

## Forms 990 / 990-EZ Return Summary

For calendar year 2021, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

74-2052527

### UNITED WAY OF SOUTH TEXAS

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u>4,793,300</u>
<b>Revenue</b>		
Contributions	<u>1,981,661</u>	
Program service revenue	<u>2,950</u>	
Investment income	<u>16,129</u>	
Capital gain / loss	_____	
Fundraising / Gaming:		
Gross revenue _____		
Direct expenses _____		
Net income _____		
Other income	<u>3,016</u>	
<b>Total revenue</b>		<u>2,003,756</u>
<b>Expenses</b>		
Program services	<u>1,693,059</u>	
Management and general	<u>164,774</u>	
Fundraising	<u>249,591</u>	
<b>Total expenses</b>		<u>2,107,424</u>
<b>Excess / (deficit)</b>		<u>-103,668</u>
Changes		<u>-159,827</u>
<b>Net Asset / Fund Balance at End of Year</b>		<u>4,529,805</u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>2,003,756</u>
Less:	
Unrealized gains _____	
Donated services _____	
Recoveries _____	
Other _____	
Plus:	
Investment expenses _____	
Other _____	
<b>Total revenue per return</b>	<u>2,003,756</u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>2,107,425</u>
Less:	
Donated services _____	
Prior year adjustments _____	
Losses _____	
Other _____	
Plus:	
Investment expenses _____	
Other _____	
<b>Total expenses per return</b>	<u>2,107,424</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>5,147,569</u>	<u>4,831,675</u>	
Liabilities	<u>354,269</u>	<u>301,870</u>	
Net assets	<u>4,793,300</u>	<u>4,529,805</u>	<u>-263,495</u>

#### Miscellaneous Information

Amended return \_\_\_\_\_  
Return / extended due date 11/15/22  
Failure to file penalty \_\_\_\_\_

## Form 990-T Return Summary

For calendar year 2021, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

74-2052527

### UNITED WAY OF SOUTH TEXAS

<b>Income &amp; Losses (Form 990-T, Sch A)</b>	# of Schedules <u>1</u>		
Income from all activities	<u>3,016</u>		
Losses from all activities			
<b>Unrelated business taxable income from all trades</b>		<u>3,016</u>	
<b>Income Adjustments (Form 990-T, Part I)</b>			
Disallowed fringe benefits			
Charitable contributions			
Net operating loss (prior to 2018)			
Specific deduction	<u>1,000</u>		
Section 199A Deduction (Trusts Only)			
<b>Total adjustments</b>		<u>(1,000)</u>	
<b>Unrelated business taxable income</b>			<u><u>2,016</u></u>
<b>Taxes &amp; Credits (Form 990-T, Part II and III)</b>			
Regular tax	<u>423</u>		
Other tax: <input type="checkbox"/> Proxy <input type="checkbox"/> AMT <input type="checkbox"/> Facilities			
<b>Tax Due</b>		<u>423</u>	
Foreign tax credit and other credits			
General business credits			
Prior year minimum tax credit			
<b>Total nonrefundable credits</b>			
Other taxes			
<b>Total tax</b>			<u><u>423</u></u>
<b>Payments &amp; Penalties</b>			
Estimated tax payments and Tax withheld			
Paid with extension			
Refundable credits and other payments			
<b>Payments</b>			
<b>Net tax due</b>			<u><u>423</u></u>
Estimated tax penalty			
Interest on late payments			
Failure to file penalty			
Failure to pay penalty			
<b>Penalties</b>			
<b>Balance due</b>			<u><u>423</u></u>
Total overpayment			
Overpayment applied to next year's tax			
<b>Refund</b>			<u><u>          </u></u>

#### Next Year's Estimates

1st quarter \_\_\_\_\_  
 2nd quarter \_\_\_\_\_  
 3rd quarter \_\_\_\_\_  
 4th quarter \_\_\_\_\_  
**Total** \_\_\_\_\_

#### Miscellaneous Information

Amended return \_\_\_\_\_  
 Return / extended due date 11/15/22

Form **8879-TE**

**IRS e-file Signature Authorization for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning \_\_\_\_\_, 2021, and ending \_\_\_\_\_, 20 \_\_\_\_\_

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

**2021**

Department of the Treasury  
Internal Revenue Service

Name of filer **UNITED WAY OF SOUTH TEXAS** EIN or SSN **74-2052527**

Name and title of officer or person subject to tax **LILIA B. LOPEZ  
PRESIDENT**

**Part I Type of Return and Return Information**

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

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> <u>2,003,756</u>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c)	<b>5b</b> _____
<b>6a</b> Form 990-T check here <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4)	<b>6b</b> _____
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1)	<b>7b</b> _____
<b>8a</b> Form 5227 check here <input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D)	<b>8b</b> _____
<b>9a</b> Form 5330 check here <input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19)	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here <input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22)	<b>10b</b> _____

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

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize Oscar R. Gonzalez CPA & Associates, to enter my PIN 52527 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_ Date **09/15/22**

**Part III Certification and Authentication**

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

**7070867777**  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **MELISSA GONZALEZ, CPA** Date **09/15/22**

**ERO Must Retain This Form — See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

Form **8879-TE**

**IRS e-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning \_\_\_\_\_, 2021, and ending \_\_\_\_\_, 20 \_\_\_\_\_

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**2021**

Department of the Treasury  
Internal Revenue Service

Name of filer

**UNITED WAY OF SOUTH TEXAS**

EIN or SSN

**74-2052527**

Name and title of officer or person subject to tax  
**LILIA B. LOPEZ  
PRESIDENT**

**Part I Type of Return and Return Information**

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

<b>1a</b> Form 990 check here	<input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> _____
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c)	<b>5b</b> _____
<b>6a</b> Form 990-T check here	<input checked="" type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4)	<b>6b</b> <u>423</u>
<b>7a</b> Form 4720 check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1)	<b>7b</b> _____
<b>8a</b> Form 5227 check here	<input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D)	<b>8b</b> _____
<b>9a</b> Form 5330 check here	<input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19)	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here	<input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22)	<b>10b</b> _____

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

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize Oscar R. Gonzalez CPA & Associates, to enter my PIN 52527 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_ Date **09/15/22**

**Part III Certification and Authentication**

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

**7070867777**  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **MELISSA GONZALEZ, CPA** Date **09/15/22**

**ERO Must Retain This Form — See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

Form **990**

**Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

**2021**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the **2021** calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: **UNITED WAY OF SOUTH TEXAS**  
 Doing business as: **UNITED WAY OF SOUTH TEXAS**  
 Number and street (or P.O. box if mail is not delivered to street address): **P.O. BOX 187** Room/suite: \_\_\_\_\_  
 City or town, state or province, country, and ZIP or foreign postal code: **MCALLEN TX 78501**

**D** Employer identification number: **74-2052527**

**E** Telephone number: **956-686-6331**

**F** Name and address of principal officer:  
**LILIA B. LOPEZ**  
**3011 SAN ANGELO ST.**  
**MISSION TX 78572**

**G** Gross receipts \$: **2,004,809**

**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

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: ▶ <https://unitedwayofsothx.org/>

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **1979** **M** State of legal domicile: **TX**

**H(c)** Group exemption number ▶

**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>See Schedule O</b>		
	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	15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	8
	6	Total number of volunteers (estimate if necessary)	6	347
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	3,016
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	2,016	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	2,363,573	1,981,661
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,586	2,950
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,596	16,129
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,354	3,016
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,376,109	2,003,756
	14	Benefits paid to or for members (Part IX, column (A), line 4)	1,445,729	1,161,799
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	374,582	396,044
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>249,591</b>		0
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	580,331	549,581
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,400,642	2,107,424
19	Revenue less expenses. Subtract line 18 from line 12	-24,533	-103,668	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	5,147,569	4,831,675
	22	Net assets or fund balances. Subtract line 21 from line 20	354,269	301,870
		4,793,300	4,529,805	

**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: **LILIA B. LOPEZ** Date: \_\_\_\_\_  
 Type or print name and title: **PRESIDENT**

**Paid Preparer Use Only**

Print/Type preparer's name: **MELISSA GONZALEZ, CPA** Preparer's signature: **MELISSA GONZALEZ, CPA** Date: **09/09/22** Check  if self-employed PTIN: **P01339148**

Firm's name: **Oscar R. Gonzalez CPA & Associates, PLLC** Firm's EIN: **27-3582518**  
 Firm's address: **208 W Ferguson Unit 1 Pharr, TX 78577-2455** Phone no.: **956-787-9909**

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

[ ] Yes [X] No

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 [X] 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 \$ 1,693,059 including grants of \$ 1,161,799 ) (Revenue \$ 2,950 )

TO PROVIDE LEADERSHIP AND RESOURCES THAT MAKE A POSITIVE DIFFERENCE IN PEOPLE'S LIVES.

CLIENT COPY

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

N/A

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

N/A

4d Other program services (Describe on Schedule O.)

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

4e Total program service expenses 1,693,059

**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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	

**Part IV Checklist of Required Schedules (continued)**

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

1a	15
1b	0



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

Yes No

<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	<b>8</b>			
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	<b>2b</b>		<b>X</b>		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		<b>X</b>		
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>		<b>X</b>		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			<b>X</b>	
<b>b</b>	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			<b>X</b>	
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			<b>X</b>	
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>				
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			<b>X</b>	
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>				
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>				
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>				
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>				
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>				
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>				
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>				
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>				
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>				
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>				
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>					
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>				
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>				
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:					
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>				
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>				
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:					
<b>a</b>	Gross income from members or shareholders	<b>11a</b>				
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>				
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>				
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>				
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>				
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>				
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>				
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			<b>X</b>	
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>				
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>			<b>X</b>	
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			<b>X</b>	
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>				

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	<b>15</b>		
Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
<b>1b</b>	<b>15</b>		
Enter the number of voting members included on line 1a, above, who are independent.			
<b>2</b>			<b>X</b>
Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			
<b>3</b>			<b>X</b>
Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			
<b>4</b>			<b>X</b>
Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			
<b>5</b>			<b>X</b>
Did the organization become aware during the year of a significant diversion of the organization's assets?			
<b>6</b>			<b>X</b>
Did the organization have members or stockholders?			
<b>7a</b>			<b>X</b>
Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			
<b>7b</b>			<b>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?			
<b>8</b>			
Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>8a</b>		<b>X</b>	
a The governing body?			
<b>8b</b>		<b>X</b>	
b Each committee with authority to act on behalf of the governing body?			
<b>9</b>			<b>X</b>
Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.			

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

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

**Section C. Disclosure**

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

**LILIA B. LOPEZ**  
MISSION

**3011 SAN ANGELO ST.**

**TX 78572**

**956-686-6331**

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT ROSELL ..... BOARD MEMBER	1.00 ..... 0.00	X						0	0	0
(2) MICHELLE QUIROZ ..... BOARD MEMBER	1.00 ..... 0.00	X						0	0	0
(3) EDNA GARCIA ..... PAST BOARD CHAIR	1.00 ..... 0.00	X						0	0	0
(4) TYLER STONE ..... BOARD CHAIR	1.00 ..... 0.00	X						0	0	0
(5) LISA KILLION ..... COMMUNITY REL CO	1.00 ..... 0.00	X						0	0	0
(6) PAOLA E. CASTILLO ..... FUND DISTRIBUTION CO	1.00 ..... 0.00	X						0	0	0
(7) DR PRISCILLA CANALES ..... BOARD MEMBER	1.00 ..... 0.00	X						0	0	0
(8) LISA GARZA ..... FUND DISTRIBUTION CO	1.00 ..... 0.00	X						0	0	0
(9) GERARDO PAZ ..... CAMPAIGN CO CHAIR	1.00 ..... 0.00	X						0	0	0
(10) BLANCA I. VILLALOBOS ..... FINANCE CO CHAIR	1.00 ..... 0.00	X						0	0	0
(11) ELVIRA I. ALONZO ..... CAMPAIGN CO CHAIR	1.00 ..... 0.00	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) LARRY C. GONZALEZ	1.00									
FINANCE CO CHAIR	0.00	X					0	0	0	
(13) DR. D'UANDRE DRAIN	1.00									
COMMUNITY REL CO	0.00	X					0	0	0	
(14) LILIA B. LOPEZ	40.00									
PRESIDENT	0.00			X			0	0	0	
CLIENT COPY										
<b>1b Subtotal</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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 **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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		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? If "Yes," complete Schedule J for such person		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 of compensation from the organization **0**

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>	<b>1,677,720</b>				
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	<b>244,489</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	<b>59,452</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	<b>\$ 187,722</b>				
	<b>h Total.</b> Add lines 1a-1f			<b>1,981,661</b>			
	<b>Program Service Revenue</b>	<b>2a</b> PROGRAM SERVICE FEES	Business Code	<b>2,950</b>	<b>2,950</b>		
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f				<b>2,950</b>			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		<b>16,129</b>	<b>16,129</b>			
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents	(i) Real	<b>4,069</b>				
		(ii) Personal					
		<b>6a</b>	<b>4,069</b>				
	<b>b</b> Less: rental expenses	<b>6b</b>	<b>1,053</b>				
	<b>c</b> Rental inc. or (loss)	<b>6c</b>	<b>3,016</b>				
	<b>d</b> Net rental income or (loss)			<b>3,016</b>		<b>3,016</b>	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		<b>7a</b>					
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>					
<b>c</b> Gain or (loss)	<b>7c</b>						
<b>d</b> Net gain or (loss)							
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
	<b>b</b> Less: direct expenses	<b>8b</b>					
	<b>c</b> Net income or (loss) from fundraising events						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
	<b>b</b> Less: direct expenses	<b>9b</b>					
	<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
	<b>b</b> Less: cost of goods sold	<b>10b</b>					
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>	<b>11a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions			<b>2,003,756</b>	<b>19,079</b>	<b>3,016</b>	<b>0</b>	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	<b>1,161,799</b>	<b>1,161,799</b>		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	<b>95,389</b>	<b>38,156</b>	<b>26,709</b>	<b>30,524</b>
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	<b>220,972</b>	<b>88,390</b>	<b>61,869</b>	<b>70,713</b>
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	<b>55,470</b>	<b>22,188</b>	<b>15,532</b>	<b>17,750</b>
<b>10</b> Payroll taxes	<b>24,213</b>	<b>9,685</b>	<b>6,780</b>	<b>7,748</b>
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	<b>38,158</b>	<b>22,894</b>	<b>7,632</b>	<b>7,632</b>
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	<b>1,518</b>	<b>910</b>	<b>304</b>	<b>304</b>
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	<b>19,779</b>	<b>11,882</b>	<b>5,917</b>	<b>1,980</b>
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	<b>142</b>	<b>71</b>	<b>43</b>	<b>28</b>
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	<b>45,571</b>	<b>27,763</b>	<b>13,181</b>	<b>4,627</b>
<b>23</b> Insurance	<b>11,121</b>	<b>6,773</b>	<b>3,219</b>	<b>1,129</b>
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>IN KIND DONATIONS</b>	<b>187,722</b>	<b>155,809</b>	<b>13,141</b>	<b>18,772</b>
<b>b</b> <b>VITA</b>	<b>73,476</b>	<b>73,476</b>		
<b>c</b> <b>CAMPAIGN</b>	<b>67,811</b>			<b>67,811</b>
<b>d</b> <b>MEMBERSHIP DUES</b>	<b>39,995</b>	<b>39,502</b>	<b>135</b>	<b>358</b>
<b>e</b> All other expenses	<b>64,288</b>	<b>33,761</b>	<b>10,312</b>	<b>20,215</b>
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>2,107,424</b>	<b>1,693,059</b>	<b>164,774</b>	<b>249,591</b>
<b>26</b> 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)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest-bearing	1,126,070	1	1,201,310
	2	Savings and temporary cash investments	835,495	2	827,834
	3	Pledges and grants receivable, net	1,482,572	3	1,132,926
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	67,208	9	77,291
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,000,044		
	b	Less: accumulated depreciation	10b 407,730	10c	1,592,314
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	5,147,569	16	4,831,675	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	93,776	17	45,411
	18	Grants payable	170,200	18	247,950
	19	Deferred revenue	3,000	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	81,600	24	
	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	5,693	25	8,509
	26	<b>Total liabilities.</b> Add lines 17 through 25	354,269	26	301,870
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	3,507,007	27	3,663,770
	28	Net assets with donor restrictions	1,286,293	28	866,035
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	<b>Total net assets or fund balances</b>	4,793,300	32	4,529,805	
33	<b>Total liabilities and net assets/fund balances</b>	5,147,569	33	4,831,675	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>2,003,756</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>2,107,424</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-103,668</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>4,793,300</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	<b>-159,826</b>
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	<b>-1</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>4,529,805</b>

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> 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		<b>X</b>
<b>b</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	<b>X</b>	
<b>c</b> 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 on Schedule O.	<b>X</b>	
<b>3a</b> 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?		<b>X</b>
<b>b</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 on Schedule O and describe any steps taken to undergo such audits		



**SCHEDULE A**  
(Form 990)

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**UNITED WAY OF SOUTH TEXAS**

Employer identification number

**74-2052527**

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, 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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990) 2021

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,957,230	2,378,121	2,382,568	2,363,573	1,981,661	11,063,153
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	1,957,230	2,378,121	2,382,568	2,363,573	1,981,661	11,063,153
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)						
6 Public support. Subtract line 5 from line 4						11,063,153

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	1,957,230	2,378,121	2,382,568	2,363,573	1,981,661	11,063,153
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	11,573			5,596	19,079	36,248
9 Net income from unrelated business activities, whether or not the business is regularly carried on				3,354	2,016	5,370
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 <b>Total support.</b> Add lines 7 through 10						11,104,771

12 Gross receipts from related activities, etc. (see instructions) **12** 43,912

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

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

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) **14** 99.63 %

15 Public support percentage from 2020 Schedule A, Part II, line 14 **15** 99.69 %

16a **33 1/3% support test—2021.** 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

b **33 1/3% support test—2020.** 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

17a **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2021.** 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—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1-10b detailing supporting organization requirements.

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2021 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016 .....			
b From 2017 .....			
c From 2018 .....			
d From 2019 .....			
e From 2020 .....			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017 .....			
b Excess from 2018 .....			
c Excess from 2019 .....			
d Excess from 2020 .....			
e Excess from 2021 .....			

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**Part VI**

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

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Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

UNITED WAY OF SOUTH TEXAS

74-2052527

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)( 3 ) (enter number) organization

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

[ ] 527 political organization

Form 990-PF

[ ] 501(c)(3) exempt private foundation

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

[ ] 501(c)(3) taxable private foundation

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

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

General Rule

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

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Special Rules

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

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

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

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

Name of organization

**UNITED WAY OF SOUTH TEXAS**

Employer identification number

**74-2052527**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HEB 2500 CORNERSTONE EDINBURG TX 78539	\$ 430,099	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MCALLEN ISD 2000 NORTH 23RD STREET MCALLEN TX 78501	\$ 121,411	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	UNITED PARCEL SERVICE 1201 E. UPAS MCALLEN TX 78501	\$ 94,675	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	WALMART EDINBURG 1724 WEST UNIVERSITY DRIVE EDINBURG TX 78539	\$ 84,591	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	REGION ONE ESC 1900 WEST SCHUNIOR EDINBURG TX 78539	\$ 62,202	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	HIDALGO COUNTY 100 N. CLOSNER EDINBURG TX 78539	\$ 48,006	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**UNITED WAY OF SOUTH TEXAS**

Employer identification number

**74-2052527**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	COM CITY OF MCALLEN PO BOX 220 MCALLEN TX 78501	\$ 46,491	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	EDINBURG CISD PO BOX 990 EDINBURG TX 78540	\$ 44,727	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	TARGET MCALLEN TX MCALLEN TX 78501	\$ 41,140	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	LA JOYA ISD 201 E EXPRESSWAY 83 LA JOYA TX 78560	\$ 40,721	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Employer identification number

UNITED WAY OF SOUTH TEXAS

74-2052527

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 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?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB 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. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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 make significant use of its collection items (check all that apply):

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange program, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c Beginning balance, d Additions during the year, e Distributions during the year, f Ending balance

Table with 2 columns: Description, Amount. Rows 1c, 1d, 1e, 1f.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows 1a-1g.

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 Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations, (ii) Related organizations

Table with 2 columns: Yes, No. Rows 3a(i), 3a(ii), 3b.

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a-1e and Total.

Part VII Investments – Other Securities.

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely held equity interests, and Other (A-H).

Part VIII Investments – Program Related.

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

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows 1-9.

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Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows 1-9.

Part X Other Liabilities.

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

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1: Federal income taxes with value 8,509. Total row also shows 8,509.

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 2,003,756.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 2,107,424.

Part XIII Supplemental Information.

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

Part XII, Line 2d - Expense Amounts Included in Financials - Other

Book / Tax Depreciation Difference \$ 1

**Part XIII** Supplemental Information *(continued)*

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF SOUTH TEXAS**

Employer identification number

**74-2052527**

**Part I General Information on Grants and Assistance**

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	AMERICAN RED CROSS		501(c)	38,000		N/A	N/A	ASSIST NEEDY
(2)	AURORA HOUSE FOUNDATION		501(c)	20,000		N/A	N/A	ASSIST HOSPICE
(3)	BGC EDINBURG		501(c)	106,000		N/A	N/A	ASSIST YOUTH
(4)	BGC McALLEN		501(c)	89,000		N/A	N/A	ASSIST YOUTH
(5)	BGC MISSION		501(c)	45,000		N/A	N/A	ASSIST YOUTH
(6)	BGC PHARR		501(c)	62,000		N/A	N/A	ASSIST YOUTH
(7)	CASA		501(c)	18,700		N/A	N/A	ASSIST NEEDY
(8)	CHILDREN'S ADVOCACY		501(c)	30,000		N/A	N/A	ASSIST CHILDREN
(9)	GIRLS SCOUTS/TIP OF TEXAS		501(c)	38,000		N/A	N/A	ASSIST YOUTH

- 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) (2021)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF SOUTH TEXAS**

Employer identification number

**74-2052527**

**Part I General Information on Grants and Assistance**

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	HIDALGO YOUTH CENTER		501(c)	23,000		N/A	N/A	ASSIST YOUTH
(2)	MERCEDES RECREATION CENTER		GOV	28,500		N/A	N/A	ASSIST YOUTH
(3)	PHARR DRUG ABUSE PROGRAMS		501(c)	62,000		N/A	N/A	DRUG ABUSE PREVENT
(4)	RGV BOYS SCOUTS		501(c)	35,000		N/A	N/A	ASSIST YOUTH
(5)	SALVATION ARMY		501(c)	70,000		N/A	N/A	ASSIST NEEDY
(6)	SERVING CHILDREN & ADOLESCENTS		501(c)	18,000		N/A	N/A	ASSIST YOUTH
(7)	SILVER RIBBON		501(c)	20,000		N/A	N/A	ASSIST NEEDY
(8)	STARR COUNTY OF DOMESTIC ABUSE		GOV	28,000		N/A	N/A	ASSIST ABUSE VICTIMS
(9)	SU CASA DE ESPERANZA		501(c)	31,300		N/A	N/A	ASSIST INFANT HEALTH

- 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 ▶

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF SOUTH TEXAS**

Employer identification number

**74-2052527**

**Part I General Information on Grants and Assistance**

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	<b>WOMEN TOGETHER</b>							<b>ASSIST ABUSE VICTIMS</b>
			501(c)	60,000		N/A	N/A	
(2)	<b>COMMUNITY IMPACT</b>							<b>ASSIST COMMUNITY</b>
			GOV	172,098		N/A	N/A	
(3)	<b>SPECIAL PROJECTS</b>							<b>ASSIST NEEDY</b>
			GOV	135,891		N/A	N/A	
(4)	<b>COMFORT HOUSE</b> 617 Dallas McAlLEN TX 78501							<b>ASSIST NEEDY</b>
			501(C)	25,000		N/A	N/A	
(5)								
(6)								
(7)								
(8)								
(9)								

- 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 ▶



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0074

**2021**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**UNITED WAY OF SOUTH TEXAS**

Employer identification number

**74-2052527**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( )	<b>X</b>	<b>1</b>	<b>187,722</b>	
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		<b>X</b>
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		<b>X</b>
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		<b>X</b>
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**Schedule M - Supplemental Information**

**IN KIND CONTRIBUTIONS:**

- A local newspaper provided free space plus calendars and banners were printed to assist in soliciting donations.

- The facilitator for a training session and the coordinators for many VITA sites were volunteers.

- A company discounted landscaping services each month.

- Space was provided by governmental and not-for-profit entities for the VITA sites.

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**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF SOUTH TEXAS**

Employer identification number

**74-2052527**

**Form 990 - Organization's Mission or Most Significant Activities**

TO BUILD AND PROMOTE PARTNERSHIPS THAT MAXIMIZE RESOURCES THROUGH A  
COORDINATED EFFORT THAT UNITES PEOPLE OF HIDALGO AND STARR COUNTIES IN  
TEXAS AND TO AWARD GRANTS TO ADDRESS HEALTH, FINANCIAL STABILITY, AND  
EDUCATION ISSUES.

**Form 990 - Organization's Mission**

TO BUILD AND PROMOTE PARTNERSHIP THAT MAXIMIZE RESOURCES THROUGH A  
COORDINATED EFFORT THAT UNITES PEOPLE OF HIDALGO AND STARR COUNTIES IN  
TEXAS AND TO AWARD GRANTS TO ADDRESS HEALTH, FINANCIAL STABILITY, AND  
EDUCATION ISSUES.

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**Form 990, Part VI, Line 11b - Organization's Process to Review Form 990**

The form is reviewed in detail by the president and presented to the  
board for discussion and formal approval.

**Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy**

Annual disclosures are required by all board members.

**Form 990, Part VI, Line 15a - Compensation Process for Top Official**

The president is evaluated by the board. Salary decisions are made by the  
board of directors.

**Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation**

An annual report is presented that includes the year end statement. This

Name of the organization

Employer identification number

UNITED WAY OF SOUTH TEXAS

74-2052527

report is made available upon request. All board members receive copies of the audit and a portion of the 990 which is available in its entirety in the office.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Book / Tax Depreciation Difference \$ -1

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Form **990-T**

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

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

For calendar year 2021 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

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

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

<b>A</b> <input type="checkbox"/> Check box if address changed.	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)	<b>D Employer identification number</b>
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501( <b>C</b> ) ( <b>3</b> ) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A		<b>UNITED WAY OF SOUTH TEXAS</b>	<b>74-2052527</b>
		Number, street, and room or suite no. If a P.O. box, see instructions. <b>P.O. BOX 187</b>	<b>E Group exemption number</b> (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code <b>MCALLEN TX 78501</b>	<b>F</b> <input type="checkbox"/> Check box if an amended return.
	<b>C</b> Book value of all assets at end of year	<b>▶ 4,831,675</b>	

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Check if filing only to ▶  Claim credit from Form 8941  Claim a refund shown on Form 2439

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

**J** Enter the number of attached Schedules A (Form 990-T) ..... ▶ **1**

**K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ..... ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation  
▶

**L** The books are in care of ▶ **LILIA B. LOPEZ** Telephone number ▶ **956-686-6331**

**Part I Total Unrelated Business Taxable income**

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	1	<b>3,016</b>
2	Reserved .....	2	
3	Add lines 1 and 2 .....	3	<b>3,016</b>
4	Charitable contributions (see instructions for limitation rules) .....	4	
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	5	<b>3,016</b>
6	Deduction for net operating loss. See instructions .....	6	<b>0</b>
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	7	<b>3,016</b>
8	Specific deduction (generally \$1,000, but see instructions for exceptions) .....	8	<b>1,000</b>
9	<b>Trusts.</b> Section 199A deduction. See instructions .....	9	
10	<b>Total deductions.</b> Add lines 8 and 9 .....	10	<b>1,000</b>
11	<b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	11	<b>2,016</b>

**Part II Tax Computation**

1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) .....	1	<b>423</b>
2	<b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	2	<b>0</b>
3	<b>Proxy tax.</b> See instructions .....	3	
4	Other tax amounts. See instructions .....	4	
5	Alternative minimum tax (trusts only) .....	5	
6	<b>Tax on noncompliant facility income.</b> See instructions .....	6	
7	<b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	7	<b>423</b>

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2021)

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)
1b Other credits (see instructions)
1c General business credit. Attach Form 3800 (see instructions)
1d Credit for prior year minimum tax (attach Form 8801 or 8827)
1e Total credits. Add lines 1a through 1d
2 Subtract line 1e from Part II, line 7
3 Other amounts due. Check if from Form 4255 Form 8611 Form 8697 Form 8866
4 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)
6a Payments: A 2020 overpayment credited to 2021
6b 2021 estimated tax payments. Check if section 643(g) election applies
6c Tax deposited with Form 8868
6d Foreign organizations: Tax paid or withheld at source (see instructions)
6e Backup withholding (see instructions)
6f Credit for small employer health insurance premiums (attach Form 8941)
6g Other credits, adjustments, and payments: Form 2439 Form 4136 Other
7 Total payments. Add lines 6a through 6g
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid
11 Enter the amount of line 10 you want: Credited to 2022 estimated tax Refunded

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.
3 Enter the amount of tax-exempt interest received or accrued during the tax year
4 Enter available pre-2018 NOL carryovers here
5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.
6a Did the organization change its method of accounting? (see instructions)
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Signature of officer Date Title
Print/Type preparer's name Preparer's signature Date Check if PTIN
Preparer Use Only Firm's name Oscar R. Gonzalez CPA & Associates, PLLC Firm's EIN 27-3582518
Firm's address Pharr, TX 78577-2455 Phone no. 956-787-9909

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

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

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

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

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

<b>A</b> Name of the organization <b>UNITED WAY OF SOUTH TEXAS</b>	<b>B</b> Employer identification number <b>74-2052527</b>
<b>C</b> Unrelated business activity code (see instructions) ▶ <b>531120</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E** Describe the unrelated trade or business ▶ **rental of conference room**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances <b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b>		
<b>6</b> Rent income (Part IV)	<b>6</b> 4,069	1,053	3,016
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>		
<b>11</b> Advertising income (Part IX)	<b>11</b>		
<b>12</b> Other income (see instructions; attach statement)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> 4,069	1,053	3,016

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Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income			
<b>1</b> Compensation of officers, directors, and trustees (Part X)			<b>1</b>
<b>2</b> Salaries and wages			<b>2</b>
<b>3</b> Repairs and maintenance			<b>3</b>
<b>4</b> Bad debts			<b>4</b>
<b>5</b> Interest (attach statement). See instructions			<b>5</b>
<b>6</b> Taxes and licenses			<b>6</b>
<b>7</b> Depreciation (attach Form 4562). See instructions	<b>7</b> 700		
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b> 700		<b>8b</b> 0
<b>9</b> Depletion			<b>9</b>
<b>10</b> Contributions to deferred compensation plans			<b>10</b>
<b>11</b> Employee benefit programs			<b>11</b>
<b>12</b> Excess exempt expenses (Part VIII)			<b>12</b>
<b>13</b> Excess readership costs (Part IX)			<b>13</b>
<b>14</b> Other deductions (attach statement)			<b>14</b>
<b>15 Total deductions.</b> Add lines 1 through 14			<b>15</b>
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			<b>16</b> 3,016
<b>17</b> Deduction for net operating loss. See instructions			<b>17</b>
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16			<b>18</b> 3,016

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold

Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Line 6 Total: 4,069. Line 8 Cost of goods sold: 4,069. Line 9 Do the rules of section 263A apply: No.

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

Table with 4 columns (A, B, C, D) for property description. Row 1: 113 W. PECAN BLVD., MCALLEN, TX 78501.

Table with 4 columns (A, B, C, D) for rent income. Row 2c Total rents received: 4,069.

3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) 4,069

4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) 1,053

5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) 1,053

Part V Unrelated Debt-Financed Income (see instructions)

Table with 4 columns (A, B, C, D) for debt-financed property description.

Table with 4 columns (A, B, C, D) for debt-financed income. Row 2 Gross income from or allocable to debt-financed property.

8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)

9 Allocable deductions. Multiply line 3c by line 6

10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)

11 Total dividends-received deductions included in line 10

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

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5. Rows (1) through (4).

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10. Rows (1) through (4).

Totals row with instructions: Add columns 5 and 10. Enter here and on Part I, line 8, column (A). Add columns 6 and 11. Enter here and on Part I, line 8, column (B).

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

Table with 5 columns: 1. Description of income, 2. Amount of income, 3. Deductions directly connected, 4. Set-asides, 5. Total deductions and set-asides. Rows (1) through (4).

Totals row with instructions: Add amounts in column 2. Enter here and on Part I, line 9, column (A). Add amounts in column 5. Enter here and on Part I, line 9, column (B).

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

Table with 2 columns: Description of activity, Amount. Rows 1-7: 1. Description of exploited activity, 2. Gross unrelated business income, 3. Expenses directly connected, 4. Net income (loss), 5. Gross income from activity, 6. Expenses attributable to income, 7. Excess exempt expenses.

Part IX Advertising Income

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

Form with columns A, B, C, D and checkboxes for reporting multiple periodicals.

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

Table with 4 columns (A, B, C, D) and rows for Gross advertising income, Direct advertising costs, Advertising gain (loss), Readership costs, Circulation income, Excess readership costs, and Excess readership costs allowed as a deduction.

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

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business.

Total. Enter here and on Part II, line 1

Part XI Supplemental Information (see instructions)

Series of horizontal dotted lines for supplemental information.

**Federal Statements****rental of conference room****Schedule A (990T), Part IV, Line 4 - Rent Expense Information**

<u>Description</u>	<u>Deduction</u>
RENTAL OF CONFER.RM/OFFICE	\$
Insurance	167
Cleaning & Maintenance	4
Repairs	24
Utilities	158
Investment Depr	700
OCCUPANCY EXPENSES	
Total	\$ <u>1,053</u>

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Form **4562**  
 Department of the Treasury  
 Internal Revenue Service (99)  
 Name(s) shown on return

**Depreciation and Amortization**  
 (Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2021**

Attachment Sequence No. **179**

**UNITED WAY OF SOUTH TEXAS**

Identifying number  
**74-2052527**

Business or activity to which this form relates

**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>1,050,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,620,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	▶ 13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>46,271</b>

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	<b>0</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

**Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>46,271</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2021)

There are no amounts for Page **2**



74-2052527

**Federal Asset Report**

FYE: 12/31/2021

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
<b>Other Depreciation:</b>										
1	FULLY DEPRECIATED ASSETS	12/31/10	9,121			9,121	5	MO S/L	9,121	0
2	GENERATOR	9/09/08	930			930	10	MO S/L	930	0
3	2 Laptops	1/01/21	1,000			1,000	5	MO S/L	0	200
4	2 Dell premium Desktops	3/16/21	1,360			1,360	5	MO S/L	0	204
5	2 COMPUTERS	8/02/11	2,279			2,279	3	MO S/L	2,279	0
6	DELL 3050 PROCESSOR	9/11/08	2,114			2,114	10	MO S/L	2,114	0
11	LAND	8/01/13	445,516			445,516	0	-- Land	0	0
13	FURN & FIXTURES	8/01/13	7,869			7,869	10	MO S/L	5,958	787
14	BUILDING	8/01/13	1,368,103			1,368,103	40	MO S/L	253,669	34,202
15	TELEPHONE SYSTEM	9/08/13	20,268			20,268	10	MO S/L	14,863	2,027
16	SECURITY SYSTEM	12/30/13	5,250			5,250	10	MO S/L	3,746	525
17	CUSTOM SIGN	1/28/14	2,321			2,321	10	MO S/L	1,625	232
18	COMPUTERS	3/23/15	1,587			1,587	3	MO S/L	1,587	0
19	DELL COMPUTERS	3/23/15	689			689	3	MO S/L	689	0
20	COMPUTER EQMT.	2/03/16	1,547			1,547	3	MO S/L	1,547	0
21	STAINLESS REFRIGERATOR	8/01/13	2,456			2,456	10	MO S/L	1,822	245
23	455CI COPIER/PRINTER/SCANNER	6/20/16	10,600			10,600	5	MO S/L	10,162	438
24	OFFICE EQMT.	8/10/16	2,733			2,733	3	MO S/L	2,733	0
26	DELL OFFICE EQMT.	8/25/16	1,636			1,636	3	MO S/L	1,636	0
28	PARKING LOT	8/01/13	89,785			89,785	20	MO S/L	33,295	4,490
29	SPRINKLER/LANDSCAPING	8/01/13	14,834			14,834	10	MO S/L	11,002	1,483
30	Computer Equipment	3/25/19	1,964			1,964	5	MO S/L	687	393
31	Equipment	5/14/19	2,089			2,089	5	MO S/L	696	418
32	Software	7/10/19	348		X	0	5	MO S/L	348	0
33	Office Equipment	9/30/19	513		X	0	5	MO S/L	513	0
34	Inspiron 15 Laptops (2)	1/15/20	700			700	5	MO S/L	140	140
35	Inspiron 15 Laptops (2)	1/15/20	700			700	5	MO S/L	140	140
36	Inspiron 15 Laptop	1/16/20	350			350	5	MO S/L	64	70
37	Laptop	12/14/20	1,000			1,000	5	MO S/L	17	200
38	Equipmnet	1/15/20	382			382	5	MO S/L	76	77
	<b>Total Other Depreciation</b>		<u>2,000,044</u>			<u>1,999,183</u>			<u>361,459</u>	<u>46,271</u>
	<b>Total ACRS and Other Depreciation</b>		<u>2,000,044</u>			<u>1,999,183</u>			<u>361,459</u>	<u>46,271</u>
	<b>Grand Totals</b>		2,000,044			1,999,183			361,459	46,271
	<b>Less: Dispositions and Transfers</b>		0			0			0	0
	<b>Less: Start-up/Org Expense</b>		0			0			0	0
	<b>Net Grand Totals</b>		<u>2,000,044</u>			<u>1,999,183</u>			<u>361,459</u>	<u>46,271</u>

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2020 &amp; 2021</b>
For calendar year 2021, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

**UNITED WAY OF SOUTH TEXAS****74-2052527**

		2020	2021	Differences
<b>Revenue</b>	1. Contributions, gifts, grants .....	1. <b>2,073,695</b>	<b>1,737,172</b>	<b>-336,523</b>
	2. Membership dues and assessments .....	2.		
	3. Government contributions and grants .....	3. <b>289,878</b>	<b>244,489</b>	<b>-45,389</b>
	4. Program service revenue .....	4. <b>2,586</b>	<b>2,950</b>	<b>364</b>
	5. Investment income .....	5. <b>5,596</b>	<b>16,129</b>	<b>10,533</b>
	6. Proceeds from tax exempt bonds .....	6.		
	7. Net gain or (loss) from sale of assets other than inventory .....	7.		
	8. Net income or (loss) from fundraising events .....	8.		
	9. Net income or (loss) from gaming .....	9.		
	10. Net gain or (loss) on sales of inventory .....	10.		
	11. Other revenue .....	11. <b>4,354</b>	<b>3,016</b>	<b>-1,338</b>
	12. <b>Total revenue.</b> Add lines 1 through 11 .....	12. <b>2,376,109</b>	<b>2,003,756</b>	<b>-372,353</b>
<b>Expenses</b>	13. Grants and similar amounts paid .....	13. <b>1,445,729</b>	<b>1,161,799</b>	<b>-283,930</b>
	14. Benefits paid to or for members .....	14.		
	15. Compensation of officers, directors, trustees, etc. ....	15. <b>85,400</b>	<b>95,389</b>	<b>9,989</b>
	16. Salaries, other compensation, and employee benefits .....	16. <b>289,182</b>	<b>300,655</b>	<b>11,473</b>
	17. Professional fundraising fees .....	17.		
	18. Other professional fees .....	18. <b>39,735</b>	<b>38,158</b>	<b>-1,577</b>
	19. Occupancy, rent, utilities, and maintenance .....	19. <b>15,691</b>	<b>19,779</b>	<b>4,088</b>
	20. Depreciation and Depletion .....	20. <b>47,178</b>	<b>45,571</b>	<b>-1,607</b>
	21. Other expenses .....	21. <b>477,727</b>	<b>446,073</b>	<b>-31,654</b>
	22. <b>Total expenses.</b> Add lines 13 through 21 .....	22. <b>2,400,642</b>	<b>2,107,424</b>	<b>-293,218</b>
	23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12 .....	23. <b>-24,533</b>	<b>-103,668</b>	<b>-79,135</b>
<b>Other Information</b>	24. Total exempt revenue .....	24. <b>2,376,109</b>	<b>2,003,756</b>	<b>-372,353</b>
	25. Total unrelated revenue .....	25. <b>4,354</b>	<b>3,016</b>	<b>-1,338</b>
	26. Total excludable revenue .....	26. <b>8,182</b>	<b>19,079</b>	<b>10,897</b>
	27. Total assets .....	27. <b>5,147,569</b>	<b>4,831,675</b>	<b>-315,894</b>
	28. Total liabilities .....	28. <b>354,269</b>	<b>301,870</b>	<b>-52,399</b>
	29. Retained earnings .....	29. <b>4,793,300</b>	<b>4,529,805</b>	<b>-263,495</b>
	30. Number of voting members of governing body .....	30. <b>14</b>	<b>15</b>	
	31. Number of independent voting members of governing body .....	31. <b>14</b>	<b>15</b>	
	32. Number of employees .....	32. <b>8</b>	<b>8</b>	
33. Number of volunteers .....	33. <b>629</b>	<b>347</b>		

Form <b>990T</b>	<b>Two Year Comparison Report</b>	<b>2020 &amp; 2021</b>
For calendar year 2021, or tax year beginning _____, ending _____		

Name: \_\_\_\_\_ Taxpayer Identification Number: \_\_\_\_\_

**UNITED WAY OF SOUTH TEXAS**

**74-2052527**

		2020	2021	Differences
<b>Business Taxable Income</b>	1. Number of unrelated business activities for this return	1	1	
	2. Unrelated business taxable income from all trades	994	3,016	2,022
	3. Charitable contributions			
	4. Section 199A deduction (trusts only)			
	5. <b>Taxable income before NOL loss</b>	994	3,016	2,022
	6. Net operating loss (pre-2018)			
	7. Specific deduction	1,000	1,000	
	8. <b>Unrelated business taxable income.</b>		2,016	2,016
<b>Tax &amp; Credits</b>	9. Income tax (corporate or trust)		423	423
	10. Proxy tax			
	11. Other taxes			
	12. <b>Total taxes</b>		423	423
	13. Other credits			
	14. General business credit			
	15. Credit for prior year minimum tax			
	16. <b>Total credits</b>			
	17. <b>Net tax after credits</b>		423	423
	18. Recapture taxes and 965 tax			
19. <b>Total Taxes</b>		423	423	
<b>Due/Refund</b>	20. Prior year overpayment and estimated tax payments			
	21. Payment made with extension			
	22. Backup withholding and foreign withholding			
	23. Other payments			
	24. <b>Total payments</b>			
	25. <b>Balance due/(Overpayment)</b>		423	423
	26. Overpayment applied to next year			
	27. Penalties			
	28. <b>Total due/(Refund)</b>		423	423
29. Activity Losses NOL (Post-2017)				

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Form <b>SchA</b> (990T)	<b>Two Year Comparison for Unrelated Business Activity</b> For calendar year 2021, or tax year beginning _____, ending _____	<b>2020 &amp; 2021</b>
Organization Name <b>UNITED WAY OF SOUTH TEXAS</b>		Taxpayer Identification Number <b>74-2052527</b>

Activity: **rental of conference room** Unincorporated Business Income Tax Code: **531120**

		2020	2021	Differences	
<b>Revenue</b>	1. Gross profit/loss on business activities	1.			
	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.			
	4. Rental income (net of expense)	4.	4,354	3,016	-1,338
	5. Unrelated debt-financed income (net of expense)	5.			
	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.			
	10. Other income	10.			
	<b>11. Total trade or business income.</b> Combine lines 1 through 10	<b>11.</b>	<b>4,354</b>	<b>3,016</b>	<b>-1,338</b>
<b>Expenses</b>	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.			
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
	16. Interest	16.			
	17. Taxes and licenses	17.			
	18. Depreciation and Depletion	18.	861		-861
	19. Contributions to deferred compensation plans	19.			
	20. Employee benefit programs	20.			
	21. Other deductions	21.			
	<b>22. Total deductions.</b> Add lines 12 through 22	<b>22.</b>	<b>861</b>		<b>-861</b>
	<b>23. Taxable income before deductions.</b> Subtract line 23 from 11	<b>23.</b>	<b>3,493</b>	<b>3,016</b>	<b>-477</b>
	24. Deductible losses	24.	2,499		-2,499
	<b>25. Unrelated business taxable income (loss)</b>	<b>25.</b>	<b>994</b>	<b>3,016</b>	<b>2,022</b>

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Form <b>990</b>	<b>Tax Return History</b>	<b>2021</b>
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Name <b>UNITED WAY OF SOUTH TEXAS</b>	Employer Identification Number <b>74-2052527</b>
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	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants .....		2,378,121	2,382,568	2,363,573	1,981,661	1,981,661
Membership dues .....						
Program service revenue .....		3,421	5,539	2,586	2,950	2,950
Capital gain or loss .....						
Investment income .....			7,691	5,596	16,129	16,129
Fundraising revenue (income/loss) .....						
Gaming revenue (income/loss) .....						
Other revenue .....		-1,986	-513	4,354	3,016	3,016
<b>Total revenue</b> .....		<b>2,379,556</b>	<b>2,395,285</b>	<b>2,376,109</b>	<b>2,003,756</b>	<b>2,003,756</b>
Grants and similar amounts paid .....		1,607,748	1,470,442	1,445,729	1,161,799	1,161,799
Benefits paid to or for members .....						
Compensation of officers, etc. ....		172,994	81,377	85,400	95,389	95,389
Other compensation .....		220,808	289,363	289,182	300,655	300,655
Professional fees .....		37,161	40,713	39,735	38,158	38,158
Occupancy costs .....		17,157	9,860	15,691	19,779	19,779
Depreciation and depletion .....		48,476	44,959	47,178	45,571	45,571
Other expenses .....		594,628	639,860	477,727	446,073	446,073
<b>Total expenses</b> .....		<b>2,698,972</b>	<b>2,576,574</b>	<b>2,400,642</b>	<b>2,107,424</b>	<b>2,107,424</b>
<b>Excess or (Deficit)</b> .....		<b>-319,416</b>	<b>-181,289</b>	<b>-24,533</b>	<b>-103,668</b>	<b>-103,668</b>
<b>Total exempt revenue</b> .....		<b>2,379,556</b>	<b>2,395,285</b>	<b>2,376,109</b>	<b>2,003,756</b>	<b>2,003,756</b>
Total unrelated revenue .....		-1,986	-513	4,354	3,016	3,016
Total excludable revenue .....		3,421	13,230	8,182	19,079	19,079
Total Assets .....		5,152,162	5,052,374	5,147,569	4,831,675	4,831,675
Total Liabilities .....		268,742	245,683	354,269	301,870	301,870
Net Fund Balances .....		4,883,420	4,806,691	4,793,300	4,529,805	4,529,805

Form <b>990T</b>	<b>Tax Return History</b>	<b>2021</b>
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Name <b>UNITED WAY OF SOUTH TEXAS</b>	Employer Identification Number <b>74-2052527</b>
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\* Income shown net of expenses

	2017	2018	2019	2020	2021	2022
Business activity profit/loss .....						
Capital gains/losses .....						
Partner and S Corp gain/loss .....						
Rental income* .....						
Debt-financed income* .....						
Controlled organizations income/interest* .....						
Investment income, specific organizations* .....						
Exploited exempt activity income* .....						
Other income .....		5,515	6,350			
<b>Total trade or business income.</b> .....		<b>5,515</b>	<b>6,350</b>	<b>994</b>	<b>3,016</b>	
Compensation of officers, ect. ....						
Other salaries and wages .....						
Repairs and maintenance .....						
Bad debts .....						
Interest .....						
Taxes and licenses .....						
Charitable contributions .....						
Depreciation and Depletion .....						
Deferred compensation plans .....						
Employee benefit programs .....						

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Form <b>990T</b>	<b>Tax Return History</b>	<b>2021</b>
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Name <b>UNITED WAY OF SOUTH TEXAS</b>	Employer Identification Number <b>74-2052527</b>
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	2017	2018	2019	2020	2021	2022
Other deductions .....		7,501	6,863			
Net income (first activity, year 2019 & prior)		-1,986	-513	994	3,016	
UBTI from all trades .....	0	0	0	994	3,016	
Charitable contributions .....						
Net operating loss deduction .....						
Specific deduction .....		1,000	1,000	1,000	1,000	
Section 199A deduction (trusts) .....						
Income after deductions .....					2,016	
Income tax (corporate or trust) .....					423	
Other taxes .....						
<b>Total taxes</b> .....					423	
General business credit .....						
Other credits .....						
<b>Net tax after credits</b> .....					423	
Estimated tax payments .....						
Other payments .....						
<b>Balance due/Overpayment</b> .....					423	

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**Federal Statements****Form 990, Part IX, Line 24e - All Other Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
SUPPLIES	\$ 12,356	\$ 4,942	\$ 2,254	\$ 5,160
TELEPHONE & INTERNET	10,780	5,390	2,156	3,234
UTILITIES	10,524	5,341	1,978	3,205
CONTRACT LABOR	9,526	2,858	805	5,863
LATINA HOPE	5,000	5,000		
COMPUTER MAINTENANCE	3,450	2,070	1,035	345
POSTAGE	3,300	1,650	660	990
FEMA EXPENSES	3,104	3,104		
MISCELLANEOUS	2,990	1,645	149	1,196
BANK FEES	2,219	1,553	444	222
MILEAGE ALLOWANCE	1,039	208	831	
Total	<u>\$ 64,288</u>	<u>\$ 33,761</u>	<u>\$ 10,312</u>	<u>\$ 20,215</u>

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## Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
	\$ 663,657
Government Grants or Contributions	244,489
Other	59,452
HEB	
Cash Contribution	430,099
MCALLEN ISD	
Cash Contribution	121,411
UNITED PARCEL SERVICE	
Cash Contribution	94,675
WALMART EDINBURG	
Cash Contribution	84,591
REGION ONE ESC	
Cash Contribution	62,202
HIDALGO COUNTY	
Cash Contribution	48,006
COM CITY OF MCALLEN	
Cash Contribution	46,491
EDINBURG CISD	
Cash Contribution	44,727
TARGET	
Cash Contribution	41,140
LA JOYA ISD	
Cash Contribution	40,721
Total	<u>\$ 1,981,661</u>

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Schedule A, Part II, Line 9(e)

Description	Amount
RENTAL OF CONFER.RM/OFFICE	\$ 3,016
Less: Deductions	<u>-1,000</u>
Total	<u>\$ 2,016</u>

### Federal Statements

**Schedule A, Part II, Line 12 - Current year**

<u>Description</u>	<u>Amount</u>
PROGRAM SERVICE FEES	\$ 2,950
Taxable Interest on Savings and Temporary Cash Investments	16,129
Total	<u>\$ 19,079</u>

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