER EXEC COMM MBR-AT-LARGE	2.00	X						0	0	0
(36) MS. JOCELYN STRAUS EXEC COMM MBR-AT-LARGE	2.00	X						0	0	0

1b Sub-total**c Total from continuation sheets to Part VII, Section A****d Total (add lines 1b and 1c)**

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 **16**

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

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

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

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 dotted 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			
(37) MR. KENNETH P. TREVETT, J.D. EXEC COMM MBR-AT-LARGE	2.00	X						0	0	0
(38) MS. SUZANNE WADE EXEC COMM MBR-AT-LARGE	2.00	X						0	0	0
(39) MS. PEGGY WALKER EXEC COMM MBR-AT-LARGE	2.00	X						0	0	0
(40) DENNIS AHLBURG, PH.D. MEMBER-AT-LARGE	2.00	X						0	0	0
(41) MR. ALEX ALEMAN MEMBER-AT-LARGE	2.00	X						0	0	0
(42) MR. LUIS ALVAREZ MEMBER-AT-LARGE	2.00	X						0	0	0
(43) MS. APRIL ANCIRA MEMBER-AT-LARGE	2.00	X						0	0	0
(44) MR. ERNESTO ANCIRA, JR. MEMBER-AT-LARGE	2.00	X						0	0	0
(45) JAMES ANTENEN, ED.D. MEMBER-AT-LARGE	2.00	X						0	0	0
(46) MR. STEPHEN ARNOLD MEMBER-AT-LARGE	2.00	X						0	0	0
(47) MS. BARBARA BANKER MEMBER-AT-LARGE	2.00	X						0	0	0

1b Sub-total**c Total from continuation sheets to Part VII, Section A****d Total (add lines 1b and 1c)**

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 **16**

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

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

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

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 dotted 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			
(48) MR. SAM BARSHOP MEMBER-AT-LARGE (12/9/2013)	2.00	X						0	0	0
(49) MR. DON BEELER MEMBER-AT-LARGE	2.00	X						0	0	0
(50) MR. MICHAEL BELZ MEMBER-AT-LARGE	2.00	X						0	0	0
(51) MR. DOYLE BENEBY MEMBER-AT-LARGE	2.00	X						0	0	0
(52) MR. JACK BIEGLER MEMBER-AT-LARGE	2.00	X						0	0	0
(53) MR. MIKE BRAZYTIS MEMBER-AT-LARGE	2.00	X						0	0	0
(54) MR. JOHN BUTLER MEMBER-AT-LARGE	2.00	X						0	0	0
(55) MR. RANDALL CAIN MEMBER-AT-LARGE	2.00	X						0	0	0
(56) MS. KIMBERLY CARTER MEMBER-AT-LARGE	2.00	X						0	0	0
(57) MS. REBECCA CEDILLO MEMBER-AT-LARGE	2.00	X						0	0	0
(58) MS. LINDA CHAVEZ-THOMPSON MEMBER-AT-LARGE	2.00	X						0	0	0

1b Sub-total**c Total from continuation sheets to Part VII, Section A****d Total (add lines 1b and 1c)**

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 **16**

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **16**

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 dotted 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			
(59) MR. CHARLES CHEEVER, JR. MEMBER-AT-LARGE	2.00	X						0	0	0
(60) MR. FULLY CLINGMAN MEMBER-AT-LARGE	2.00	X						0	0	0
(61) MRS. DAWN LOVE COOPER MEMBER-AT-LARGE	2.00	X						0	0	0
(62) MR. ARTHUR COULOMBE, JR. MEMBER-AT-LARGE	2.00	X						0	0	0
(63) MG RUSSELL CZERW, RET MEMBER-AT-LARGE	2.00	X						0	0	0
(64) MR. RENE ESCOBEDO MEMBER-AT-LARGE	2.00	X						0	0	0
(65) MARIA FERRIER, ED.D. MEMBER-AT-LARGE	2.00	X						0	0	0
(66) MR. WILLIAM FISHER MEMBER-AT-LARGE	2.00	X						0	0	0
(67) MR. PATRICK FROST MEMBER-AT-LARGE	2.00	X						0	0	0
(68) MR. TOM FROST MEMBER-AT-LARGE	2.00	X						0	0	0
(69) MS. PHYLLIS GALLAY MEMBER-AT-LARGE	2.00	X						0	0	0

1b Sub-total**c Total from continuation sheets to Part VII, Section A****d Total (add lines 1b and 1c)**

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 **16**

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

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

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

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 dotted 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			
(70) MR. RICHARD GOLDSMITH MEMBER-AT-LARGE	2.00	X						0	0	0
(71) MR. JAMES GOUDGE MEMBER-AT-LARGE	2.00	X						0	0	0
(72) MS. SUZANNE GOUDGE MEMBER-AT-LARGE	2.00	X						0	0	0
(73) MR. WILLIAM GREEHEY MEMBER-AT-LARGE	2.00	X						0	0	0
(74) MR. JAMES HAYNE, JR. MEMBER-AT-LARGE	2.00	X						0	0	0
(75) WILLIAM HENRICH, M.D., M.A.C.P MEMBER-AT-LARGE	2.00	X						0	0	0
(76) MS. PRISCILLA HILL-ARDOIN MEMBER-AT-LARGE	2.00	X						0	0	0
(77) REVEREND LESLIE HOLLON, PH.D. MEMBER-AT-LARGE	2.00	X						0	0	0
(78) MR. DAVID HOLMBERG MEMBER-AT-LARGE	2.00	X						0	0	0
(79) MR. PETER HOLT MEMBER-AT-LARGE	2.00	X						0	0	0
(80) MS. LINDA HUMMEL MEMBER-AT-LARGE	2.00	X						0	0	0

1b Sub-total**c Total from continuation sheets to Part VII, Section A****d Total (add lines 1b and 1c)**

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 **16**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

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

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

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 dotted 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			
(81) GEN ANDREW IOSUE, RET. MEMBER-AT-LARGE	2.00	X						0	0	0
(82) MR. JOHN JOCKUSCH MEMBER-AT-LARGE	2.00	X						0	0	0
(83) MS. KATHY MAYS JOHNSON MEMBER-AT-LARGE	2.00	X						0	0	0
(84) MR. MARK JOHNSON MEMBER-AT-LARGE	2.00	X						0	0	0
(85) MR. PAUL JOHNSON MEMBER-AT-LARGE	2.00	X						0	0	0
(86) MS. LAURA JOHNSON MEMBER-AT-LARGE	2.00	X						0	0	0
(87) MR. BILL KENT MEMBER-AT-LARGE	2.00	X						0	0	0
(88) MR. GREGORY KING MEMBER-AT-LARGE	2.00	X						0	0	0
(89) MR. WILLIAM KLESSE MEMBER-AT-LARGE	2.00	X						0	0	0
(90) MR. BART KOONTZ MEMBER-AT-LARGE	2.00	X						0	0	0
(91) MS. CYNDI TAYLOR KRIER MEMBER-AT-LARGE	2.00	X						0	0	0

1b Sub-total**c Total from continuation sheets to Part VII, Section A****d Total (add lines 1b and 1c)**

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 **16**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

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

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

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 dotted 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			
(92) MR. PHIL LANE MEMBER-AT-LARGE	2.00	X						0	0	0
(93) MR. PAT LEGAN MEMBER-AT-LARGE	2.00	X						0	0	0
(94) MR. GEORGE LUNA, JR. MEMBER-AT-LARGE	2.00	X						0	0	0
(95) MR. CHARLES LUTZ, III MEMBER-AT-LARGE	2.00	X						0	0	0
(96) MS. KATHY MACNAUGHTON MEMBER-AT-LARGE	2.00	X						0	0	0
(97) MR. BOB MARBUT MEMBER-AT-LARGE	2.00	X						0	0	0
(98) THOMAS MAYES, M.D., M.B.A. MEMBER-AT-LARGE	2.00	X						0	0	0
(99) MR. LOWRY MAYS MEMBER-AT-LARGE	2.00	X						0	0	0
(100) MR. MARK MAYS MEMBER-AT-LARGE	2.00	X						0	0	0
(101) MRS. EDITH MCALLISTER MEMBER-AT-LARGE	2.00	X						0	0	0
(102) MR. RED MCCOMBS MEMBER-AT-LARGE	2.00	X						0	0	0

1b Sub-total**c Total from continuation sheets to Part VII, Section A****d Total (add lines 1b and 1c)**

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 **16**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

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

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

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 dotted 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			
(103) MR. DAVID MCGEE MEMBER-AT-LARGE	2.00	X						0	0	0
(104) MR. THOMAS MENGLER MEMBER-AT-LARGE	2.00	X						0	0	0
(105) MS. VALERIE MERRITT MEMBER-AT-LARGE	2.00	X						0	0	0
(106) MR. MARK METCALFE MEMBER-AT-LARGE	2.00	X						0	0	0
(107) MR. JOHN MEYER MEMBER-AT-LARGE	2.00	X						0	0	0
(108) MR. WILLIAM MOLL MEMBER-AT-LARGE	2.00	X						0	0	0
(109) MR. RICHARD MOORE MEMBER-AT-LARGE	2.00	X						0	0	0
(110) MS. MARIA MUNIZ MEMBER-AT-LARGE	2.00	X						0	0	0
(111) MR. MICHAEL MUNIZ MEMBER-AT-LARGE	2.00	X						0	0	0
(112) GEN ROBERT MURDOCK, RET. MEMBER-AT-LARGE	2.00	X						0	0	0
(113) MR. DAN NARANJO MEMBER-AT-LARGE	2.00	X						0	0	0

1b Sub-total

c Total from continuation sheets to Part VII, Section A

d Total (add lines 1b and 1c)

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 16

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

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

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

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 dotted 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			
(114) MS. GLORIA PARRA MEMBER-AT-LARGE	2.00	X						0	0	0
(115) MR. RICHARD PEREZ MEMBER-AT-LARGE	2.00	X						0	0	0
(116) MS. TESSA MARTINEZ POLLACK MEMBER-AT-LARGE (9/5/2013)	2.00	X						0	0	0
(117) MR. RONALD RAMSEY MEMBER-AT-LARGE	2.00	X						0	0	0
(118) MS. BONNIE REED MEMBER-AT-LARGE	2.00	X						0	0	0
(119) MR. JAMES REED MEMBER-AT-LARGE	2.00	X						0	0	0
(120) MR. GRAHAM REEVE MEMBER-AT-LARGE	2.00	X						0	0	0
(121) MR. BUDDY RENO MEMBER-AT-LARGE (12/31/2013)	2.00	X						0	0	0
(122) MR. DAVID REYNOLDS MEMBER-AT-LARGE	2.00	X						0	0	0
(123) GEN EDWARD RICE, JR, RET. MEMBER-AT-LARGE	2.00	X						0	0	0
(124) MR. RICARDO ROMO, PH.D. MEMBER-AT-LARGE	2.00	X						0	0	0

1b Sub-total**c Total from continuation sheets to Part VII, Section A****d Total (add lines 1b and 1c)**

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 **16**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

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

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

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 dotted 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			
(125) MR. RICK ROSENBLUM MEMBER-AT-LARGE	2.00	X						0	0	0
(126) MG DAVID RUBENSTEIN, RET. MEMBER-AT-LARGE	2.00	X						0	0	0
(127) MS. ROSA SANTANA MEMBER-AT-LARGE	2.00	X						0	0	0
(128) MR. RICHARD SCHOLSBERG III MEMBER-AT-LARGE	2.00	X						0	0	0
(129) MR. GEORGE SCOFIELD MEMBER-AT-LARGE	2.00	X						0	0	0
(130) MS. LYN SELIG MEMBER-AT-LARGE	2.00	X						0	0	0
(131) MS. JENNIFER SHEMWELL MEMBER-AT-LARGE	2.00	X						0	0	0
(132) MR. RANDY SMITH MEMBER-AT-LARGE	2.00	X						0	0	0
(133) MR. LIONEL SOSA MEMBER-AT-LARGE	2.00	X						0	0	0
(134) MR. HERBERT STUMBERG, JR. MEMBER-AT-LARGE	2.00	X						0	0	0
(135) MS. HELEN THOMPSON MEMBER-AT-LARGE	2.00	X						0	0	0

1b Sub-total**c Total from continuation sheets to Part VII, Section A****d Total (add lines 1b and 1c)**

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 **16**

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

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

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

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 dotted 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			
(136) MR. PAUL THORNTON MEMBER-AT-LARGE	2.00	X						0	0	0
(137) MR. DANIEL TORRES MEMBER-AT-LARGE	2.00	X						0	0	0
(138) THE HON. LETICIA VAN DE PUTTE MEMBER-AT-LARGE	2.00	X						0	0	0
(139) MS. CHRISTANN VASQUEZ MEMBER-AT-LARGE	2.00	X						0	0	0
(140) MR. GILBERT VAZQUEZ MEMBER-AT-LARGE	2.00	X						0	0	0
(141) MS. KARI WACLAWCZYK, CPA MEMBER-AT-LARGE	2.00	X						0	0	0
(142) MR. LAWRENCE WALKER, JR. MEMBER-AT-LARGE	2.00	X						0	0	0
(143) MS. LORI WARREN MEMBER-AT-LARGE	2.00	X						0	0	0
(144) MAJ GEN JIM WHITMORE, RET. MEMBER-AT-LARGE	2.00	X						0	0	0
(145) COL CLARENCE WILLIAMS, RET. MEMBER-AT-LARGE	2.00	X						0	0	0
(146) MS. SONYA MEDINA WILLIAMS MEMBER-AT-LARGE	2.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **16**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		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

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

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 dotted 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			
(147) MR. FLOYD WILSON, JR. MEMBER-AT-LARGE	2.00	X						0	0	0
(148) MR. KENNETH WILSON MEMBER-AT-LARGE	2.00	X						0	0	0
(149) MR. BARTELL ZACHRY MEMBER-AT-LARGE	2.00	X						0	0	0
(150) MR. JOHN ZACHARY MEMBER-AT-LARGE	2.00	X						0	0	0
(151) HOWARD NOLAN VICE CHAIRMAN	40.00			X				381,730.	0	29,822.
(152) LYNDON HERRIDGE PRESIDENT & CEO	40.00			X				326,895.	0	33,507.
(153) SUZANNE KOPATZ SR VP & CFO	40.00			X				155,591.	0	30,877.
(154) THOMAS GALVIN SR VP PLANNED GVG/MAJOR GIFTS	40.00					X		169,835.	0	19,309.
(155) JEFFERY VANCE SR VP ADMINISTRATION	40.00					X		158,604.	0	32,609.
(156) TONI VAN BUREN SR VP PRTRNS FOR CMNTY CHANGE	40.00					X		156,891.	0	19,766.
(157) MARY SALAZAR SR VP CAMPAIGN ADMIN & CIO	40.00					X		156,621.	0	18,370.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **16**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		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

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

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

[illegible]

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 ▶ 16

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

☒ X

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	6,737,077			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	42,320,641.			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		49,057,718.			
Program Service Revenue				Business Code			
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		277,755			277,755
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0			
		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory		48,558,835.			
	b	Less cost or other basis and sales expenses		48,438,098	3,000.		
	c	Gain or (loss)		120,737	-3,000.		
	d	Net gain or (loss)		117,737			117,737
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18					
	b	Less direct expenses					
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19					
	b	Less direct expenses					
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances		300.			
b	Less cost of goods sold		131.				
c	Net income or (loss) from sales of inventory		169.	169.			
Miscellaneous Revenue			Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		0				
12	Total revenue. See instructions		49,453,379	169.		395,492	

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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	40,241,400.	40,241,400.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22.	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	953,787.	620,024.	126,341.	207,422.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	3,627,937.	2,331,854.	356,420.	939,663.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	1,258,047.	911,017.	196,807.	150,223.
9 Other employee benefits.	760,843.	449,685.	171,996.	139,162.
10 Payroll taxes.	423,186.	243,242.	82,654.	97,290.
11 Fees for services (non-employees)				
a Management.	0			
b Legal.	1,351.		1,351.	
c Accounting.	39,115.		39,115.	
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	28,886.	28,886.		
12 Advertising and promotion.	110,200.	426.	275.	109,499.
13 Office expenses.	169,233.	61,102.	38,079.	70,052.
14 Information technology.	38,522.	26,242.	8,772.	3,508.
15 Royalties.	0			
16 Occupancy.	133,708.	83,656.	27,883.	22,169.
17 Travel.	38,651.	11,269.	9,224.	18,158.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	40,595.	21,516.	12,231.	6,848.
20 Interest.	0			
21 Payments to affiliates.	429,465.	429,465.		
22 Depreciation, depletion, and amortization.	151,706.	97,896.	30,751.	23,059.
23 Insurance.	37,888.	18,867.	13,576.	5,445.
24 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).				
a <u>UNITED WAYS OF TX DUES</u>	77,578.	77,578.		
b <u>MISCELLANEOUS EXPENSES</u>	57,768.	16,906.	36,020.	4,842.
c <u>CAMPAIGN EVENTS</u>	49,427.			49,427.
d <u>WORKER'S COMPENSATION</u>	11,357.	5,654.	4,069.	1,634.
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	48,680,650.	45,676,685.	1,155,564.	1,848,401.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).	0			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	450.	1	550.
	2 Savings and temporary cash investments	20,225,782.	2	8,208,666.
	3 Pledges and grants receivable, net	18,353,899.	3	19,082,104.
	4 Accounts receivable, net	322,873.	4	602,037.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 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 instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	1,640,437.	9	2,027,566.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 3,543,558.		
	b Less accumulated depreciation	10b 2,439,442.		
	11 Investments - publicly traded securities	1,189,490.	10c	1,104,116.
	12 Investments - other securities See Part IV, line 11	5,661,933.	11	18,923,818.
	13 Investments - program-related See Part IV, line 11	0	12	0
	14 Intangible assets	0	13	0
	15 Other assets. See Part IV, line 11	0	14	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	0	15	0	
17 Accounts payable and accrued expenses	47,394,864.	16	49,948,857.	
Liabilities	18 Grants payable	2,308,336.	17	3,156,527.
	19 Deferred revenue	8,472,602.	18	9,080,385.
	20 Tax-exempt bond liabilities	0	19	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	20	0
	22 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	0	21	0
	23 Secured mortgages and notes payable to unrelated third parties	0	22	0
	24 Unsecured notes and loans payable to unrelated third parties	0	23	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	24	0
	26 Total liabilities. Add lines 17 through 25	0	25	0
	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.	10,780,938.	26	12,236,912.
Net Assets or Fund Balances	28 Unrestricted net assets	6,287,565.	27	5,958,303.
	29 Temporarily restricted net assets	30,326,361.	28	31,753,642.
	30 Permanently restricted net assets	0	29	0
	31 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	32 Capital stock or trust principal, or current funds		30	
	33 Paid-in or capital surplus, or land, building, or equipment fund		31	
	34 Retained earnings, endowment, accumulated income, or other funds		32	
	35 Total net assets or fund balances	36,613,926.	33	37,711,945.
36 Total liabilities and net assets/fund balances	47,394,864.	34	49,948,857.	

Form 990 (2013)

Part XI Reconciliation of Net AssetsCheck 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	49,453,379.
2	Total expenses (must equal Part IX, column (A), line 25)	2	48,680,650.
3	Revenue less expenses Subtract line 2 from line 1	3	772,729.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	36,613,926.
5	Net unrealized gains (losses) on investments	5	744,223.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-418,933.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	37,711,945.

Part XII Financial Statements and ReportingCheck 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 checked="" type="checkbox"/> Separate basis <input 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** (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

2013

Open to Public
Inspection

▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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 11, 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). (Attach Schedule E.)
- 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). Enter the hospital's name, city, and state.
- 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). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☒ 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). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ 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 - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☐ 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). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 a ☐ Type I b ☐ Type II c ☐ Type III-Functionally integrated d ☐ Type III-Non-functionally integrated
 e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box. ☐
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
 (ii) A family member of a person described in (i) above? ☐
 (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
 h Provide the following information about the supported organization(s)

	Yes	No
11g(i)	<input type="checkbox"/>	<input type="checkbox"/>
11g(ii)	<input type="checkbox"/>	<input type="checkbox"/>
11g(iii)	<input type="checkbox"/>	<input type="checkbox"/>

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	38,456,294.	38,201,970.	40,856,448.	44,488,948.	49,057,718.	211,061,378.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3.	38,456,294.	38,201,970.	40,856,448.	44,488,948.	49,057,718.	211,061,378.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						11,574,028.
6 Public support. Subtract line 5 from line 4						199,487,350.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	38,456,294.	38,201,970.	40,856,448.	44,488,948.	49,057,718.	211,061,378.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	226,826.	229,227.	183,073.	350,192.	277,755.	1,267,073.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
11 Total support. Add lines 7 through 10						212,328,451.
12 Gross receipts from related activities, etc. (see instructions)					12	45,365.
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	93.95 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	93.57 %
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (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

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. 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 **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY

Supplemental Financial Statements

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

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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Employer identification number

74-1272381

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e g , recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 8/17/06, 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? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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)? ☐ Yes ☐ No

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" to 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) Revenues included in 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 Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

Schedule D (Form 990) 2013

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 d ☐ Loan or exchange programs
b ☐ Scholarly research e ☐ Other _____
c ☐ Preservation for future generations

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" to 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. ☐ Yes ☐ No

Part V Endowment Funds. Complete if the organization answered "Yes" to 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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 ► %

c Temporarily restricted endowment ► %

The percentages in 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:

(i) unrelated organizations ☐ Yes ☐ No
(ii) related organizations ☐ Yes ☐ No

b If "Yes" to 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" to 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		1,840,152.	1,562,539.	277,613.
c Leasehold improvements				
d Equipment		1,092,713.	876,903.	215,810.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).				1,104,116.

Schedule D (Form 990) 2013

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		

Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ►

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ►

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 15). ►

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, 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" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	38,937,471.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	744,223.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	744,223.
3	Subtract line 2e from line 1	3	38,193,248.
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	
b	Other (Describe in Part XIII)	4b	11,260,131.
c	Add lines 4a and 4b	4c	11,260,131.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	49,453,379.

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

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

1	Total expenses and losses per audited financial statements	1	37,420,519.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	37,420,519.
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	
b	Other (Describe in Part XIII)	4b	11,260,131.
c	Add lines 4a and 4b	4c	11,260,131.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	48,680,650.

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.

SEE PAGE 5

Part XIII Supplemental Information (continued)

FORM 990, SCHEDULE D, PART X, LINE 2

UWSA IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC); THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THESE FINANCIAL STATEMENTS. UWSA FOLLOWS THE PROVISIONS OF ASC 740-10 ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH REQUIRES RECOGNITION AND DISCLOSURE OF UNCERTAIN TAX POSITIONS IN THE FINANCIAL STATEMENTS. UWSA'S MANAGEMENT BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AND THAT IT HAS NO MATERIAL UNCERTAIN TAX POSITIONS. ACCORDINGLY, IT WILL NOT RECOGNIZE ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. FOR THE YEARS ENDED JUNE 30, 2014 AND 2013, UWSA DID NOT RECOGNIZE ANY INTEREST OR PENALTIES IN THE FINANCIAL STATEMENTS. TAX YEARS 2013-2011 REMAIN OPEN TO EXAMINATION BY THE TAXING JURISDICTIONS WHICH UWSA 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 11,260,131

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

DONOR DESIGNATIONS 11,260,131

SCHEDULE I
(Form 990)

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

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Department of the Treasury
Internal Revenue Service

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ALPHA HOME, INC. 300 E MULBERRY AVE SAN ANTONIO, TX 78212	74-1668144	501(C)(3)	156,875				RESTRICTED TO SPECIFIC PROGRAM
(2) AMERICAN HEART ASSOCIATION 8415 WURZBACH RD SAN ANTONIO, TX 78229	13-5613797	501(C)(3)	180,169				RESTRICTED TO SPECIFIC PROGRAM
(3) AMERICAN RED CROSS, SA CHAPTER 3642 EAST HOUSTON ST. SAN ANTONIO, TX 78219	53-0196605	501(C)(3)	536,872				RESTRICTED TO SPECIFIC PROGRAM
(4) ANY BABY CAN OF SAN ANTONIO 217 HOWARD ST SAN ANTONIO, TX 78212	74-2684333	501(C)(3)	385,033				RESTRICTED TO SPECIFIC PROGRAM
(5) ASSOCIATION FOR RETARDED CITIZENS, SA 13430 WEST AVE SAN ANTONIO, TX 78218	74-1200110	501(C)(3)	192,156				RESTRICTED TO SPECIFIC PROGRAM
(6) AUTISM COMMUNITY NETWORK 4242 WOODCOCK DR #101 SAN ANTONIO, TX 78228	26-2592058	501(C)(3)	115,449				RESTRICTED TO SPECIFIC PROGRAM
(7) AVANCE-SAN ANTONIO 301 S FRIO, STE 380 SAN ANTONIO, TX 78207	91-2074499	501(C)(3)	743,487				RESTRICTED TO SPECIFIC PROGRAM
(8) BARSHOP JEWISH COMMUNITY CENTER OF SA 12500 NW MILITARY HWY #275 SA, TX 78231	74-1152783	501(C)(3)	387,310				RESTRICTED TO SPECIFIC PROGRAM
(9) BEXAR COUNTY DETENTION MINISTRIES, INC 200 COMAL ST SAN ANTONIO, TX 78207	74-1914047	501(C)(3)	258,053				RESTRICTED TO SPECIFIC PROGRAM
(10) BIG BROTHERS & SISTERS, ALAMO AREA, INC 202 BALTIMORE SAN ANTONIO, TX 78215	32-0017737	501(C)(3)	230,980				RESTRICTED TO SPECIFIC PROGRAM
(11) BOY SCOUTS OF AMERICA, ALAMO AREA 2226 N W MILITARY HWY SAN ANTONIO, TX 78213	74-1152591	501(C)(3)	828,723				RESTRICTED TO SPECIFIC PROGRAM
(12) BOYS AND GIRLS CLUBS OF SAN ANTONIO 600 S W 19TH ST SAN ANTONIO, TX 78207	74-1109637	501(C)(3)	507,121				RESTRICTED TO SPECIFIC PROGRAM

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

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

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

Schedule I (Form 990) (2013)

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**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" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BOYSVILLE, INC P O BOX 369 CONVERSE, TX 78109	74-1207553	501(C)(3)	291,115				RESTRICTED TO SPECIFIC PROGRAM
(2) BRIGHTON SCHOOL, INC 14207 HIGGINS RD SAN ANTONIO, TX 78217	74-2331826	501(C)(3)	109,499				RESTRICTED TO SPECIFIC PROGRAM
(3) CAPITAL AREA UNITED WAY-AUSTIN 2000 E MLK JR BLVD AUSTIN, TX 78702	74-1193439	501(C)(3)	20,022				RESTRICTED TO SPECIFIC PROGRAM
(4) CATHOLIC CHARITIES, ARCHDIOCESE OF S A 202 W FRENCH PL SAN ANTONIO, TX 78212	74-1109742	501(C)(3)	1,662,694				RESTRICTED TO SPECIFIC PROGRAM
(5) CHILD ADVOCATES SAN ANTONIO 406 SAN PEDRO AVE SAN ANTONIO, TX 78212	74-2494625	501(C)(3)	180,766				RESTRICTED TO SPECIFIC PROGRAM
(6) CHILDREN'S ASSN FOR MAXIMUM POTENTIAL 2525 LADD, BLDG 3850 SAN ANTONIO, TX 78227	74-2095766	501(C)(3)	413,284				RESTRICTED TO SPECIFIC PROGRAM
(7) CHILDREN'S SHELTER OF SAN ANTONIO 2939 W WOODLAWN SAN ANTONIO, TX 78228	74-1109660	501(C)(3)	1,604,221				RESTRICTED TO SPECIFIC PROGRAM
(8) CHILDSAFE 7130 W U S HWY 90 SAN ANTONIO, TX 78227	74-2633697	501(C)(3)	156,033				RESTRICTED TO SPECIFIC PROGRAM
(9) CHRISTIAN ASSISTANCE MINISTRY 110 MCCULLOUGH AVE SAN ANTONIO, TX 78215	74-1947967	501(C)(3)	161,753				RESTRICTED TO SPECIFIC PROGRAM
(10) CHRISTIAN SENIOR SERVICES 4306 NW LOOP 410 SAN ANTONIO, TX 78229	74-1948646	501(C)(3)	346,718				RESTRICTED TO SPECIFIC PROGRAM
(11) CHILDREN'S HOSPITAL OF SAN ANTONIO 333 N SANTA ROSA ST SAN ANTONIO, TX 78207	74-1109665	501(C)(3)	793,247				RESTRICTED TO SPECIFIC PROGRAM
(12) CI NOW-THE UT HEALTH SCIENCE CTR AT HOUSTON P O BOX 301418 HOUSTON, TX 75303	74-1761309	501(C)(3)	238,169				RESTRICTED TO SPECIFIC PROGRAM

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

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

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

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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" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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OMB No 1545-0047

2013

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

1 (a) Name and address of organization or government	(b) EIN	(c) RC 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
(1) CITY YEAR INC 287 COLUMBUS AVE BOSTON, MA 2116	22-2882549	501(C)(3)	18,062				RESTRICTED TO SPECIFIC PROGRAM
(2) CLARITY CHILD GUIDANCE CENTER 8535 TOM SUICK SAN ANTONIO, TX 78229	74-1153067	501(C)(3)	1,055,909				RESTRICTED TO SPECIFIC PROGRAM
(3) COMMUNITIES IN SCHOOLS OF SAN ANTONIO 1616 E COMMERCE, BLDG 1 SA, TX 78205	74-2393714	501(C)(3)	604,060				RESTRICTED TO SPECIFIC PROGRAM
(4) CROSSPOINT, INC 225 E LOCUST ST SAN ANTONIO, TX 78212	74-6058916	501(C)(3)	19,342				RESTRICTED TO SPECIFIC PROGRAM
(5) DAUGHTERS OF CHARITY 7607 SOMERSET RD SAN ANTONIO, TX 78211	74-6106876	501(C)(3)	330,950				RESTRICTED TO SPECIFIC PROGRAM
(6) EL CENTRO DEL BARRIO, INC 3750 COMMERCIAL AVE SAN ANTONIO, TX 78221	74-1787031	501(C)(3)	563,063				RESTRICTED TO SPECIFIC PROGRAM
(7) ELLA AUSTIN COMMUNITY CENTER 1023 N PINE ST SAN ANTONIO, TX 78202	74-1166908	501(C)(3)	351,353				RESTRICTED TO SPECIFIC PROGRAM
(8) FAMILY ENDEAVORS, INC 535 BANDERA RD SAN ANTONIO, TX 78228	23-7223078	501(C)(3)	106,737				RESTRICTED TO SPECIFIC PROGRAM
(9) FAMILY SERVICE ASSOCIATION OF SAN ANTONIO 702 SAN PEDRO SAN ANTONIO, TX 78212	74-1117341	501(C)(3)	2,391,071				RESTRICTED TO SPECIFIC PROGRAM
(10) FAMILY VIOLENCE PREVENTION SERVICES, INC 7911 BROADWAY SAN ANTONIO, TX 78209	74-1994151	501(C)(3)	1,028,517				RESTRICTED TO SPECIFIC PROGRAM
(11) FIRST BOOK 1319 F STREET NW, #1000 WASHINGTON, DC 20004	52-1779606	501(C)(3)	10,484				RESTRICTED TO SPECIFIC PROGRAM
(12) FORT SAM HOUSTON YOUTH SERVICES 1212 STANLEY RD, #20 SAN ANTONIO, TX 78234		GOVT	181,016				RESTRICTED TO SPECIFIC PROGRAM

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

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Schedule I (Form 990) (2013)

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**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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OMB No 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) GRASP INC GREATER RANDOLPH AREA SVCS PROG 250 DONALAN DR CONVERSE, TX 78109	74-2353686	501(C)(3)	114,943				RESTRICTED TO SPECIFIC PROGRAM
(2) GIRL SCOUTS OF SOUTHWEST TEXAS 811 E COKER LOOP SAN ANTONIO, TX 78218	74-1109755	501(C)(3)	611,314				RESTRICTED TO SPECIFIC PROGRAM
(3) GOOD SAMARITAN CENTER OF SAN ANTONIO 1600 SALTILLO SAN ANTONIO, TX 78207	74-1117340	501(C)(3)	680,619				RESTRICTED TO SPECIFIC PROGRAM
(4) GOODWILL INDUSTRIES OF SAN ANTONIO 406 W COMMERCE SAN ANTONIO, TX 78207	74-1238444	501(C)(3)	695,986				RESTRICTED TO SPECIFIC PROGRAM
(5) GUADALUPE COUNTY UNITED FUND, INC PO BOX 805 SEGUIN, TX 78156	74-2738713	501(C)(3)	45,390				RESTRICTED TO SPECIFIC PROGRAM
(6) HAVEN FOR HOPE 1 HAVEN FOR HOPE WAY SAN ANTONIO, TX 78207	20-8075412	501(C)(3)	1,487,153				RESTRICTED TO SPECIFIC PROGRAM
(7) HEALY-MURPHY CENTER 618 LIVE OAK SAN ANTONIO, TX 78202	74-1667875	501(C)(3)	412,735				RESTRICTED TO SPECIFIC PROGRAM
(8) JEWISH FAMILY SERVICE OF SAN ANTONIO, TEXAS 12500 NW MILITARY HWY #250 SA, TX 78231	74-1759254	501(C)(3)	200,153				RESTRICTED TO SPECIFIC PROGRAM
(9) KERR COUNTY UNITED WAY PO BOX 290561 KERRVILLE, TX 78029	74-1475945	501(C)(3)	18,116				RESTRICTED TO SPECIFIC PROGRAM
(10) LACKLAND AIR FORCE BASE YOUTH ACTIVITIES 37 MSG/SVY-1820 NELLIS LACKLAND, TX 78236		GOVT	89,696				RESTRICTED TO SPECIFIC PROGRAM
(11) LIFETIME RECOVERY 10290 SOUTHTON RD SAN ANTONIO, TX 78223	74-1540097	501(C)(3)	294,549				RESTRICTED TO SPECIFIC PROGRAM
(12) MADONNA NEIGHBORHOOD CENTER 1906 CASTROVILLE RD SAN ANTONIO, TX 78237	74-1143119	501(C)(3)	39,824				RESTRICTED TO SPECIFIC PROGRAM

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

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

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Schedule I (Form 990) (2013)

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990

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OMB No 1545-0047

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Inspection

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MISSION ROAD MINISTRIES 8706 MISSION RD SAN ANTONIO, TX 78214	74-2958552	501(C)(3)	738,125				RESTRICTED TO SPECIFIC PROGRAM
(2) MONTGOMERY COUNTY UNITED WAY P O BOX 8965 THE WOODLANDS, TX 77387	23-7282537	501(C)(3)	15,723				RESTRICTED TO SPECIFIC PROGRAM
(3) BOWCASTSA 600 SOLEDAD ST, 6TH FL SAN ANTONIO, TX 78205	90-0585154	501(C)(3)	29,625				RESTRICTED TO SPECIFIC PROGRAM
(4) PALMER DRUG ABUSE PROGRAM, S.A. 315 E PECAN SAN ANTONIO, TX 78205	74-2218041	501(C)(3)	309,400				RESTRICTED TO SPECIFIC PROGRAM
(5) PRESA COMMUNITY SERVICE CENTER 3721 S PRESA ST SAN ANTONIO, TX 78210	74-1902249	501(C)(3)	1,233,307				RESTRICTED TO SPECIFIC PROGRAM
(6) RANDOLPH AIR FORCE BASE YOUTH ACTIVITIES 12 MSG/SVY 415 B ST RANDOLPH AFB, TX 78150		GOVT	87,065				RESTRICTED TO SPECIFIC PROGRAM
(7) RAPE CRISIS CENTER 7500 US HWY 90 W 201 BLDG 2 SA, TX 78227	74-2236387	501(C)(3)	318,250				RESTRICTED TO SPECIFIC PROGRAM
(8) RESPITE CARE OF SAN ANTONIO P O BOX 12633 SAN ANTONIO, TX 78212	74-2467770	501(C)(3)	385,032				RESTRICTED TO SPECIFIC PROGRAM
(9) ROY MAAS' YOUTH ALTERNATIVES, INC. 3103 WEST AVE SAN ANTONIO, TX 78213	74-1914638	501(C)(3)	429,699				RESTRICTED TO SPECIFIC PROGRAM
(10) SALVATION ARMY COMMUNITY CENTER 521 WEST ELMIRA SAN ANTONIO, TX 78212	13-2923701	501(C)(3)	745,700				RESTRICTED TO SPECIFIC PROGRAM
(11) SAN ANTONIO AIDS FOUNDATION 818 E GRAYSON ST SAN ANTONIO, TX 78208	74-2427853	501(C)(3)	269,401				RESTRICTED TO SPECIFIC PROGRAM
(12) SAN ANTONIO COUNCIL ON ALCOHOL & DRUG ABUSE 7500 HWY 90, STE 100 SAN ANTONIO, TX 78227	74-1340188	501(C)(3)	149,726				RESTRICTED TO SPECIFIC PROGRAM

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

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

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Schedule I (Form 990) (2013)

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SCHEDULE I
(Form 990)

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

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OMB No 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SAN ANTONIO FOOD BANK 5200 OLD HWY 90 W SAN ANTONIO, TX 78227	74-2122979	501(C)(3)	1,199,696				RESTRICTED TO SPECIFIC PROGRAM
(2) SAN ANTONIO METROPOLITAN MINISTRY 5254 BLANCO ROAD SAN ANTONIO, TX 78216	74-2285793	501(C)(3)	68,428				RESTRICTED TO SPECIFIC PROGRAM
(3) SAN ANTONIO PUBLIC LIBRARY FOUNDATION 625 SHOOK AVE SAN ANTONIO, TX 78212	74-2283582	501(C)(3)	68,434				RESTRICTED TO SPECIFIC PROGRAM
(4) SAN ANTONIO YOUTH CENTERS P O BOX 7844 SAN ANTONIO, TX 78207	74-2333088	501(C)(3)	113,578				RESTRICTED TO SPECIFIC PROGRAM
(5) SETON HOME 1115 MISSION RD SAN ANTONIO, TX 78210	74-2247996	501(C)(3)	238,434				RESTRICTED TO SPECIFIC PROGRAM
(6) SOUTH TEXAS BLOOD & TISSUE CENTER 6211 IH 10 WEST SAN ANTONIO, TX 78201	23-7379332	501(C)(3)	89,004				RESTRICTED TO SPECIFIC PROGRAM
(7) ST PAUL LUTHERAN CHILD DEVELOPMENT CENTER 2302 SOUTH PRESA SAN ANTONIO, TX 78210	74-2219636	501(C)(3)	96,588				RESTRICTED TO SPECIFIC PROGRAM
(8) ST PETER-ST JOSEPH CHILDREN'S HOME 919 MISSION RD. SAN ANTONIO, TX 78210	74-1143129	501(C)(3)	481,783				RESTRICTED TO SPECIFIC PROGRAM
(9) TEXAS DIAPER BANK 1701 W WOODLAWN SAN ANTONIO, TX 78201	74-2886380	501(C)(3)	16,632				RESTRICTED TO SPECIFIC PROGRAM
(10) THE KIRM LEARNING PLACE PO BOX 9 SAN ANTONIO, TX 78291	74-2461534	501(C)(3)	45,428				RESTRICTED TO SPECIFIC PROGRAM
(11) UNITED WAY OF CALIFORNIA, CAPITAL REGION 10389 OLD PLACERVILLE SACRAMENTO, CA 95827	94-1225382	501(C)(3)	12,398				RESTRICTED TO SPECIFIC PROGRAM
(12) UNITED WAY OF COMAL COUNTY PO BOX 310614 NEW BRAUNFELS, TX 78131	74-2640723	501(C)(3)	150,059				RESTRICTED TO SPECIFIC PROGRAM

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

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

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

Schedule I (Form 990) (2013)

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**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" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990

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OMB No 1545-0047

2013

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UNITED WAY OF GREATER HOUSTON 50 WAUGH DRIVE HOUSTON, TX 77007	74-1167964	501(C)(3)	9,222				RESTRICTED TO SPECIFIC PROGRAM
(2) UNITED WAY OF KENDALL COUNTY PO BOX 694 BOERNE, TX 78006	23-7066007	501(C)(3)	85,755				RESTRICTED TO SPECIFIC PROGRAM
(3) UNITED WAY OF METROPOLITAN DALLAS, INC 1800 N LAMAR ST DALLAS, TX 75202	75-6005352	501(C)(3)	12,894				RESTRICTED TO SPECIFIC PROGRAM
(4) UNITED WAY OF NATIONAL CAPITAL AREA 8391 OLD COURTHOUSE RD VIENNA, VA 22182	53-0234290	501(C)(3)	11,990				RESTRICTED TO SPECIFIC PROGRAM
(5) UNITED WAY OF THE TEXAS GULF COAST 50 WAUGH DR HOUSTON, TX 77007	74-1167964	501(C)(3)	5,263				RESTRICTED TO SPECIFIC PROGRAM
(6) USO COUNCIL OF SAN ANTONIO & CENTRAL TEXAS 420 E COMMERCE ST SAN ANTONIO, TX 78205	74-1315272	501(C)(3)	143,571				RESTRICTED TO SPECIFIC PROGRAM
(7) VALLEY OF THE SUN UNITED WAY 1515 EAST OSBORN PHOENIX, AZ 85014	86-0104419	501(C)(3)	11,554				RESTRICTED TO SPECIFIC PROGRAM
(8) YOUNG MEN'S CHRISTIAN ASSOCIATION 3233 N ST MARY'S SAN ANTONIO, TX 78212	74-1109634	501(C)(3)	1,728,076				RESTRICTED TO SPECIFIC PROGRAM
(9) YOUNG WOMEN'S CHRISTIAN ASSOCIATION 314 NORTH HACKBERRY SAN ANTONIO, TX 78202	74-1143135	501(C)(3)	542,768				RESTRICTED TO SPECIFIC PROGRAM
(10) COMMUNITY INITIATIVES	74-1143135		524,505				RESTRICTED TO SPECIFIC PROGRAMS
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 81

3 Enter total number of other organizations listed in the line 1 table 81

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

Schedule I (Form 990) (2013)

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Part III Grants and Other Assistance to Individuals in the United States. 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 non-cash assistance
1					
2					
3					
4					
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6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

FORM 990, SCHEDULE I, PART I, LINE 2

THE UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY HAS AN ESTABLISHED ACCOUNTABILITY PROCESS FOR ITS INVESTMENTS THAT INVOLVES BOTH THE ANNUAL ASSESSMENT OF 1)THE ORGANIZATIONAL SOUNDNESS OF THE PARTNER AGENCY AND 2)THE EFFECTIVENESS OF THE PROGRAM IN WHICH UNITED WAY IS INVESTING. ORGANIZATIONAL SOUNDNESS IS ASSESSED THROUGH OUR STEWARDSHIP REVIEW PROCESS WHICH LOOKS AT 25 ELEMENTS IN FOUR AREAS: BOARD GOVERNANCE, FINANCIAL ACCOUNTABILITY, ADMINISTRATIVE EFFICIENCY, AND ABILITY TO GENERATE NON-UNITED WAY RESOURCES. PROGRAM EFFECTIVENESS IS ASSESSED THROUGH OUR PROGRAM REVIEW PROCESS WHICH LOOKS AT 36 ELEMENTS IN FIVE KEY

Part III **Grants and Other Assistance to Individuals in the United States.** 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 non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

AREAS: CLIENT CONDITION, PROGRAM OUTCOMES, OUTCOMES PERFORMANCE, SERVICE

DESIGN, AND INFORMATION AND EVALUATION SYSTEMS.

**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" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

**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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (e.g., 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 in 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

☒ Compensation committee

☒ Independent compensation consultant

☐ Form 990 of other organizations

☐ Written employment contract

☒ Compensation survey or study

☒ Approval by the board or compensation committee

4 During the year, did any person listed in 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) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in 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" to line 5a or 5b, describe in Part III

6 For persons listed in 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" to line 6a or 6b, describe in Part III

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

8 Were any amounts reported in 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" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2013

Schedule J (Form 990) 2013

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 in 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 are not 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 reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 HOWARD NOLAN VICE CHAIRMAN	(i)	381,730.	0	0	15,000.	14,822.	411,552.	0
	(ii)	0	0	0	0	0	0	0
2 LYNDON HERRIDGE PRESIDENT & CEO	(i)	326,895.	0	0	20,605.	12,902.	360,402.	0
	(ii)	0	0	0	0	0	0	0
3 SUZANNE KOPATZ SR VP & CFO	(i)	155,591.	0	0	11,894.	18,983.	186,468.	0
	(ii)	0	0	0	0	0	0	0
4 THOMAS GALVIN SR VP PLANNED GVG/MAJOR GIFTS	(i)	169,835.	0	0	12,810.	6,499.	189,144.	0
	(ii)	0	0	0	0	0	0	0
5 JEFFERY VANCE SR VP ADMINISTRATION	(i)	158,604.	0	0	12,106.	20,503.	191,213.	0
	(ii)	0	0	0	0	0	0	0
6 TONI VAN BUREN SR VP PRTRNS FOR CNTY CHANGE	(i)	156,891.	0	0	11,900.	7,866.	176,657.	0
	(ii)	0	0	0	0	0	0	0
7 MARY SALAZAR SR VP CAMPAIGN ADMIN & CIO	(i)	156,621.	0	0	11,871.	6,499.	174,991.	0
	(ii)	0	0	0	0	0	0	0
8 DAVID CARLETTI SR VP RESOURCE DEVELOPMENT	(i)	150,609.	0	0	11,314.	6,508.	168,431.	0
	(ii)	0	0	0	0	0	0	0
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Schedule J (Form 990) 2013

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

FORM 990, SCHEDULE J, PART I, LINE 3

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 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 JANUARY 2014.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Employer identification number

UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY

74-1272381

FORM 990, PART I, LINE 1

THROUGHOUT SAN ANTONIO AND BEXAR COUNTY THAT MEET THE CRITICAL NEEDS OF
THE COMMUNITY.

FORM 990, PART III, LINE 4A

UNITED WAY AT WORK AND COMMUNITY SERVICES AFL-CIO - PROVIDES COUNSELING
FOR INDIVIDUALS WITH HEALTH AND SOCIAL PROBLEMS AND FURNISHES INFORMATION
REGARDING RELEVANT SERVICES AVAILABLE WITHIN THE COMMUNITY

VOLUNTEER RECRUITMENT CENTER - INVOLVES THE MATCHING OF SKILLS,
ABILITIES, AND INTERESTS OF PROSPECTIVE VOLUNTEERS WITH THE NEEDS OF
NON-PROFIT AGENCIES

THE COLLABORATIVE COMMUNITY NEEDS ASSESSMENT - INVOLVES HUMAN SERVICE
PROBLEM SOLVING

FORM 990, PART VI, SECTION A, LINE 2

MR. DAVID BOHNE (EXEC COMM MEMBER-AT-LARGE) AND GEN DONALD G.
COOK, RET. (EXEC COMM MEMBER-AT-LARGE) HAVE A BUSINESS RELATIONSHIP.

MS. KIMBERLY BOWERS (EXEC COMM PARTNERS FOR COMMUNITY CHANGE CHAIR) AND
MR. RUBEN ESCOBEDO, CPA (EXEC COMM AUDIT CHAIR) HAVE A BUSINESS
RELATIONSHIP.

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

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

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

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

MS. MARIA MUNIZ (MEMBER-AT-LARGE) AND MR. MICHAEL MUNIZ (MEMBER-AT-LARGE)
HAVE A FAMILIAL RELATIONSHIP.

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

MR. ERNESTO ANCIRA (MEMBER-AT-LARGE) AND MS. APRIL ANCIRA (MEMBER-AT-LARGE)
HAVE A FAMILIAL RELATIONSHIP.

MR. LOWRY MAYS (MEMBER-AT-LARGE), MR. MARK MAYS (MEMBER-AT-LARGE) AND MS.
KATHY MAYS JOHNSON (MEMBER-AT-LARGE) HAVE A FAMILIAL RELATIONSHIP.

MS. JOCELYN STRAUS (EXEC COMM MEMBER-AT-LARGE) AND MS. LYN
SELIG (MEMBER-AT-LARGE) HAVE A FAMILIAL RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11

THE FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE WITH MANAGEMENT AND THE

Name of the organization

Employer identification number

UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY

74-1272381

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 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 JANUARY
2014.

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 XI, LINE 9

PENSION RELATED CHANGES OTHER

THAN NET PERIODIC PENSION COST -418,933

Name of the organization

UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY

Employer identification number

74-1272381

ATTACHMENT 1FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD

GROSS SALES LESS RETURNS AND ALLOWANCES	300.
INVENTORY AT BEGINNING OF YEAR	
PURCHASES	131.
SALARIES AND WAGES	
OTHER COSTS	
SUBTOTAL	<u>131.</u>
MINUS ENDING INVENTORY	
COST OF GOODS SOLD	<u><u>131.</u></u>