47U3 OMB No 1545-0047

Form 990

# **Return of Organization Exempt From Income Tax**

2018

Department of the Treasury

For Paperwork Reduction Act Notice, see the separate instructions.

EEA

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

▶ Do not enter social security numbers on this form as it may be made public.

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

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Form 990 (2018)

			Service			·	0 101 11101140		<del></del>				20
	or	the 2	2018 calend		ax year beginr				, 2018, and e	naing		_	, 20
В	Check	if app	plicable	C Name of or	ganization UNIT	ED WAY OF COL	MAL COUNT	ry				┛╹	Employer identification no.
$\sqcup$	Addre	ss cha	ange	Doing busi	ness as								74-2640723
	Name	chan	ge	Number an	d street (or PO bo	of mail is not delivered to	street address)			Room	/suite	ĮΕ	Telephone number
$\Box$	nitial	retum	1	PO BO	X 310614					1			(830) 620-7760
$\overline{}$			/terminated			country, and ZIP or foreig	n nostal code				<b></b>	16	Gross receipts
$\overline{}$				•			T postar occo						
$\overline{}$		ded re			raunfels,						<del></del>		<u> </u>
<b>□</b> ′	Applic	ation	pending	F Name and	address of principal	officer				i	l) is this a group		
							<del></del>		0/2	H(k	) Are all subor	dinates	included? L Yes L No
<u></u>	ax-e	cempt	status X	501(c)(3)	501(c) (	) ◀ (insert no )	4947(a)(1) or	5:	27 (1)		lf "No," a	ttach a l	ist (see instructions)
J 1	Nebs	ıte. I	<u>HT1</u>	P://WWW	. UMCOMAL . C	RG	<u> </u>			H(c	) Group exer	nption n	umber 🕨
K	orm	of org	janization X	Corporation	Trust Ass	ociation Other	j	L	Year of formation	1991	M State	of legal	domicile <b>TX</b>
<b>IP</b> a	rtll	l	Summar	<del></del>			1		,				<del> </del>
	_			<del></del>	nization's mission	on or most significan	t activities	SUPP	ORT OTHER I	OCAT.	NON-PRO	ידידו	3
_	-		J., J., J. J.					5011	ore orner		11011 1111		·
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Паі	-	-							<del></del>				
ě	1.					<del></del>	<del></del>						<del></del>
Activities & Governance	1				=	discontinued its ope		sposed of	more than 25% o	t its net	assets	1	
ಷ	;			-	-	ning body (Part VI, li					• • • • •	3	25
S.	4	4 1	Number of in	ndependent v	oting members	of the governing bo	dy (Part VI, II	ne 1b)				4	25
Ę	) :	5 ]	Total numbei	r of individua	ils employed in	calendar year 2018	(Part V, line 2	2a)				5	<u>:</u>
Ę	10	3 7	Total number	r of voluntee	rs (estimate if n	ecessary) · · ·	4					6	
ď	1 :	7a 1	Total unrelate	ed business	revenue from F	art VIII, column (C),	line 12	' R	ECEIVE	<u></u>	7	7a	(
						rom Form 990-T, line			- OCIVEL	<i>-</i>	[]	7b	
	╁		TCT UTITE CIATE	<u> </u>	ANADIC ITICOTTIC	101111 01111 000-1, 1111		<del>ରା                                     </del>		78			
	Ι.				<b></b>		- 18	C 33	UG 0 1 2019	⊢¦ĕ	Prior Year		Current Year
•		Continuations and grants (Fait Vin, line III)										,841	940,065
ž	9	9 F	Program ser	vice revenue	(Part VIII, line	2g)				<u> 1ĕ</u>			
Revenue	10	0 !	Investment ir	ncome (Part	VIII, column (A	), lines 3, 4, and 7d)	٠٠٠٠ـ	<u></u>	DEN, UT		1	,778	2,719
8	1	1 (	Other revenu	ie (Part VIII,	column (A), lin	es 5, 6d, 8c, 9c, 10c	, and 11e)						
	1:	2	Total revenue	e - add lines	8 through 11 (n	nust equal Part VIII,	column (A), li	ine 12)			951	,619	942,784
	1:	3 (	Grants and s	imilar amou	nts paid (Part I)	(, column (A), lines	1-3)					,500	720,200
	14					, column (A), line 4)			<i>.</i> . )		- <del></del>		
	1:		=			benefits (Part IX, co	olumn (A) lini	es 5-10)			126	, 833	140,229
es	Ι.		-	•		olumn (A), line 11e)	31G/11/1 (7 ty, 11/1				120	,655	140,223
Expenses	"			_	-								
ğ	١.				•	ımn (D), line 25)			39,803				
Щ	1		-	-		es 11a-11d, 11f-24e)						, 352	88,310
	11				•	equal Part IX, columi	n (A), line 25)				977	, 685	948,739
	19	9 F	Revenue les	s expenses	Subtract line 1	8 from line 12 · ·	<u></u>				(26	,066	(5,955
P	3								ļ	Beginni	ng of Current	Year	End of Year
Net Assets or Fund Ralances	2	0 7	Total assets	(Part X, line	16)						876	641	856,407
ASS	2	1 7	Total liabilitie	s (Part X, lin	e 26) · · ·							,724	362,445
ě.	22	2 1	Net assets o	r fund baland	ces Subtract li	ne 21 from line 20						917	493,962
1Pa				re Block								( )	43373
			<del></del>		examined this retur	n, including accompanying	schedules and s	statements a	nd to the best of my k	nowledge	and belief, it is		
true,	comp	ct, an	d complete Dec	Varation of prep	arer (other li¶an offi	cer) is based on all informa	ation of which pre	eparer has ar	ny knowledge				
	T			$X \setminus X$		$\times_{c}$							Jaclana
Sig:	<u>,</u>		<u> </u>		<u> </u>	- William							1/25/2019
_	`		Signatur	e or office								Date	
Her	е	$\mathcal{H}$	THER	ESA ROBI	NSON, EXE	C DIR							
_			Type or	print name and	title		16						
			Print/Type pre	parer's name		Preparer's signature	1/4		Date		Check	ıf P	ΓIN
Paid	t		JIM ROB	•		June	waln/	′	07-24-2019		self-employe	- 1	P01215787
Pre		er	Firm's name	<b>•</b>	TTM POPE	RTSON CPA	: <u></u>			E	EIN P		
Use	•			. •		_ ,							
-36	. J		Firm's address	5 -	391 LAND					Phone			
			<u>.</u>	<del></del>		nfels TX 7813					83	0-62	25-6073
May	the l	RS 6	niecuse thie i	return with th	ie preparer sho	wn ahove? (see inst	ructions)						▼ Yes □ No

Fòm	n 990 (2018) UNITED WAY OF COMAL COUNTY	74-2640723	Page 2
	irt III. Statement of Program Service Accomplishments		_
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	<u> 🔲</u>
1	Bnefly describe the organization's mission		
	SUPPORT OTHER LOCAL NON-PROFITS		
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	<b>⊠</b> 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?	· · · · L Yes	χ 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		
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs,	
	the total expenses, and revenue, if any, for each program service reported		
			<del></del>
4a	, to the same of t	\$	)
	SUPPORT OTHER LOCAL NON-PROFITS		<del></del>
		<del>-</del>	
45	(Code ) (Company)		
4b	(Code) (Expenses \$ including grants of \$) (Revenue	<b>»</b>	
		<del></del>	
		<del></del>	
		<del></del>	
		<del></del>	
4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue	\$	)
	, (assert, (assert, (assert green))		′
			<del></del>
		1	
		<del></del>	
		<del></del>	<del></del>
		<del></del>	
		<del></del>	<del></del>
4d	Other program services (Describe in Schedule O )	·	
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ► 857,324	- <del></del>	
EEA		For	m <b>990</b> (2018)

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Pa	rt/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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		<del></del>	
Ŭ	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			<u> </u>
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	- <u>-</u> -		
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<u> </u>		<del>                                     </del>
O		Ì		1
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	6		v
-	"Yes," complete Schedule D, Part I	-		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>-</b>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8	ļ	v
	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			1
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40		7.7
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			ĺ
	VII, VIII, IX, or X as applicable			ļ <sup>j</sup>
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			ļ
	complete Schedule D, Part VI	11a	X	<del> </del>
p		44.		1,7
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u> _
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			v
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_		11e		_X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445		· ·
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	3.5	
	Schedule D, Parts XI and XII	12a	X	<del> </del>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	401		.,
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		<u> </u>	<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>x</u> _
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			1
	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	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			٠. '
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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	16		_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)	17	<u> </u>	_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	18		_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	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	21	_X_	
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1 1	Test of Concentration of Medianes Contentration			
22	'Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	<del></del>	<del>                                     </del>	
	organization's current and former officers, directors, trustees, key employees, and highest compensated		ļ	
	employees? If "Yes," complete Schedule J	23		Х
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	1	}	
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	L	Х
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?			1
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or		l	ł
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		_X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			İ
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	L	X_
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			ĺ
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_ X_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	ļ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		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	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		7.7
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36	_	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	20	v	
Pari	19? Note. All Form 990 filers are required to complete Schedule O  I V Statements Regarding Other IRS Filings and Tax Compliance	38	X	L.,
<u>a 1 1</u>	Check if Schedule O contains a response or note to any line in this Part V			
	Official in Confedure O Contains a response of note to any fine in this part V	• • •	Yes	No
1-	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		162	140
1a h	· · · · · · · · · · · · · · · · · · ·			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	reportable gaming (gambling) winnings to prize winners?	I G	X_	L

<u> </u>	to the other regulating out of things and tax compliance (withhood)		Vac	No
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	_	Yes	No
20	Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	[	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
74	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			<del>"</del>
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u>x</u>
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
Ju	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			<u>~~</u> _
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
•	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			<del></del>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		$\frac{x}{x}$
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?			_ <u></u>
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			Ì
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		ł	į
11	Section 501(c)(12) organizations. Enter			ļ
а	Gross income from members or shareholders			i
b	Gross income from other sources (Do not net amounts due or paid to other sources	}	}	į
	against amounts due or received from them )			
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			7
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O	J		
b	Enter the amount of reserves the organization is required to maintain by the states in which			1
	the organization is licensed to issue qualified health plans		1	}
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year	15		X
	If "Yes," see instructions and file Form 4720, Schedule N	. 1		لت
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O		- 1	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes 1a Enter the number of voting members of the governing body at the end of the tax year 25 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 1b Enter the number of voting members included in line 1a, above, who are independent 25 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 2 any other officer, director, trustee, or key employee? Х Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Х 6 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b stockholders, or persons other than the governing body? Х 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х b Each committee with authority to act on behalf of the governing body? 86 Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No Did the organization have local chapters, branches, or affiliates? 10a 10a b If "Yes." did the organization have written policies and procedures governing the activities of such chapters. 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 Х 13 14 Did the organization have a written document retention and destruction policy? X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Х 15b Х **b** Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 20 State the name, address, and telephone number of the person who possesses the organization's books and records TERRY ROBINSON (830)237-2598, PO BOX 310614, New Braunfels, TX 78131

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UNITED WAY OF COMAL COUNTY

74-2640723

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1) VERONICIA PAYNE DIR	2.00	х						0	0	0	
(2) LEIGH GRIMM	2.00					T					
DIR		Х						o	о	0	
(3) MARK LEITA	2.00										
DIR		Х						0	0	0	
(4) JAMIE EZELL	2.00							•			
DIR		X							0	00	
(5) KRISTI ADAY	2.00	] ]									
DIR	·	Х				ļ		0	0	0	
(6) SANDY NOLTE	2.00	x		ļ				0	0	0	
(7) CHRIS SNIDER	2.00										
CAMPAIGN CHAIR		Х						0		0	
(8) BOBBIE KOEPP	2.00										
DIR		Х						0	0	0	
(9) GREGORY THOMAS	2.00										
DIR		X						0	0	0	
(10)NINA_EASTMAN_	2.00		1								
DIR		Х						0	0	0	
(11)DAVID COMPTON	2.00										
<u>DIR</u>		X				ļ		0	0	0	
(12)MARTIE SIMPSON	2 _00_	, l						_		_	
DIR		Х					.	0	0	0	
(13)ROBERT SANDERS DIR	2.00	Х						0	0	. 15 <sub>0</sub>	
(14)SHERRY MOSIER	2.00									Ų Š	
DIR		X						0	0	<u>ở</u>	

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INITHEN	TATA W	OF	COMBI	COUNTY	
UNITED	WAY	OF.	COMAL	COUNTI	

Form 990 (20)					74-2640723	1 age
Part VIII	Compensation of Officers,	Directors, Trustees,	Key Employees,	Highest Comp	ensated Employee	s, and
	Independent Contractors					
•	Check if Schedule O contains a response	onse or note to any line in thi	s Part VII			[

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- · List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for	officer and a director/krustee)						(D) Reportable compensation from the	(E) Reportable compensation from related oppanizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) DR JIM ANTENEN	2.00	х					-	0	0	0
(2) PAUL KRAFT	2.00									
DIR		x						۰ 0	o	۰ ا
(3) DONNA ECCLESTON	2.00									
DIR	- F	x				] ]		0	o	o
(4) RENE GARCIA	4.00									
TREASURER				Х				0	00	00
(5) JAMES COHN	2.00_	]				, ,				
IMMEDIATE PAST PRES				X				0	0	00
(6) TILLMAN ROOTS	2.00					i	' <b> </b>			l
COMPLIANCE_CHAIR				Х				0	0	00
(7) MICHELLE MILLER	2 .00_						1		'	
ALLOCATIONS CHAIR			_	Х				0	0	00
(8) DANI_FUSELIER	4.00_						j			
PRES ELECT				X			$\dashv$	0	0	0
(9) JAMES COHN	2.00					<b> </b>	1			i
IMMEDIATE PAST PRESIDENT	<del> </del>			Х				0	0	0_
(10)MIKE DUSSERE	4.00			,		,		_	_	_
PRESIDENT				X			$\dashv$	0	0	0_
(11) JOYCE YANNUZZI	,	]		X		} ]	}			
CO-CAMPAIGN CHAIR				-				0	0	0_
(12)THERESA ROBINSONEXEC DIR			- 1		Х		ł	65,180	0	0
	·			-+			$\dashv$	65,180		
(13)	- <del> </del> -									<u></u> ភូ
(14)								"		Ų.
									<del></del>	Form 000 (2019)

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•	(A) Name and title	(B)  Average hours per week (list any	box, ı	ınless	perso	re tha	an one ooth an rustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)								-	<u></u>		
<u>(</u> 16)									<del>-</del>		
(17)								-			
(18)								!			
(19)											
[20)											
(21)											
22)											
23)											
24)											
25)											
с То	ub-total	1 A		• •				•	65,180	0	0
2 To	otal number of individuals (including but not limited to									0	
er	id the organization list any <b>former</b> officer, director, o mployee on line 1a? If "Yes," complete Schedule J foor any individual listed on line 1a, is the sum of repo	or such individ	lual			٠.,		• • •			Yes No
<i>in</i> . <b>5</b> Di	rganization and related organizations greater than \$1 dividual	 mpensation fi	· · · rom an	y un	 relat	 ed o	 rganız	atıor			4 X
Section	B. Independent Contractors omplete this table for your five highest compensated							1 mo	re than \$100 000 o	of .	
cc	ompensation from the organization Report compensar										
	(A) Name and business address								(B) Description of s	ervices	(C) Compensation
_			= 4,								
								_			
<b>2</b> To	otal number of independent contractors (including bi	ut not limited	to thos	e lisi	ted a	bov	e) who				

		Check if Schedule O contains a response of	r note to any line in this	Part VIII	<u> </u>	<u>.</u> <u>.</u>	<u>. [</u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
(0.40	1a	Federated campaigns	1a			<u> </u>	
Contributions, Gifts, Grants and Other Similar Amounts	b		1b	1			
	c	· —	1c	1 1			1
ξĒ	d		1d	<del> </del>			
ַהַּ	e		1e	- <u> </u>	J		,
Sir	_ ا		10	-1			
iber Fer	f	All other contributions, gifts, grants,	15 040 055	.			
Ęŏ	ļ		1f 940,065	-	j		
Sor	g		·	242 255			
	n	Total. Add lines 1a-1f		940,065		<del></del>	
ě			Business Code				
ven	2a						
æ	b			<del></del>			
Aic e	C			<del> </del>			
Ser	d						
튽	е		_				
Program Service Revenue	f	All other program service revenue	· · [				
<u> </u>	g	Total. Add lines 2a-2f	<b>.</b>				
	3	Investment income (including dividends, interes	st,				
		and other similar amounts)		2,719	2,719		
	4	Income from investment of tax-exempt bond pr	oceeds · · · ▶				
	5	Royalties					
		(ı) Real	(ii) Personal				
	6a	Gross rents		1			Ì
	l	Less rental expenses · · · ·		1			
		Rental income or (loss)	<del>-</del>	1			
		Net rental income or (loss)			·		
							<del> </del>
	7a	Gross amount from sales of (i) Secunties	(II) Other	-			
		assets other than inventory		-			]
	b	Less cost or other basis and sales expenses					Į
	_	' <del></del>		-			
	J	Gain or (loss)					<del> </del>
ø.		Net gain or (loss)	· · <u>· · · · · · · · · · · · · · · · · </u>	<del>  : </del>			
nue	Ва	Gross income from fundraising					
š	ł	events (not including \$	}	1	}		}
Other Revel		of contributions reported on line 1c)					
亨		See Part IV, line 18 · · · · · · · · · · · · · · · · · ·		]			
ŏ	b	Less direct expenses	ь				
	С	Net income or (loss) from fundraising events	. <u> </u>				
	9a	Gross income from gaming activities		1			]
		See Part IV, line 19	а				
	b	Less direct expenses	b	]			į
	c	Net income or (loss) from gaming activities					
	1	Gross sales of inventory, less					-
		returns and allowances	а				
	ь	Less cost of goods sold		1 1			
	l .	Net income or (loss) from sales of inventory					
	Ī	Miscellaneous Revenue	Business Code	<del> </del>			
	11a						
	ь						
	c		-	<del>   </del>			
		All other revenue	. —	<del>                                     </del>		<del></del>	<del>                                     </del>
			·	<del>                                     </del>			
	İ			040 704			
	14	Total revenue. See instructions		942,784	2,719	0	1 0

# Form 990 (2018) UNITED WAY OF COMAL COUNTY 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 a	iny line in this Part IX			· · · · · <u>· ·</u> · · · [
Do	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b,	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	-	_		
	and domestic governments See Part IV, line 21	720,200	720,200		
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				31.3
5	Compensation of current officers, directors,				
	trustees, and key employees	65,180	39,108	6,518	19,554
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	67,585	28,318	27,394	11,873
8	Pension plan accruals and contributions (include	0.7000	20/020		
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	7,464	3,807	1,866	1,791
11	Fees for services (non-employees)	7,404	3,007	1,800	1,191
	Management · · · · · · · · · · · · · · · · · · ·				
b	Legal				
_	Accounting	5,800		5,800	
ų	Lobbying	3,800		3,800	<del></del>
_	Professional fundraising services See Part IV, line 17				<u> </u>
f	Investment management fees				
'	Other (If line 11g amount exceeds 10% of line 25, column		<del></del>		
g	(A) amount, list line 11g expenses on Schedule O)	00.000	10.007	1 000	
12		20,229	19,227	1,002	
13	Advertising and promotion	1 460	746	255	
	Office expenses	1,463	746	366	351
14	Information technology	2,813	1,435	703	675
15	Royalties				
16	Occupancy	9,664	4,929	2,416	2,319
17	Travel	2,206	1,125	552	529
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest · · · · · · · · · · · · · · · · · · ·				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,905	1,482	726	697
24	Other expenses Itemize expenses not covered	1			
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	DUES AND SUBSCRIPTIONS	8,394	4,281	2,099	2,014
þ	PROGRAM	11,104	11,104		
С	CAMPAIGN	21,562	21,562		
d	INVESTMENT FEES	2,170		2,170	
е	All other expenses				
25_	Total functional expenses. Add lines 1 through 24e .	948,739	857,324	51,612	39,803
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here		}		
	following SOP 98-2 (ASC 958-720)				
	<del></del>				Farm 000 (2019)

Form 990 (2018) UNITED WAY OF COMAL COUNTY
Part X Balance Sheet 74-2640723

•		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
	-		Beginning of year		End of year
	1	Cash - non-interest-bearing	248,531	1	208,352
	2	Savings and temporary cash investments	451,722	2	417,482
	3	Pledges and grants receivable, net	176,388	3	230,573
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
	}	trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L		5	<del></del>
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoning organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges	<del></del>	9	
· •	10a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a 14,629			
	b	Less accumulated depreciation · · · · · · · · · · 10b 14,629	·	10c	<del></del>
	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	Total assets. Add lines 1 through 15 (must equal line 34)	876,641	16	856,407
	17	Accounts payable and accrued expenses	673	17	1,255
	18	Grants payable	376,051	18	361,190
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors,			<b>2.</b>
iji		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	<u> </u>
	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 · · · · · · · · · · · · · · · · · ·		25	
	26	Total liabilities. Add lines 17 through 25	376,724	26	362,445
<b>"</b>		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and		}	
če		complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	499,917	27	493,962
Ba	28	Temporanly restricted net assets	•	28	
Ē	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here			
စ္က		complete lines 30 through 34.	<u> </u>		
se	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund	·	31	
Z	32	Retained earnings, endowment, accumulated income, or other funds	422 22-	32	
	33 34	Total net assets or fund balances	499,917 876,641	33	493,962
	.344	- condensationnes and their assers/1000 Databones	×76 641	.74	Wh6 7117

3a

3b

Form 990 (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Schedule O

**EEA** 

the Single Audit Act and OMB Circular A-133?

#### **SCHEDULE A**

## **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047 Open to Public

🖆 🎚 Inspection

2018

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990 or 990-EZ)

Employer identification number

		WAY OF COMAL COUNTY					74-26407	
Pa	rt I	Reason for Public Charit	y Status (All or	ganizations must o	omplete	this part	:) See instruction	าร
The	orgar	nization is not a private foundation beca	use it is (For lines	1 through 12, check only	one box )			
1		A church, convention of churches, or a	ssociation of church	nes described in <b>section</b> :	170(b)(1)( <i>A</i>	A)(1).		1-1
2		A school described in section 170(b)(	1)(A)(ii). (Attach Sc	hedule E (Form 990 or 99	90-EZ))			1) /
3		A hospital or a cooperative hospital ser	rvice organization de	escribed in section 170(b	)(1)(A)(iii).			0 1
4		A medical research organization opera	ited in conjunction w	vith a hospital described in	section 1	70(b)(1)(A	)(in). Enter the	
		hospital's name, city, and state						
5		An organization operated for the bene	fit of a college or un	niversity owned or operate	ed by a gov	ernmental	unit described in	
		section 170(b)(1)(A)(iv). (Complete P	art II )					
6		A federal, state, or local government of	r governmental unit	described in section 170	(b)(1)(A)(v	<b>)</b> .		
7	X	An organization that normally receives	a substantial part o	of its support from a gove	rnmental u	nit or from	the general public	
	_	described in section $170(b)(1)(A)(vi)$ .	(Complete Part II)					
8		A community trust described in section	n 170(b)(1)(A)(vi). (	Complete Part II)				
9		An agnicultural research organization d	escribed in <b>section</b>	170(b)(1)(A)(ix) operate	d ın conjun	ction with a	land-grant college	
		or university or a non-land-grant colleg	ge of agriculture (se	e instructions) Enter the	name, city	and state	of the college or	
	_	university						· · · · · · · · · · · · · · · · · · ·
10	$\sqcup$	An organization that normally receives	(1) more than 33	1/3% of its support from (	contribution	ıs, membei	rship fees, and gross	
		receipts from activities related to its ex	empt functions - su	bject to certain exception	is, and (2)	no more th	an 33 1/3% of its	
		support from gross investment income	and unrelated bus	iness taxable income (les	ss section 5	511 tax) fro	m businesses	
	_	acquired by the organization after June		* * * * * * * * * * * * * * * * * * * *				
11	닏	An organization organized and operate	·-	•	•			
12	Ш	An organization organized and operate	•					
		of one or more publicly supported orga						
		Check the box in lines 12a through 12				•		2g
	а	Type I. A supporting organization of	•					
		the supported organization(s) the			of the dire	ctors or tru	istees of the	
		supporting organization You mus	•					
	b	Type II. A supporting organization	•			-		
		control or management of the sup		•	sons that co	ontrol or ma	anage the supported	
		organization(s) You must comple		_		- 4 6 4.		
	С	Type III functionally integrated.		,			ally integrated with,	
	_	its supported organization(s) (see		=			acted argonization(a)	
	d	Type III non-functionally integra	· · · · · ·	-				
		that is not functionally integrated	-	*			and an altentiveness	
	_	requirement (see instructions) You Check this box if the organization	•	•	•		ne II. Tyne III	
	е	functionally integrated, or Type III				i type i, ty	pe II, Type III	
	f	Enter the number of supported organiz	-	· · · · · · · · · · · · · · · ·				
	g	Provide the following information about						<u> </u>
		Name of supported organization	(ii) EIN	(III) Type of organization	(iv) is the o	rganization	(v) Amount of monetary	(vi) Amount of
	(,,		<b>(,</b> =	(described on lines 1-10	listed in you	ir governing	support (see	other support (see
				above (see instructions))	docum	ent?	instructions)	instructions)
					Yes	No	1	
(A)								<u> </u>
(B)					1			
			- ·		<u> </u>			
C)				· 				
D)								
E)								

Total

Schedule A (Form 990 or 990-EZ) 2018 UNITED WAY OF COMAL COUNTY 74-2640723

[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 )

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	768,281	876,626	873,376	949,841	940,065	4,408,189
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3 · · · · · ·	768,281	876,626	873,376	949,841	940,065	4,408,189
5	The portion of total contributions by						
	each person (other than a		i				
	governmental unit or publicly						
	supported organization) included on			İ			
	line 1 that exceeds 2% of the amount	[				ĺ	
	shown on line 11, column (f)						110,615
6	Public support. Subtract line 5 from line 4 · ·	L	1			I	4,297,574
-	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016_	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4 · · · · · · · · · · · · · · · · · ·	768,281	.876,626	873,376	949,841	940,065	4,408,189
0	payments received on securities loans, rents, royalties and income from similar sources	1,178	553	461	1,778	2,719	6,689
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)					i	
11	Total support. Add lines 7 through 10					1	4,414,878
12	Gross receipts from related activities, etc. (se	ee instructions)				12	
13	First five years. If the Form 990 is for the org organization, check this box and stop here		<u> </u>			<u> </u>	▶□
	tion C. Computation of Public Su	<del></del>	<del></del>				
14	Public support percentage for 2018 (line 6, co						97.34 %
15	Public support percentage from 2017 Schedu						98.22 %
16a	33 1/3% support test - 2018. If the organizat						
	box and stop here. The organization qualifies						▶ 🗓
b	33 1/3% support test - 2017. If the organizat						
4	this box and stop here. The organization qua	• •					▶ ⊔
17a	10%-facts-and-circumstances test - 2018.	•					
	10% or more, and if the organization meets the			•			
	Part VI how the organization meets the "facts						<b>,</b> _
	organization						· · · • 🗀
b	10%-facts-and-circumstances test - 2017.	•					
	15 is 10% or more, and if the organization me						
	Explain in Part VI how the organization meets			-			▶ □
18	supported organization						🗀
10	instructions						▶ □
	mondona					<u> </u>	

Schedule A (Form 990 or 990-EZ) 2018 UNITED WAY OF COMAL COUNTY

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

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

Se	ction A. Public Support						/
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not not uclude any "unusual grants")		}		<u> </u>		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						/
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		!				i:
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5 · · · · · · ·		ļ				
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons · · · · ·			<u> </u>			
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 · ·						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						
Se	ction B. Total Support				·	<u>'</u>	
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015 X	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6 · · · · · · · · · · · · · · · · · ·			<b>\</b>			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b · · · · · · · · · · ·			\			
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					,	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12) · · · · · · · · · · · · · · · · · · ·						
	First five years. If the Form 990 is for the organization, check this box and stop here	<u> </u>					▶ 🗍
Sec	ction C. Computation of Public Su	<del></del>					
15	Public support percentage for 2018 (line 8, co					15	<u>%</u>
16	Public support percentage from 2017 Schedul			· · · · · · · · · · · · · · · · · · ·	<u> </u>	16	%
	ction D. Computation of Investme					47	
17 18	Investment income percentage for 2018 (line 1 Investment income percentage from 2017 Sch		-			17	<u>%</u>
						L	70
	33 1/3% support tests - 2018. If the organizat 17 is not more than 33 1/3%, check this box ar	nd <b>stop here</b> . The o	organization qualifies	s as a publicly supp	orted organization		
b	33 1/3% support tests - 2017. If the organizat line 18 is not more than 33 1/3%, check this bo	x and stop here. T	he organization qua	lifies as a publicly s	upported organizati		/• 📮
20_	Private foundation. If the organization did not	check a box on line	e 14, 19a, or 19b, ch	neck this box and se	e instructions		· · · · · • \ \ \ \ \ \ \ \ \ \ \ \ \ \

74-2640723

#### **Supporting Organizations**

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

Section A. All Supporting Organization
--

Sect	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation If historic and continuing relationship, explain	1		<u> </u>
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		<u> </u>
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		<u> </u>
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			$\lfloor - \rfloor$
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			<u> </u> _
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"		-	
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			1
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action;			
	(III) the authority under the organization's organizing document authorizing such action, and (IV) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	_5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to		_	
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			1
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		<u> </u>
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a			j	
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b>	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI	9b		<u> </u>
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			لــــا
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	1	1	1
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a		<del></del>
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings )

Pa	rt V · Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1	Check here if the organization satisfied the Integral Part Test as a qualifying to			
	instructions. All other Type III non-functionally integrated supporting organization	ations	must complete Section	
Sec	tion 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			
co	llection of gross income or for management, conservation, or			
	aintenance of property held for production of income (see instructions)	6	,	
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
ins	structions for short tax year or assets held for part of year)			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other	7-		
fa	ctors (explain in detail in Part VI)			ı
$\overline{}$	Acquisition indebtedness applicable to non-exempt-use assets	2		-
	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	$\top$		
se	e instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	<del>-</del>	
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	Water	
2	<del></del>	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		<del>                                     </del>
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	ergency temporary reduction (see instructions)	6		1
7	Check here if the current year is the organization's first as a non-functionally instructions)	ıntegr	ated Type III supporting	organization (see
			Sahad	ule A /Form 990 or 990-F7) 2018

	ule A (Form 990 or 990-EZ) 2018 UNITED WAY OF COMAL COUN	TY	74-26	40723 Page
Pa	rt:V: Type III Non-Functionally Integrated 509(a)(3	s) Supporting Organia	ations (continuea)	
Sec	ction D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purpose	es of supported organizat	ions	
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI) See instructions			L
7	Total annual distributions. Add lines 1 through 6		<del>,</del>	<u></u>
8	Distributions to attentive supported organizations to which the	e organization is respons	ive	1
	(provide details in Part VI). See instructions			
9				<u> </u>
10	Line 8 amount divided by Line 9 amount	<del>,</del>		
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
	Distributable amount for 2018 from Section C, line 6	<u> </u>		
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI) See	!		
	instructions	-		) 
	Excess distributions carryover, if any, to 2018			! 
	From 2013	<del>_</del>		<del></del>
	From 2014	<u> </u>		~ <del></del>
	From 2015			
	From 2016	\		
	From 2017	1		
	Total of lines 3a through e			L
	Applied to underdistributions of prior years	<del></del>		
	Applied to 2018 distributable amount	ļ <u></u>		
_ <u>i</u> _	Carryover from 2013 not applied (see instructions)			
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from			
	Section D, line 7 \$			
	Applied to underdistributions of prior years	ļ		
	Applied to 2018 distributable amount	<u> </u>		
	Remainder Subtract lines 4a and 4b from 4			·
5	Remaining underdistributions for years prior to 2018, if			
	any Subtract lines 3g and 4a from line 2. For result	<b>(</b>		
	greater than zero, explain in Part VI See instructions	<u> </u>		'_ <del></del>
6	Remaining underdistributions for 2018 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions	<del> </del>		
7	Excess distributions carryover to 2019. Add lines 3j	{		
	and 4c	<u> </u>	: 	<del> </del>
_8_		<del> </del>		
	Excess from 2014	1		<del></del>
	Excess from 2015	<del> </del>		
С	Excess from 2016 · · · ·	)		

d Excess from 2017

e Excess from 2018

. . . .

. . . .

## SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

**Supplemental Financial Statements** 

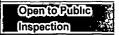
► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047

2018



Name	of the organization	Employer identification number
UN	TED WAY OF COMAL COUNTY	74-2640723
[ <b>P</b> a	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts	i.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	
Pa	Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or education)  Preservation of a historically in	nportant land area
	Protection of natural habitat Preservation of a certified hist	
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	vation
	easement on the last day of the tax year	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
_	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	
	tax year	5.7 <b>5.3</b>
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
•	violations, and enforcement of the conservation easements it holds?	· · · · · · · · · · · · · · · · Yes · · No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation ea	
•	• Total total test float of devotes to morntoning, inspecting, nariating of violations, and emorally contest values of	Somethis during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easem	ents during the year
•	► \$	onto daning 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)? $\cdots \cdots	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement	
J	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that des	
	organization's accounting for conservation easements	
[Pai	tilli Organizations Maintaining Collections of Art, Historical Treasures, or Other	er Similar Assets.
[1,1,	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and ba	lance sheet
ıa	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furthe	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	Tance of
		o sheet
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furthe	rance or
	public service, provide the following amounts relating to these items	<b>.</b>
	(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, provided the organization received or held works of art, historical treasures, or other similar assets for financial gain, provided the organization received or held works of art, historical treasures, or other similar assets for financial gain, provided the organization received or held works of art, historical treasures, or other similar assets for financial gain, provided the organization received or held works of art, historical treasures, or other similar assets for financial gain, provided the organization received or held works of art, historical treasures, or other similar assets for financial gain, provided the organization of the o	vide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	<u>····▶</u> \$

Sched	ule D (Form 990) 2018 UNITED WAY OF	COMA	L COUNTY					74-26		Page 2
<b>!P</b> a	rtilli. Organizations Maintaining	Colle	ctions of A	t, Histo	rical Tre	easures, c	or Othe	er Similar As	sets (contil	nued)
3	Using the organization's acquisition, accession,	and ot	her records, che	eck any of	the following	ng that are a	sıgnıficaı	nt use of its		
	collection items (check all that apply)									
а	Public exhibition		d 🗌 Loai	n or excha	nge progra	ms				
b	Scholarly research		e 🗌 Othe	er						
c	Preservation for future generations									-
4	Provide a description of the organization's collection	ctions a	and explain how	they furth	er the orga	nızatıon's ex	empt pur	pose in Part		
	XIII									
5	During the year, did the organization solicit or re	ceive o	donations of art,	historical	treasures,	or other simil	ar			
	assets to be sold to raise funds rather than to be	maint	ained as part of	the organ	ization's co	illection?			🗌 Ye	s 🗌 No
<b>Pa</b>	rtilV Escrow and Custodial Arran									
	Complete if the organization a	nswe	red "Yes" or	Form 9	90, Parl	t IV, line 9	, or rep	orted an amo	ount on For	m
	990, Part X, line 21									
1a	Is the organization an agent, trustee, custodian									
	ıncluded on Form 990, Part X?								📋 Ye	s 🗌 No
b	If "Yes," explain the arrangement in Part XIII and	l comp	lete the followin	g table						
								P	Amount	
C	Beginning balance						( '	;		
d	Additions during the year						10	1		
е										
f	Ending balance						· · 1f	<del></del>		
2a	Did the organization include an amount on Form	990, F	Part X, line 21, f	or escrow	or custodia	al account lia	bility?		🗌 Ye	s 🗌 No
_ b	<u> </u>	eck he	ere if the explana	ation has b	een provid	ed on Part X	111	<u> </u>	· · · · · · ·	<u></u>
[Pai	tiV/ Endowment Funds.									
	Complete if the organization a	nswe	red "Yes" or	Form 9	90, Parl	IV, line 1	D	<del></del>		
		(a)	Current year	(b) Pri	or year_	(c) Two year	s back	(d) Three years bad	k (e) Foury	ears back
1a	Beginning of year balance									
b	Contributions	Ĺ								
C	Net investment earnings, gains, and	)						1	]	
	losses · · · · · · · · · · · · · · · · · ·		<u></u>					<del> </del>		
d	Grants or scholarships									
е	Other expenditures for facilities and	}								
	programs	<u> </u>								
f	Administrative expenses	<u></u>								
9	End of year balance					L		L		
2	Provide the estimated percentage of the current	-	•	1g, colun	nn (a)) held	as				
а	Board designated or quasi-endowment		%							
þ	Permanent endowment > %						,			
¢	Temporanly restricted endowment		%						•	
	The percentages on lines 2a, 2b, and 2c should									
3a	Are there endowment funds not in the possession	n of th	e organization t	hat are he	d and adm	inistered for	the		<u></u>	
	organization by									Yes No
	(i) unrelated organizations · · · · · · · ·				• • • • •	• • • • •			· · 3a(i)	
	(ii) related organizations	• • •		· · · · ·					· · 3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization		•		:R? • •				· · 3b	
4	Describe in Part XIII the intended uses of the org		on's endowmer	nt funds						
Rai	Land, Buildings, and Equipm		d 113/11		00 D-4	157 lma 44	10 000	,	)	40
	Complete if the organization a	nswe	red tes or	Forms			la See	e Form 990, F	art A, line	10
	Description of property		(a) Cost or othe		1	r other basis other)	d	Accumulated epreciation	(d) Book	value
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment					14,629		14,629		
_ e_	Other								_	
Total	Add lines 1a through 1e (Column (d) must equa	l Form	990, Part X, col	umn (B), li	ne 10c)					
EEA									Schedule D (For	m 990) 2018

74-2640723

(a) Description of searcy or chaptery (producting many or survivolation (post or survivolation) (post	Part VII	Investments - Other Securities.  Complete if the organization answere	d "Yes" on Form 990. Par	t IV, line 11b See Form 990, Part X, line 1	2
(1) Financial derivatives (2) Closely Held equily interests (3) Other (A) (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	•	(a) Description of security or category		(c) Method of valuation	
(2)   Closely-held equally interests   (A)   (B)   (B)   (C)   (	(1) Einangial d			Cost of Gra-Grycus market value	
(3) Other (A) (B) (B) (C) (C) (C) (D) (E) (F) (G) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G					
(A) (B) (C) (C) (D) (E) (F) (G) (G) (H) (Total (Column (a) must equal form 990, Part X, cot (B) ine 12) (A) Description (B) Edek value (B) Edek value (B) Edek value (C) Interior of variations of variations and a value of the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13 (a) Description of invariants and value of the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13 (b) Edek value (c) Interior of variations of variations and value of the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 (a) Description (b) Description (c) Description (d) Desc		id equity interests			
(3)   (6)   (7)   (8)   (9)   (9)   (1)	-				
C)   C)   C  C  C  C  C  C  C  C  C  C  C  C  C				- 1 1 - 1	_
(E) (E) (F) (G) (G) (H)  Total (Column (b) must equal Form 990, Part X, col (B) Ine 15)  (a) Description of investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13  (a) Description of investment (b) Book value (c) Membra of valuation Coart or ord of year instead value (c) Coart or ord					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 13   Column (b) must equal Form 990, Part X, col (8) line 12)   Part XII   Column (b) must equal Form 990, Part X, col (8) line 13   Column (b) must equal Form 990, Part X, col (8) line 13   Column (b) must equal Form 990, Part X, col (8) line 13   Column (b) must equal Form 990, Part X, col (8) line 15   Column (b) must equal Form 990, Part X, col (8) line 15   Column (b) must equal Form 990, Part X, col (8) line 15   Column (b) must equal Form 990, Part X, col (8) line 15   Column (b) must equal Form 990, Part X, col (8) line 15   Column (b) must equal Form 990, Part X, col (8) line 15   Column (b) must equal Form 990, Part X, col (8) line 15   Column (b) must equal Form 990, Part X, col (8) line 15   Column (b) must equal Form 990, Part X, col (8) line 15   Column (b) must equal Form 990, Part X, col (8) line 15   Column (b) must equal Form 990, Part X, col (8) line 15   Column (b) must equal Form 990, Part X, col (8) line 15   Column (b) must equal Form 990, Part X, col (8) line 15   Column (b) must equal Form 990, Part X, col (8) line 15   Column (b) must equal Form 990, Part X, col (8) line 15   Column (b) must equal Form 990, Part X, col (8) line 15   Column (b) must equal Form 990, Part X, col (8) line 15   Column (b) must equal Form 990, Part X, col (8) line 15   Column (b) must equal Form 990, Part X, col (8) line 15   Column (b) must equal Form 990, Part X, col (8) line 25   Part X   Column (b) must equal Form 990, Part X, col (8) line 25   Part X   Column (b) must equal Form 990, Part X, col (8) line 25   Part X   Column (b) must equal Form 990, Part X, col (8) line 25   Part X   Column (b) must equal Form 990, Part X, col (8) line 25   Part X   Part X   Column (b) must equal Form 990, Part X, col (8) line 25   Part X					
(G) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C					
Column (b) must equal Form 990, Part X, cot (B) line 12)   Part XIII   Investments - Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13   (a) Description of Investment   (b) Book value   Cost or and city-year market value   Cost or and city   Cost or and city-year market value   Cost or and city-year market value   Cost or and city-year market value   Cost or and city   Cost or and city-year market value   Cost o			-		
Total (Column (b) most acqual Form 990, Part X cot (8) time 12)   Part VIII   Investments - Program Related.					
Total (Column (b) must equal Form 990, Part X, col (b) line 15)   Part XIII   Investments - Program Related.					
Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13		must equal Form 990, Part X, ∞( (B) line 12 )			
(a) Description of investment (b) Book value (c) Method of valuation Cost or and of year makent value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (b) line 13)  (a) Obscription (b) must equal Form 990, Part X, col (b) line 15)  (a) Description (b) must equal Form 990, Part X, col (b) line 15)  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  (a) Obscription (b) must equal Form 990, Part X, col (b) line 15)  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value (f) Federal income laxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (9)		Investments - Program Related.			
(1) (2) (3) (4) (5) (6) (7) (8) (9)    Tratal (Column (b) must equal Form 990, Part X, col (b) line 15)   Part X   Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 15 (6) (6) (7) (8) (9)    Tratal (Column (b) must equal Form 990, Part X, col (b) line 15)   Part X   Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) Federal income taxes		Complete if the organization answere	d "Yes" on Form 990, Par	rt IV, line 11c. See Form 990, Part X, line 1	3
(3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, cot (B) line 13) (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, cot (B) line 15)  Part X  Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, cot (B) line 15)  Part X  In (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9		(a) Description of investment	(b) Book value	• •	
(3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, cot (B) line 13) (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, cot (B) line 15)  Part X  Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, cot (B) line 15)  Part X  In (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(1)				
(4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Pert X, col (B) line 13)  (a) Description  (b) Book value  (1) (2) (3) (4) (5) (6) (7) Total (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X  Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1. (a) Description Form 990, Part X, col (B) line 15)  Part X  Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value  (1) Federal income laxes  (2) (3) (4) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 25)  Form (9) Part X					
(5) (6) (7) (8) (9) Cotal (Column (b) must equal Form 990, Part X, col (B) line 13)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15  (a) Description  (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (9) (7) (8) (9) (7) (9) (7) (8) (9) (7) (8) (9) (9) (7) (8) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (7) (8) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (7) (8) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (1) (2) (2) (2) (3) (4) (4) (5) (5) (6) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8	(3)				
(6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X cot (B) line 13)  (a) Description  (b) Book value  (c) (d) (d) (e) (f) (f) (g) (g) Total. (Column (b) must equal Form 990, Part X, cot (B) line 15)  Part XX  Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15  (b) Book value  (c) (f) (g) (g) Total. (Column (b) must equal Form 990, Part X, cot (B) line 15)  Part XX  Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value  (f) Federal income taxes  (g) (g) (g) (g) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h	(4)				
(7) (8) (9) Total (Column (b) must equal Form \$90, Part x, cor (8) line 13)  Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part x, col (B) line 15)  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part x, col (B) line 25)  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part x, col (B) line 25)  Part X (b) Book value	(5)				
(8) (9)  Part IX  Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15  (a) Description  (b) Block value  (1) (2) (3) (4) (5) (6) (7)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X  Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1. (a) Description of liability (b) Block value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  Part X  In (a) Description of liability (b) Block value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 25)	(6)				
(9) Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶    Part IX   Other Assets.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15	(7)				
Total (Column (b) must equal Form 990, Part X, col (8) line 13)    Part IX	(8)				
Part IX	(9)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X  Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1. (a) Description of hability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total (Column (b) must equal Form 990, Part X, col (B) line 25)		made equal to the ede, i difficulty con (e) mile i e)			
(a) Description (b) Book value  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	Part IX		1 111	ANARA 44 A. Car Farm 000 Dark V. Iron 4	
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(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X   Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total (Column (b) must equal Form 990, Part X, col (B) line 25)			Description	(b) Book valu	e
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 25)					
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Part X Other Liabilities. Complete If the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 25)  ▶		(h) must squal Form 000 Part V sol (P) line 15)			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 25)					
1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total (Column (b) must equal Form 990, Part X, col (B) line 25)	TaitX	Complete if the organization answere	d "Yes" on Form 990, Pa	rt IV, line 11e or 11f See Form 990, Part X	· ·1
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 25)	1		/h\ Rook value		
(2) (3) (4) (5) (6) (7) (8) (9)  Total (Column (b) must equal Form 990, Part X, col (B) line 25)	-		(b) Book value	<del>-</del>	
(3) (4) (5) (6) (7) (8) (9)  Total (Column (b) must equal Form 990, Part X, col (B) line 25)		leome taxes		-  ·	
(4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 25)				<b>-</b>  "	
(5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 25)		<del></del>		<b>-</b>	
(6) (7) (8) (9)  Total (Column (b) must equal Form 990, Part X, col (B) line 25)	-			-	
(7) (8) (9)  Total (Column (b) must equal Form 990, Part X, col (B) line 25)			1	-	
(8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 25)	-			†	
(9) Total (Column (b) must equal Form 990, Part X, col (B) line 25)				†	
Total (Column (b) must equal Form 990, Part X, col (B) line 25 )				-	
Total (Column la) most equal term coo, term, cor (a) most coy		must equal Form 990. Part V col. (R) line 25.)		1	
		most equal to all see, t all st, ear (b) and be y	of the footnote to the organization	n's financial statements that reports the	

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

<u> P</u> a	Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Return.	
1	Total revenue, gains, and other support per audited financial statements	1	942,784
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII )	-{	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	942,784
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		342,704
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII )	-[]	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	942,784
	tXIII Reconciliation of Expenses per Audited Financial Statements With Expenses	1 - 1	342,104
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements	1	948,739
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
þ	Pnor year adjustments	_	
C	Other losses		
d	Other (Describe in Part XIII )		
9	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	948,739
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII )	ļ.	
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	948,739
Par	t}XIII Supplemental Information.		
	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information		
		<del></del>	
_			
		<del></del>	
		<del></del>	<del>.                                      </del>
		- <del></del> -	

74-2640723

Page 4

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

EEA

UNITED WAY OF COMAL COUNTY

# SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

Attach to Form 990.

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

Openito/Public Inspection 2018 Employer identification number

OMB No 1545-0047

					•	74-2640723	
Rartil General Information on Grants and Assistance	nts and Assis	tance					
1 Does the organization maintain records to substantiate the amount of the gran	tantiate the amour	nt of the grants or assista	ts or assistance, the grantees' eligibility for the grants or assistance, and	ulity for the grants or as	sistance, and		
the selection critena used to award the grants or assistance?					:		. Tyes XINo
힑	es for monitoring th	e use of grant funds in the	he United States				
Rartills   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	Domestic Orgithat received mo	anizations and Dom	i and Domestic Governments. Complete if the organization .000 Part II can be duplicated if additional space is needed	<ul> <li>Complete if the org if additional space if</li> </ul>	janization answered "Y s needed	'es" on Form 990,	
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or government		(if applicable)	grant	cash assistance	other)	noncash assistance	or assistance
(1) ACACIA MEDICAL MISS							
						_	HELP FUND NON
New Braunfels, TX 78130			34,850		BOOK		PROFITS
(2) ANY BABY CAN VAR							HELP FUND NON
New Braunfels, TX 78130			26,000		BOOK		TS
(3)BIG BRITHERS BIG SISTERS VAR		-					HELP FUND NON
New Braunfels, TX 78130			12,000		BOOK		PROFITS
(4) BOY SCOUTS OF AMERICA VAR							HELP FUND NON
New Braunfels, TX 78130			12,500		BOOK		PROFITS
(5) BULVERDE FOOD PANTRY VAR							HELP FUND NON
Bulverde, TX 78163			16,000		BOOK		PROFITS
(6) BULVERDE SENIOR CENTER VAR							HELP FUND NON
Bulverde, TX 78163					BOOK		PROFITS
(7) BULVERDE FOOD PANTRY							1
VAK Canyon Lake, TX 78133			18,500		BOOK		PROFITS
(8) CASA OC CENTRAL TX						1	NON CIVILIS OF LEATH
New Braunfels, TX 78130			42,500		воок		
(9) CHILDRENS ADVOCACY OF COMPL							NON CIVILLE G.THH
New Braunfels, TX 78130			34,000		ВООК	-	TS
(10¢HOSEN CARE INC VAR							HELP FUND NON
New Braunfels, TX 78130			5,000		BOOK		PROFITS
<ul> <li>2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</li> <li>3 Enter total number of other organizations listed in the line 1 table</li> </ul>	vernment organization the line 1 table	tions listed in the line 1 table	able			A A	

Schedule ( Form 990) (2018)

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

SCHEDULEI (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Governments, and Individuals in the United State's Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990. Grants and Other Assistance to Organizations,

Open to Public Inspection 2018

OMB No 1545-0047

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

Employer identification number 74-2640723 °N |

UNITED WAY OF COMPAL COUNTY

		□Yes		
Part I General Information on Grants and Assistance	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 cntena used to award the grants or assistance?	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,
Parti	1 Does the	the selec	2 Describe	Partli

Part IV line 21 for any recipient that received more than	any recipient that received more than	re than \$5 000 Part	\$5 000 Part II can be duplicated if additional space is needed	if additional space i	ace is needed		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) COMAL COUNTY CHILDREN					0000		HELP FUND NON
New Braunfels, TX 78130			27,400		воок		PROFITS
(2) COMAL COUNTY SENIOR VAR							HELP FUND NON
New Braunfels, TX 78130			25,000	•	BOOK		PROFITS
(3) COMMUNITIES IN SCHOOLS VAR							HELP FUND NON
New Braunfels, TX 78130			47,500		BOOK		PROFITS
(4) CRRC							HELP FUND NON
New Braunfels, TX 78130			43,750		BOOK		PROFITS
(5) CONNECTIONS INDIVIDUALS VAR							HELP FUND NON
New Braunfels, TX 78130			38,500		BOOK		PROFITS
(6) CRISIS CNETER OF COMAL				,			HELP FUND NON
New Braunfels, TX 78130			58,000		воок		PROFITS
(7) FAMILY LIFE CENTER VAR				ر			HELP FUND NON
New Braunfels, TX 78130			20,000		BOOK		PROFITS
(8) FPGNB							HELP FUND NON
New Braunfels, TX 78130			25,000		BOOK		PROFITS
(9) FRIENDS OF CHRISTUS VAR							HELP FUND NON
New Braunfels, TX 78130			15,000		BOOK		PROFITS
(106 IRL SCOUTS OF SWT						_	

ns listed in the line 1 table	
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
7	က

New Braunfels, TX 78130

HELP FUND NON

PROFITS

BOOK

3,000

SCHEDULE 1 (Form 990)

Department of the Treasury Name of the organization Internal Revenue Service

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

Attach to Form 990.

Open to Public "Inspection". 2018

OMB No 1545-0047

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

Employer identification number 74-2640723

UNITED WAY OF COMAL COUNTY						74-2640723	
Part I General Information on Grants and Assistance	irants and Assis	tance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ubstantiate the amoun	it of the grants or assist	ance, the grantees' eligit	ulity for the grants or as	sistance, and		
	its or assistance?						· Tyes No
밁	dures for monitoring th	ne use of grant funds in t	the United States				
Part:II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	e to Domestic Organit that received mo	anizations and Don ore than \$5,000 Part	nestic Governments t II can be duplicated	. Complete if the or if additional space	s and Domestic Governments. Complete if the organization answered "Yes" on Form 990 5,000 Part II can be duplicated if additional space is needed	es" on Form 990,	
(a) Name and address of organization     or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) HOPE HOSPICE							HELP FUND NON
New Braunfels, TX 78130			9,750		BOOK		PROFITS
(2) INTERNATIONAL JOSEPH P VAR							HELP FUND NON
New Braunfels, TX 78130			000'9		BOOK		PROFITS
(3) NEW BRAUNFELS CHRIS VAR							HELP FUND NON
New Braunfels, TX 78130			31,500		BOOK		PROfits
(4) NEW BRAUNFELS FAMILIES VAR							HELP FUND NON
New Braunfels, TX 78130					BOOK		PROFITS
(5) RECOVERYWERKS VAR							HELP FUND NON
New Braunfels, TX 78130			9,100		воок		PROFITS
(6) RIVER CITY ADVOCACY VAR							HELP FUND NON
New Braunfels, TX 78130			42,000		воок	,	PROFITS
(7) SOS FOOD BANK VAR	:						HELP FUND NON
New Braunfels, TX 78130			12,500		воок		PROFITS
(8) SAN ANTONIO FOOD BANK VAR							HELP FUND NON
New Braunfels, TX 78130			57,500		BOOK		PROFITS
(9) SOW HEALTHY VAR							HELP FUND NON
New Braunfels, TX 78130			24,551		воок		PROFITS
(10\$T JUDE'S RANCH VAR							HELP FUND NON
New Braunfels, TX 78132			15,000		воок		PROFITS
2 Enter total number of section 501(c)(3) and government organizations listed	government organization to the training the training to the training to the training to the training to the training to the training training to the training trainin	tions listed in the line 1 table	table				
For Panerwork Reduction Act Notice see the	Instructions for Form	066					Schedule I (Form 990) (2018)
EEA						•	

HELP FUND NON (h) Purpose of grant is Inspection . Open to Public or assistance OMB No 1545-0047 2018 □Yes PROFITS Employer identification number 74-2640723 noncash assistance Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, (g) Description of (f) Method of valuation (book, FMV, appraisal, other) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed BOOK Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, (e) Amount of noncash assistance ▶ Go to www.irs.gov/Form990 for the latest information. 16,660 ▶ Attach to Form 990. (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States grant (c) IRC section (if applicable) General Information on Grants and Assistance the selection criteria used to award the grants or assistance? (p) EIN UNITED WAY OF COMAL COUNTY (a) Name and address of organization New Braunfels, TX 78130 or government (1) SALVATION ARMY Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE 1 (Form 990) Part Part I 2 € 9 9 6 8 ල

**ջ** □

Schedule I (Form 990) (2018)

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

7

9

6

For Paperwork Reduction Act Notice, see the Instructions for Form 990.  $_{\rm EEA}$ Enter total number of other organizations listed in the line 1 table

Page 2

UNITED WAY OF COMAL COUNTY

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 74-2640723 Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2018)

(f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant (b) Number of recipients ` (a) Type of grant or assistance Part IV က 9 ~ 4 9

Schedule I (Form 990) (2018)

EEA

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

Department of the Treasury

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

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

► Attach to Form 990 or 990-EZ.

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

2018

Open to Public

Internal Revenue Service Employer identification number Name of the organization 74-2640723 UNITED WAY OF COMAL COUNTY 01. Form 990 governing body review (Part VI, line 11) COPIES OF THE 990 ARE REVIEWED BY GOVERNING BOARD 02. Conflict of interest policy compliance (Part VI, line 12c) EACH OF THE BOARD OF DIRECTORS AND ALL VOLUNTEES ARE PROVIDED A COPY OF THE CONFLICT OF INTEREST POLICY AND ARE THEN REQUIRED TO FILL OUT AND SIGN SUCH POLICY IDENTIFYING ANY SPECIFIC CONFLICTS. ALL INDIVIDUALS WITH SPECIFIC CONFLICTS ARE RESTRICTED FROM VOTING IN ANY ACTIONS PERTAINING TO SUCH CONFLICTS COPIES OF ALL CONFLICTS ARE MAINTAINED AT THE UNITED WAY OF COMAL COUNTY OFFICE 03. CEO, executive director, top management comp (Part VI, line 15a) EXECUTIVE TEAM DETERMINES WAGES FOR EXECUTIVE DIRECTOR BASED ON JOB DESCRIPTION AND ANNUAL PERFORMANCE 04. Other officer or key employee compensation (Part VI, line 15b EXECUTIVE DIRECTOR DETERMINES WAGES FOR STAFF BASED ON CURRENT POSITION AND FUNDS <u>AVAILABLE</u> STAFF IS GIVEN AN ANNUAL VERBAL REVIEW 05. Governing documents, etc, available to public (Part VI, line 19) ALL POLICIES, GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE ON FILE AT THE UNITED WAY OF COMAL COUNTY OFFICE THEY ARE OPEN FOR PUBLIC INSPECTION UPON REQUEST