

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning 01/01, 2020, and ending 12/31, 2020

Department of the Treasury  
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.  
▶ Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.

# 2020

Name of exempt organization or person subject to tax  
**UNITED WAY OF THE PLAINS, INC.**

Taxpayer identification number  
**48-0547688**

Name and title of officer or person subject to tax  
**PETER F. NAJERA, PRESIDENT AND CEO**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .	1b	<u>14746541</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . . . .	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5) . . . . .	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c) . . . . .	5b	
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4) . . . . .	6b	
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1) . . . . .	7b	

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

Under penalties of perjury, I declare that  I am an officer of the above organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

#### PIN: check one box only

I authorize BKD, LLP to enter my PIN 67202 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ *Peter F. Najera* Date ▶ 11/08/2021

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 48010218312  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ *Shamell Awat* Date ▶ 11/08/21

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

Return of Organization Exempt From Income Tax

EXTENSION GRANTED

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

A For the 2020 calendar year, or tax year beginning, 2020, and ending, 20

Form header section containing organization name (UNITED WAY OF THE PLAINS, INC.), EIN (48-0547688), address (245 N. WATER ST., WICHITA, KS 67202), principal officer (PETER F. NAJERA), and tax-exempt status (501(c)(3)).

Part I Summary

Summary table with columns for line number, description, Prior Year, Current Year, and Net Assets or Fund Balances. Includes rows for mission statement, revenue (Total: 14,746,541), expenses (Total: 16,071,851), and net assets (Total: 21,546,659).

Part II Signature Block

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

Signature block containing officer signature (Peter F. Najera), date (11/08/2021), preparer name (SHAWNELL LINOT), and firm information (BKD, LLP).

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)

# Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.  UNITED WAY OF THE PLAINS, INC.	Taxpayer identification number (TIN)  48-0547688
	Number, street, and room or suite no. If a P.O. box, see instructions. 245 N. WATER ST.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WICHITA, KS 67202	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . .

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

DARREN MINKS, CFO  
• The books are in the care of ▶ 245 N. WATER ST WICHITA KS 67202

Telephone No. ▶ 316 267-1321 Fax No. ▶

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . . If this is for the whole group, check this box  . . . . . . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 2020 or
- ▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b> \$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b> \$	0.
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b> \$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO IMPROVE LIVES BY HARNESSING THE CARING POWER OF OUR COMMUNITY TO ADVANCE THE COMMON GOOD IN SOUTH CENTRAL KANSAS.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 8,694,982. including grants of \$ 8,481,494. ) (Revenue \$ 16,011. )

GRANT AWARDS FROM THE COMMUNITY FUND ALONG WITH DONOR DESIGNATIONS TO AGENCIES. FOR THE GRANT AWARDS FROM THE COMMUNITY FUND, 111 MEMBERS OF OUR COMMUNITY DONATED 991 HOURS TO EVALUATE NUMEROUS PROGRAMS THAT APPLIED FOR GRANTS FROM THE COMMUNITY FUND, AND RECOMMEND FUNDING FOR SELECTED PROGRAMS.

4b (Code: ) (Expenses \$ 2,614,290. including grants of \$ 1,671,086. ) (Revenue \$ 8,400. )

COLLECTIVE IMPACT, PLANNING AND ADMINISTRATION OF GRANTS RECEIVED: PERFORM RESEARCH AND COLLABORATIONS WITH COMMUNITY GROUPS TOWARD SOLUTIONS TO COMMUNITY NEEDS, INCLUDING GRANT-FUNDED PROJECTS, AND VARIOUS PROJECTS THAT BENEFIT THE COMMUNITY IN THE AREAS OF EDUCATION, HEALTH, AND FINANCIAL STABILITY. SEE SCHEDULE O FOR CONTINUATION AND SPECIFIC ACCOMPLISHMENTS.

4c (Code: ) (Expenses \$ 1,361,614. including grants of \$ 1,198,866. ) (Revenue \$ 0. )

GIVE ITEMS OF VALUE PROGRAM (GIV): WAREHOUSE LOCATION USED TO RECEIVE AND DISTRIBUTE DONATED PRODUCTS SUCH AS OFFICE FURNITURE/SUPPLIES, LINENS, PAPER GOODS, AND OTHER VARIOUS ITEMS FROM AREA BUSINESSES AND NATIONAL RETAILERS. PRODUCT IS DISTRIBUTED TO AREA NON-PROFITS AT NO COST, THEREBY ALLOWING THE RECEIVING AGENCY TO SPEND MORE OF THEIR DOLLARS ON THEIR RESPECTIVE MISSION. DURING 2020, LOCAL COMPANIES AND NATIONAL RETAILERS DONATED ITEMS WITH AN ESTIMATED FAIR MARKET VALUE OF ALMOST \$1.3 MILLION. THESE DONATIONS BENEFITED 339 AGENCIES IN OUR COMMUNITY DURING THE YEAR.

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

(Expenses \$ 1,065,594. including grants of \$ 113,077. ) (Revenue \$ 30,878. )

4e Total program service expenses 13,736,480.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 with various questions about organizational activities and financial reporting.



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

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

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

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax shelter transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (46), 1b (46), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records



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

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

**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.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HANRAHAN, MR. PATRICK PRESIDENT & CEO (END 06/2020)	40.00 0.			X				139,272.	0.	38,476.
(2) SIEDHOFF, MRS. ELIZABETH VICE PRESIDENT	50.00 0.					X		132,117.	0.	35,364.
(3) MINKS, MR. DARREN CFO	50.00 0.			X				110,686.	0.	44,166.
(4) BUTLER, MR. DELANE VICE PRESIDENT	45.00 0.					X		102,325.	0.	40,988.
(5) HEATHERLY, MR. ROY VICE PRESIDENT	45.00 0.					X		107,149.	0.	26,853.
(6) NAJERA, MR. PETER PRESIDENT & CEO (BEG. 08/2020)	60.00 0.			X				117,708.	0.	663.
(7) ALLEN, MR. PAUL S. DIRECTOR	.40 0.	X						0.	0.	0.
(8) BABICH, MR. PAUL DIRECTOR	.70 0.	X						0.	0.	0.
(9) BEARD, MR. CORNELL DIRECTOR	.20 0.	X						0.	0.	0.
(10) BEASLEY, MR. JEFF DIRECTOR	.20 0.	X						0.	0.	0.
(11) BELL, MR. WAYNE DIRECTOR	.20 0.	X						0.	0.	0.
(12) BERRY, WALTER DIRECTOR	.20 0.	X						0.	0.	0.
(13) BLAZER, MS. BRENDA DIRECTOR	.50 0.	X						0.	0.	0.
(14) BURNETT, BRIAN DIRECTOR	.20 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) DAVIS, MRS. RENEE ANTOINETTE ----- DIRECTOR	.20 0.	X						0.	0.	0.
( 16) DIXON, MR. STEVE ----- 1ST VICE CHAIR	1.00 0.	X		X				0.	0.	0.
( 17) DUNN, MR. ADAM ----- DIRECTOR	1.60 0.	X						0.	0.	0.
( 18) FARHA FLENTJE, MRS. GLORIA ----- DIRECTOR	.20 0.	X						0.	0.	0.
( 19) FARNEY, MS. GINGER L. ----- CHAIRPERSON	1.30 0.	X		X				0.	0.	0.
( 20) FORD, JORDAN ----- DIRECTOR	.50 0.	X						0.	0.	0.
( 21) FOX, MR. CHARLES M. ----- DIRECTOR	.90 0.	X						0.	0.	0.
( 22) GEARHART, MS. JACKIE ----- DIRECTOR	.50 0.	X						0.	0.	0.
( 23) GOMEZ, MR. ANGEL ----- IMMEDIATE PAST CHAIR	.60 0.	X						0.	0.	0.
( 24) HARDIN, MS. PATRICIA L. ----- DIRECTOR	.20 0.	X						0.	0.	0.
( 25) HERBERT, MR. MICHAEL J. ----- DIRECTOR	.90 0.	X						0.	0.	0.
<b>1b Sub-total</b> . . . . .								709,257.	0.	186,510.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> . . . . .								709,257.	0.	186,510.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 6

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26) HUDSPETH, MR. ARNOLD E. ASSISTANT TREASURER	1.40 0.	X		X				0.	0.	0.
( 27) ISEMAN, MRS. DIANE M. DIRECTOR	.20 0.	X						0.	0.	0.
( 28) JURESIC, MRS. LYNETTE J. DIRECTOR	.50 0.	X						0.	0.	0.
( 29) KERSCHEN, MR. RICHARD M. 2ND VICE CHAIR	.60 0.	X		X				0.	0.	0.
( 30) KIRKENDOLL, MS. FRANKIE DIRECTOR	.70 0.	X						0.	0.	0.
( 31) KRULL, KIMBERLY DIRECTOR	.20 0.	X						0.	0.	0.
( 32) LABARCA, MS. LAURIE DIRECTOR	.20 0.	X						0.	0.	0.
( 33) LAYTON, MR. ROBERT L. DIRECTOR	.20 0.	X						0.	0.	0.
( 34) LEHANE, MRS. DONNA M. DIRECTOR	.20 0.	X						0.	0.	0.
( 35) MATTHIES, KEVIN DIRECTOR	.20 0.	X						0.	0.	0.
( 36) MORRIS, JESSE DIRECTOR	.20 0.	X						0.	0.	0.
<b>1b Sub-total</b> . . . . .								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 6

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 37) MOSES, MS. TERRI S. ----- DIRECTOR	.50 ----- 0.	X					0.	0.	0.	
( 38) NOAH, JODI ----- DIRECTOR	.40 ----- 0.	X					0.	0.	0.	
( 39) O'LEARY, MR. JOHN F. ----- DIRECTOR	.20 ----- 0.	X					0.	0.	0.	
( 40) RAY, MR. STUART L. ----- TREASURER	2.00 ----- 0.	X		X			0.	0.	0.	
( 41) RUSSELL, MS. CAROL ----- DIRECTOR	.20 ----- 0.	X					0.	0.	0.	
( 42) SCHAFER, MS. AMY ----- DIRECTOR	.90 ----- 0.	X					0.	0.	0.	
( 43) STOLZ, TOM ----- DIRECTOR	.20 ----- 0.	X					0.	0.	0.	
( 44) SUDDUTH, TONYA ----- DIRECTOR	.20 ----- 0.	X					0.	0.	0.	
( 45) TEDESCO, MR. TODD N. ----- DIRECTOR	.80 ----- 0.	X					0.	0.	0.	
( 46) THOMPSON, MS. ALICIA ----- DIRECTOR	.20 ----- 0.	X					0.	0.	0.	
( 47) THOMPSON, SUSAN K. ----- DIRECTOR	.20 ----- 0.	X					0.	0.	0.	
<b>1b Sub-total</b> . . . . .							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 6

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 48) THURMAN, BOB ----- DIRECTOR	1.60 ----- 0.	X						0.	0.	0.
( 49) UTASH, SHEREE ----- DIRECTOR	.80 ----- 0.	X						0.	0.	0.
( 50) WEIFORD, MR. JEFF ----- DIRECTOR	.20 ----- 0.	X						0.	0.	0.
( 51) WILLIAMS, MS. LAVONTA ----- DIRECTOR	.70 ----- 0.	X						0.	0.	0.
( 52) WUNDERLICH, MS. CARIEE ----- DIRECTOR	.80 ----- 0.	X						0.	0.	0.
-----	-----									
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<b>1b Sub-total</b> . . . . .								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 6

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

**Section B. Independent Contractors**

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

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

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



**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>					
	<b>d</b>	Related organizations . . . . .	<b>1d</b>					
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>	1,366,428.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	12,907,586.				
	<b>g</b>	Noncash contributions included in lines 1a-1f. . . . .	<b>1g</b>	\$ 1,819,954.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		14,274,014.				
	<b>Program Service Revenue</b>	<b>2a</b>	_____	Business Code				
<b>b</b>		_____						
<b>c</b>		_____						
<b>d</b>		_____						
<b>e</b>		_____						
<b>f</b>		All other program service revenue . . . . .						
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . . ▶		0.				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts). . . . . ▶		184,117.			184,117.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . ▶		0.				
	<b>5</b>	Royalties . . . . . ▶		0.				
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>	(i) Real				
				(ii) Personal				
	<b>b</b>	Less: rental expenses	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>					
	<b>d</b>	Net rental income or (loss) . . . . . ▶		0.				
	<b>7a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
				(ii) Other				
	<b>b</b>	Less: cost or other basis and sales expenses . .	<b>7b</b>	7,746,998.				
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	7,510,470.				
	<b>d</b>	Net gain or (loss) . . . . . ▶		236,528.			236,528.	
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>					0.	
<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>						
<b>c</b>	Net income or (loss) from fundraising events. . . . . ▶		0.					
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>					0.	
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>						
<b>c</b>	Net income or (loss) from gaming activities. . . . . ▶		0.					
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>					0.	
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>						
<b>c</b>	Net income or (loss) from sales of inventory. . . . . ▶		0.					
<b>Miscellaneous Revenue</b>	<b>11a</b>	CMIS USER FEES AND SUPPORT	Business Code	900099	8,400.	8,400.		
	<b>b</b>	LOANED EXECUTIVE PROGRAM REIMBURSEMENT		900099	20,000.		20,000.	
	<b>c</b>	_____						
	<b>d</b>	All other revenue . . . . .			23,482.	16,011.	7,471.	
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶			51,882.			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . . ▶			14,746,541.	24,411.		448,116.	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	10,675,418.	10,675,418.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	789,105.	789,105.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0.			
<b>4</b> Benefits paid to or for members . . . . .	0.			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	450,970.	148,741.	166,939.	135,290.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
<b>7</b> Other salaries and wages . . . . .	2,087,895.	1,045,585.	367,951.	674,359.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	199,392.	102,000.	39,330.	58,062.
<b>9</b> Other employee benefits . . . . .	254,136.	138,989.	43,103.	72,044.
<b>10</b> Payroll taxes . . . . .	182,554.	86,233.	37,502.	58,819.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .	0.			
<b>b</b> Legal . . . . .	0.			
<b>c</b> Accounting . . . . .	39,704.		39,704.	
<b>d</b> Lobbying . . . . .	0.			
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	0.			
<b>f</b> Investment management fees . . . . .	0.			
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	176,207.	157,792.	11,799.	6,616.
<b>12</b> Advertising and promotion . . . . .	232,403.	64,695.	123,613.	44,095.
<b>13</b> Office expenses . . . . .	186,031.	102,446.	39,287.	44,298.
<b>14</b> Information technology . . . . .	175,614.	123,818.	21,225.	30,571.
<b>15</b> Royalties . . . . .	0.			
<b>16</b> Occupancy . . . . .	153,057.	55,857.	52,433.	44,767.
<b>17</b> Travel . . . . .	18,702.	10,097.	2,261.	6,344.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
<b>19</b> Conferences, conventions, and meetings . . . . .	7,455.	2,066.	4,201.	1,188.
<b>20</b> Interest . . . . .	0.			
<b>21</b> Payments to affiliates . . . . .	173,763.	86,515.	34,421.	52,827.
<b>22</b> Depreciation, depletion, and amortization . . . . .	146,543.	85,479.	23,667.	37,397.
<b>23</b> Insurance . . . . .	54,712.	29,205.	10,113.	15,394.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> VOLUNTEER/DONOR APPRECIATION	17,170.	296.	9,413.	7,461.
<b>b</b> MEMBERSHIPS & SUBSCRIPTIONS	29,129.	14,097.	11,421.	3,611.
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____	21,891.	18,046.	3,543.	302.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	16,071,851.	13,736,480.	1,041,926.	1,293,445.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	2,163,913.	<b>1</b>	1,153,842.
	<b>2</b> Savings and temporary cash investments . . . . .	0.	<b>2</b>	0.
	<b>3</b> Pledges and grants receivable, net . . . . .	8,824,093.	<b>3</b>	7,626,317.
	<b>4</b> Accounts receivable, net. . . . .	0.	<b>4</b>	0.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	345,011.	<b>8</b>	404,695.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	359,792.	<b>9</b>	360,061.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 4,118,325.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 3,024,360.	1,050,258.	<b>10c</b> 1,093,965.
	<b>11</b> Investments - publicly traded securities. . . . .	12,210,159.	<b>11</b>	14,624,886.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	0.	<b>12</b>	0.
	<b>13</b> Investments - program-related. See Part IV, line 11. . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	0.	<b>15</b>	0.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	24,953,226.	<b>16</b>	25,263,766.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	254,815.	<b>17</b>	303,920.
	<b>18</b> Grants payable . . . . .	1,414,393.	<b>18</b>	1,845,722.
	<b>19</b> Deferred revenue. . . . .	1,494,603.	<b>19</b>	1,567,465.
	<b>20</b> Tax-exempt bond liabilities. . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D. . . . .	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties. . . . .	0.	<b>24</b>	0.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	0.	<b>25</b>	0.
	<b>26 Total liabilities.</b> Add lines 17 through 25. . . . .	3,163,811.	<b>26</b>	3,717,107.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	10,610,866.	<b>27</b>	11,098,104.
	<b>28</b> Net assets with donor restrictions. . . . .	11,178,549.	<b>28</b>	10,448,555.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund. . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds. . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	21,789,415.	<b>32</b>	21,546,659.
<b>33</b> Total liabilities and net assets/fund balances . . . . .	24,953,226.	<b>33</b>	25,263,766.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	14,746,541.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	16,071,851.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-1,325,310.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	21,789,415.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,082,554.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	21,546,659.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . . . .

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

UNITED WAY OF THE PLAINS, INC.

Employer identification number

48-0547688

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.  
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2020

JSA  
0E1210 0.030



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	14,852,475.	14,166,885.	14,459,383.	15,165,411.	14,274,014.	72,918,168.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
<b>4 Total.</b> Add lines 1 through 3. . . . .	14,852,475.	14,166,885.	14,459,383.	15,165,411.	14,274,014.	72,918,168.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						1,559,823.
<b>6 Public support.</b> Subtract line 5 from line 4						71,358,345.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4. . . . .	14,852,475.	14,166,885.	14,459,383.	15,165,411.	14,274,014.	72,918,168.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	215,608.	228,157.	199,723.	179,042.	184,117.	1,006,647.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . <b>ATCH. 1</b> . . . . .	96,749.	169,162.	119,341.	120,825.	51,882.	557,959.
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						74,482,774.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	95.81 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 . . . . .	<b>15</b>	96.06 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

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

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f)), . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2020



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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)		<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b>	Distributable amount for 2020 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b>	Excess distributions carryover, if any, to 2020			
<b>a</b>	From 2015 . . . . .			
<b>b</b>	From 2016 . . . . .			
<b>c</b>	From 2017 . . . . .			
<b>d</b>	From 2018 . . . . .			
<b>e</b>	From 2019 . . . . .			
<b>f</b>	<b>Total</b> of lines 3a through 3e			
<b>g</b>	Applied to underdistributions of prior years			
<b>h</b>	Applied to 2020 distributable amount			
<b>i</b>	Carryover from 2015 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b>	Distributions for 2020 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2020 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b>	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b>	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b>	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>	Excess from 2016 . . . . .			
<b>b</b>	Excess from 2017 . . . . .			
<b>c</b>	Excess from 2018 . . . . .			
<b>d</b>	Excess from 2019 . . . . .			
<b>e</b>	Excess from 2020 . . . . .			

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

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ATTACHMENT 1

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## SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2016	2017	2018	2019	2020	TOTAL
MISCELLANEOUS INCOME	96,749.	169,162.	119,341.	120,825.	51,882.	557,959.
TOTALS	<u>96,749.</u>	<u>169,162.</u>	<u>119,341.</u>	<u>120,825.</u>	<u>51,882.</u>	<u>557,959.</u>

**Schedule of Contributors**

**2020**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization UNITED WAY OF THE PLAINS, INC.	Employer identification number 48-0547688
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**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization **UNITED WAY OF THE PLAINS, INC.**

Employer identification number  
48-0547688

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 734,555.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 501,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 311,463.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 443,088.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 665,316.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **UNITED WAY OF THE PLAINS, INC.**

Employer identification number  
48-0547688

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 497,201.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 420,563.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 605,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **UNITED WAY OF THE PLAINS, INC.**

**Employer identification number**

48-0547688

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	VARIOUS CONSUMER GOODS	\$ 420,563.	12/31/2020
9	VARIOUS CONSUMER GOODS	\$ 605,500.	12/31/2020
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	



Name of organization UNITED WAY OF THE PLAINS, INC.

Employer identification number  
48-0547688

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

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

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

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

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

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

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

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

UNITED WAY OF THE PLAINS, INC.

Employer identification number

48-0547688

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

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose of easements, total number, acreage, and monitoring expenses.

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

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

Table with 3 columns: Line number, Description, and Amount. Includes rows for art collections, revenue, and assets.

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

Schedule D (Form 990) 2020

JSA 0E1268 1.000

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

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

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

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

	Amount
<b>c</b> Beginning balance . . . . .	<b>1c</b>
<b>d</b> Additions during the year . . . . .	<b>1d</b>
<b>e</b> Distributions during the year . . . . .	<b>1e</b>
<b>f</b> Ending balance . . . . .	<b>1f</b>

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

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

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	4,481,142.	3,970,086.	4,223,108.	3,746,260.	3,545,010.
<b>b</b> Contributions . . . . .	90,462.	219,507.	52,969.	48,703.	32,491.
<b>c</b> Net investment earnings, gains, and losses . . . . .	499,511.	611,850.	-255,971.	466,652.	189,759.
<b>d</b> Grants or scholarships . . . . .	149,561.	320,301.	50,020.	38,507.	21,000.
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	4,921,554.	4,481,142.	3,970,086.	4,223,108.	3,746,260.

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 55.8350 %
- b** Permanent endowment ▶ 31.6000 %
- c** Term endowment ▶ 12.5650 %

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

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

- (i)** Unrelated organizations . . . . .
- (ii)** Related organizations . . . . .

	Yes	No
<b>3a(i)</b>		X
<b>3a(ii)</b>		X
<b>3b</b>		

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		80,400.		80,400.
<b>b</b> Buildings . . . . .		2,625,463.	1,859,035.	766,428.
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .		1,412,462.	1,165,325.	247,137.
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				1,093,965.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	

**Part X Other Liabilities.**

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

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

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	14,812,062.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	1,082,554.	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	185,620.	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 1,268,174.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 13,543,888.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	1,202,653.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 1,202,653.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .			<b>5</b> 14,746,541.

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	15,054,818.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	185,620.	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 185,620.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 14,869,198.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	1,202,653.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 1,202,653.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .			<b>5</b> 16,071,851.

**Part XIII Supplemental Information.**

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

SEE PAGE 5

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**Part XIII** Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

UNRESTRICTED ENDOWMENT FUNDS WILL BE USED TO FUND BOARD-APPROVED PROJECTS. TEMPORARILY AND PERMANENTLY RESTRICTED ENDOWMENT FUNDS WILL BE USED ACCORDING TO DONOR-RESTRICTIONS AND INTENT, WHICH ARE CURRENTLY IN THE AREAS OF YOUTH-RELATED GRANTS AND GENERAL SUPPORT OF THE ORGANIZATION.

SCHEDULE D, PART X, LINE 2

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

SCHEDULE D, PART XI, LINE 4B

DESIGNATED GIFTS	1,202,653
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SCHEDULE D, PART XII, LINE 4B

DESIGNATED GIFTS	1,202,653
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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF THE PLAINS, INC.

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Employer identification number

48-0547688

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> AMERICAN HEART ASSOCIATION 8630 E. 32ND CT. N. WICHITA, KS 67226-4007	13-5613797	501 (C) (3)	30,489.				GRANT AWARDS/ DESIGNATIONS
<b>(2)</b> AMERICAN RED CROSS 707 N. MAIN ST WICHITA, KS 67203	53-0196605	501 (C) (3)	100,388.				GRANT AWARDS/ DESIGNATIONS
<b>(3)</b> ANGELS IN THE ATTIC PO BOX 581 ARKANSAS CITY, KS 67005-0581	47-5050829	501 (C) (3)	10,000.				GRANT AWARDS/ DESIGNATIONS
<b>(4)</b> ANGELS IN THE ATTIC PO BOX 581 ARKANSAS CITY, KS 67005-0581	47-5050829	501 (C) (3)		66,229.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
<b>(5)</b> ARC OF SEDGWICK COUNTY 2919 W. 2ND ST. N. WICHITA, KS 67203-5319	48-0640559	501 (C) (3)	32,786.				GRANT AWARDS/ DESIGNATIONS
<b>(6)</b> ASSISTANCE LEAGUE OF WICHITA PO BOX 8072 WICHITA, KS 67208-0072	48-0985922	501 (C) (3)	8,000.				DONOR DESIGNATIONS
<b>(7)</b> BOYS & GIRLS CLUB OF SOUTH CENTRAL KANSAS, PO BOX 2282 WICHITA, KS 67201-2282	48-1071303	501 (C) (3)	390,911.				GRANT AWARDS/ DESIGNATIONS
<b>(8)</b> BREAD OF LIFE DISTRIBUTION CENTER INC 1301 E GALENE ST WICHITA, KS 67216	20-2948527	501 (C) (3)		71,933.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
<b>(9)</b> CAIRN HEALTH, INC. 1530 S. OLIVER ST., STE. 110	48-0891620	501 (C) (3)	305,676.				GRANT AWARDS/ DESIGNATIONS
<b>(10)</b> CASA OF COWLEY COUNTY INC 103 1/2 E 9TH AVE STE 300	48-1139437	501 (C) (3)	10,000.				GRANT AWARDS/ DESIGNATIONS
<b>(11)</b> CATHOLIC CHARITIES INC 437 N. TOPEKA ST. WICHITA, KS 67202-2413	48-0543703	501 (C) (3)	448,464.				GRANT AWARDS/ DESIGNATIONS
<b>(12)</b> CATHOLIC CHARITIES INC 437 N. TOPEKA ST. WICHITA, KS 67202-2413	48-0543703	501 (C) (3)		112,004.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT

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

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

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

Schedule I (Form 990) 2020

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF THE PLAINS, INC.

**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.

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OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Employer identification number

48-0547688

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> CATHOLIC DIOCESE OF WICHITA 520 N. BROADWAY ST. WICHITA, KS 67214	48-0543780	501 (C) (3)	7,619.				DONOR DESIGNATIONS
<b>(2)</b> CENTER OF HOPE INC 400 N EMPORIA WICHITA, KS 67202-2514	48-0578624	501 (C) (3)	855,688.				GRANT AWARDS/ DESIGNATIONS
<b>(3)</b> CENTRAL PLAINS HEALTHCARE PARTNERSHIP 1102 S HILLSIDE WICHITA, KS 67211-4004	48-1200868	501 (C) (3)	274,836.				GRANT AWARDS/ DESIGNATIONS
<b>(4)</b> CEREBRAL PALSY RESEARCH FOUNDATION OF KANSA PO BOX 8217 WICHITA, KS 67208-0217	23-7314938	501 (C) (3)	460,044.				GRANT AWARDS/ DESIGNATIONS
<b>(5)</b> CEREBRAL PALSY RESEARCH FOUNDATION OF KANSA PO BOX 8217 WICHITA, KS 67208-0217	23-7314938	501 (C) (3)		10,376.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
<b>(6)</b> CHILD START, INC. 1002 S. OLIVER ST. WICHITA, KS 67218-3218	48-0637922	501 (C) (3)	164,379.				GRANT AWARDS/ DESIGNATIONS
<b>(7)</b> CHILD START, INC. 1002 S. OLIVER ST. WICHITA, KS 67218-3218	48-0637922	501 (C) (3)		22,116.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
<b>(8)</b> CONSUMER CREDIT COUNSELING SERVICE 1201 W. WALNUT SALINA, KS 67401	48-0995970	501 (C) (3)	60,143.				GRANT AWARDS/ DESIGNATIONS
<b>(9)</b> DCCCA, INC. 1319 W. MAY WICHITA, KS 67213	23-7368880	501 (C) (3)		12,284.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
<b>(10)</b> DON'T EVER GIVE UP FOUNDATION INC 2150 S HILLSIDE ST WICHITA, KS 67211	81-1943525	501 (C) (3)		5,759.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
<b>(11)</b> EAGLE NEST INC 112 E 9TH AVE WINFIELD, KS 67156-2818	48-1248592	501 (C) (3)	9,000.				GRANT AWARDS/ DESIGNATIONS
<b>(12)</b> EPISCOPAL SOCIAL SERVICE INC PO BOX 670 WICHITA, KS 67201	48-0947896	501 (C) (3)	19,673.				GRANT AWARDS/ DESIGNATIONS

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

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Schedule I (Form 990) 2020

**SCHEDULE I  
(Form 990)**

**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.

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OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF THE PLAINS, INC.

Employer identification number

48-0547688

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

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
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**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) FAMILY LIFE CENTER OF BUTLER COUNTY INC PO BOX 735 EL DORADO, KS 67042	48-1087496	501 (C) (3)		5,091.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(2) FAMILY LIFE SERVICES OF SOUTHERN KANSAS INC 305 S SUMMIT ST	48-1072172	501 (C) (3)	10,000.				GRANT AWARDS/ DESIGNATIONS
(3) FIRST METROPOLITAN COMMUNITY CHURCH 156 S KANSAS WICHITA, KS 67211	48-1068460	501 (C) (3)		59,493.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(4) FIRST UNITED METHODIST CHURCH DBA WINFIELD 1000 MILLINGTON ST WINFIELD, KS 67156-3630	48-0561971	501 (C) (3)	10,000.				GRANT AWARDS/ DESIGNATIONS
(5) FRIENDSHIP FUND BOARD OF EDUCATION EMPLOYEE 201 N. WATER ST WICHITA, KS 67202-1292	48-6115936	501 (C) (3)	27,702.				DONOR DESIGNATIONS
(6) FUNDAMENTAL LEARNING CENTER 2220 E. 21ST ST. N. WICHITA, KS 67214	31-1693508	501 (C) (3)	7,750.				DONOR DESIGNATIONS
(7) GENERAL ASSEMBLY OF THE CHRISTIAN CHURCH DI 1600 STATE ST. AUGUSTA, KS 67010	35-0868116	501 (C) (3)		12,660.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(8) GIRL SCOUTS OF THE KANSAS HEARTLAND 360 LEXINGTON RD WICHITA, KS 67218-1700	48-0556718	501 (C) (3)	150,300.				GRANT AWARDS/ DESIGNATIONS
(9) GIRL SCOUTS OF THE KANSAS HEARTLAND 360 LEXINGTON RD WICHITA, KS 67218-1700	48-0556718	501 (C) (3)		8,292.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(10) GOODWILL INDUSTRIES OF KANSAS PO BOX 8169 WICHITA, KS 67208-0169	48-0673284	501 (C) (3)	5,500.				DONOR DESIGNATIONS
(11) GRACE UNITED METHODIST CHURCH DBA WINFIELD 320 COLLEGE ST WINFIELD, KS 67156-2414	48-6077063	501 (C) (3)	8,000.				GRANT AWARDS/ DESIGNATIONS
(12) GRACE UNITED METHODIST CHURCH DBA WINFIELD 320 COLLEGE ST WINFIELD, KS 67156-2414	48-6077063	501 (C) (3)		11,622.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT

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Schedule I (Form 990) 2020

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

UNITED WAY OF THE PLAINS, INC.

**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.

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48-0547688

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

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- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Yes  No

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) GREATER WICHITA PARTNERSHIP INC 501 E. DOUGLAS AVE WICHITA, KS 67202	47-4134110	501 (C) (3)	15,000.				GRANT AWARDS/ DESIGNATIONS
(2) GREATER WICHITA YMCA 402 N. MARKET ST. WICHITA, KS 67202-2012	48-0554440	501 (C) (3)	264,424.				GRANT AWARDS/ DESIGNATIONS
(3) GREATER WICHITA YMCA 402 N. MARKET ST. WICHITA, KS 67202-2012	48-0554440	501 (C) (3)		7,321.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(4) HANNAH'S HOUSE MINISTRIES, INC. PO BOX 176 INDEPENDENCE, KS 67301	47-4149725	501 (C) (3)		6,668.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(5) HEART OF FLORIDA UNITED WAY 1940 TRAYLOR BLVD. ORLANDO, FL 32804-4714	59-0808854	501 (C) (3)	12,096.				DONOR DESIGNATIONS
(6) HEARTSPRING 8700 E 29TH ST N WICHITA, KS 67226	48-0561969	501 (C) (3)		5,273.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(7) HOSPIECE INC. 313 S. MARKET ST. WICHITA, KS 67202-3805	48-0952990	501 (C) (3)	106,526.				GRANT AWARDS/ DESIGNATIONS
(8) HUMANKIND MINISTRIES 829 N. MARKET WICHITA, KS 67214	48-0559085	501 (C) (3)		7,473.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(9) JEDA MASE SUPPORT SERVICE INSTITUTE 1616 S GEORGE WASHINGTON BLVD JEHOVAH JIREH FOOD AND CLOTHING CENTER	20-0933412	501 (C) (3)		6,735.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(10) JEHOVAH JIREH FOOD AND CLOTHING CENTER 627 N. ASH WICHITA, KS 67214	48-1053404	501 (C) (3)		15,827.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(11) JORDANS HELPING HANDS 914 WILLOW DR SALINA, KS 67401	47-4092705	501 (C) (3)		5,581.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(12) KANSAS BIG BROTHERS BIG SISTERS INC. 310 E. 2ND ST. N. WICHITA, KS 67202-2404	23-7056717	501 (C) (3)	251,677.				GRANT AWARDS/ DESIGNATIONS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▲**
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Schedule I (Form 990) 2020

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF THE PLAINS, INC.

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

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OMB No. 1545-0047

**2020**

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Inspection**

Employer identification number

48-0547688

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> KANSAS CHILDREN'S SERVICE LEAGUE, INC. 1365 N. CUSTER ST. WICHITA, KS 67203	48-0543749	501 (C) (3)	231,161.				GRANT AWARDS/ DESIGNATIONS
<b>(2)</b> KANSAS CHILDREN'S SERVICE LEAGUE, INC. 1365 N. CUSTER ST. WICHITA, KS 67203	48-0543749	501 (C) (3)		19,873.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
<b>(3)</b> KANSAS ELKS TRAINING CENTER FOR THE HANDICA 1006 E. WATERMAN WICHITA, KS 67211	48-0683499	501 (C) (3)		5,387.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
<b>(4)</b> KANSAS FAMILY ADVOCACY NETWORK 333 E ENGLISH ST, SUITE 215	33-1213403	501 (C) (3)		8,137.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
<b>(5)</b> KANSAS SCHOOL FOR EFFECTIVE LEARNING 2212 E. CENTRAL AVE. WICHITA, KS 67214-4406	48-1072585	501 (C) (3)	178,146.				GRANT AWARDS/ DESIGNATIONS
<b>(6)</b> KONZA UNITED WAY 555 POYNTEZ STE 245 MANHATTAN, KS 66505	48-0847598	501 (C) (3)		15,648.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
<b>(7)</b> MAKING A DIFFERENCE CENTER INC 1626 N MINNEAPOLIS WICHITA, KS 67214	83-1423829	501 (C) (3)		5,100.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
<b>(8)</b> MCPHERSON COUNTY UNITED WAY 306 N MAIN MCPHERSON, KS 67460	48-6091832	501 (C) (3)		9,832.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
<b>(9)</b> MEDICAL LOAN CLOSET OF WICHITA INC 1726 W. DRIFTWOOD CT. WICHITA, KS 67204	90-0753211	501 (C) (3)		16,926.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
<b>(10)</b> MENTAL HEALTH ASSOCIATION OF SOUTH CENTRAL 555 N. WOODLAWN ST. STE. 3105	48-0990763	501 (C) (3)	106,390.				GRANT AWARDS/ DESIGNATIONS
<b>(11)</b> MENTAL HEALTH ASSOCIATION OF SOUTH CENTRAL 555 N. WOODLAWN ST. STE. 3105	48-0990763	501 (C) (3)		7,734.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
<b>(12)</b> MESA UNITED WAY 303 N. CENTENNIAL WAY MESA, AZ 85201	86-0198599	501 (C) (3)	7,877.				DONOR DESIGNATIONS

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

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Schedule I (Form 990) 2020

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF THE PLAINS, INC.

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

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**2020**

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Employer identification number

48-0547688

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

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- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> MIRACLES, INC. 1015 E. 2ND STREET N. WICHITA, KS 67214	48-1113859	501 (C) (3)		5,386.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
<b>(2)</b> NEVER ALONE CRISIS MINISTRIES INC 2719 MEADOW OAKS WICHITA, KS 67220	31-1662813	501 (C) (3)		6,200.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
<b>(3)</b> NEW BEGINNINGS 7TH DAY ADVENTISTS CHURCH 209 W. 21 ST N. WICHITA, KS 67203	52-0643036	501 (C) (3)		6,694.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
<b>(4)</b> PARADISE MISSIONARY BAPTIST CHURCH INC 4401 E 17TH N WICHITA, KS 67208	48-0832396	501 (C) (3)		9,660.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
<b>(5)</b> PEACE CONNECTION 612 N MAIN NEWTON, KS 67114	48-0986867	501 (C) (3)		20,238.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
<b>(6)</b> QUIVIRA COUNCIL, BOY SCOUTS OF AMERICA 3247 N. OLIVER ST. WICHITA, KS 67220-1532	23-7147508	501 (C) (3)	138,464.				GRANT AWARDS/ DESIGNATIONS
<b>(7)</b> RAINBOWS UNITED INC 3223 N. OLIVER ST. WICHITA, KS 67220-2106	48-0793004	501 (C) (3)	892,993.				GRANT AWARDS/ DESIGNATIONS
<b>(8)</b> RAINBOWS UNITED INC 3223 N. OLIVER ST. WICHITA, KS 67220-2106	48-0793004	501 (C) (3)		12,819.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
<b>(9)</b> RISE UP FOR YOUTH INC PO BOX 1256 WICHITA, KS 67201-1256	47-1381305	501 (C) (3)	239,848.				GRANT AWARDS/ DESIGNATIONS
<b>(10)</b> ROOTS & WINGS, INC. 220 W. DOUGLAS AVE. STE. 15	48-0915548	501 (C) (3)	59,432.				GRANT AWARDS/ DESIGNATIONS
<b>(11)</b> ROYALE FOUNDATION 1436 N POPULAR WICHITA, KS 67214	83-4549534	501 (C) (3)		12,407.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
<b>(12)</b> SAINT FRANCIS COMMUNITY SERVICES INC 4155 E. HARRY ST WICHITA, KS 67218	48-0543809	501 (C) (3)		19,745.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT

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

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Schedule I (Form 990) 2020



**SCHEDULE I  
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Department of the Treasury  
Internal Revenue Service

Name of the organization

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<b>(1)</b> SEDGWICK COUNTY HEALTH DEPARTMENT 1900 E. 9TH ST. N. WICHITA, KS 67214-3115	48-6000798	GOVT	171,110.				FISCAL AGENT PAYMENT
<b>(2)</b> SENIOR SERVICES INC OF WICHITA 200 S. WALNUT ST. WICHITA, KS 67213-4777	48-0757988	501 (C) (3)	183,471.				GRANT AWARDS/ DESIGNATIONS
<b>(3)</b> SENIOR SERVICES INC OF WICHITA 200 S. WALNUT ST. WICHITA, KS 67213-4777	48-0757988	501 (C) (3)		40,509.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
<b>(4)</b> SHEPHERDS WAY INC 1619 N CHAPEL HILL ST WICHITA, KS 67206	81-2837618	501 (C) (3)	20,000.				DONOR DESIGNATIONS
<b>(5)</b> SOUTH CENTRAL MENTAL HEALTH ASSOCIATION 2365 W. CENTRAL EL DORADO, KS 67042	48-0678363	501 (C) (3)		5,649.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
<b>(6)</b> STARKEY 4500 W. MAPLE WICHITA, KS 67209	48-0630180	501 (C) (3)		18,891.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
<b>(7)</b> STEPSTONE 1329 S. BLUFFVIEW WICHITA, KS 67218-3031	48-1177617	501 (C) (3)	229,229.				GRANT AWARDS/ DESIGNATIONS
<b>(8)</b> SUBSTANCE ABUSE ASSESSMENT CENTER OF KANSAS 731 N. WATER ST. WICHITA, KS 67203	48-1171220	501 (C) (3)		5,687.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
<b>(9)</b> SUNFLOWER OUTREACH SERVICES INC DBA JOSEPHS PO BOX 93 BURDEN, KS 67019-0093	48-1203782	501 (C) (3)	10,000.				GRANT AWARDS/ DESIGNATIONS
<b>(10)</b> SUNLIGHT CHILDREN'S ADVOCACY & RIGHTS FOUND 1918 N. PRAIRIE CREEK RD ANDOVER, KS 67002	84-1648274	501 (C) (3)	62,680.				GRANT AWARDS/ DESIGNATIONS
<b>(11)</b> THE KANSAS UNIVERSITY ENDOWMENT ASSOCIATION PO BOX 928 LAWRENCE, KS 66044-0928	48-0547734	501 (C) (3)	21,039.				GRANT AWARDS/ DESIGNATIONS
<b>(12)</b> THE PANDO INITIATIVE, INC. 412 S. MAIN ST. STE. 212	48-1093130	501 (C) (3)	446,802.				GRANT AWARDS/ DESIGNATIONS

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

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

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

Schedule I (Form 990) 2020

**SCHEDULE I  
(Form 990)**

**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.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

UNITED WAY OF THE PLAINS, INC.

Employer identification number

48-0547688

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> THE PANDO INITIATIVE, INC. 412 S. MAIN ST. STE. 212	48-1093130	501 (C) (3)		17,386.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
<b>(2)</b> THE SALVATION ARMY 350 N MARKET WICHITA, KS 67202-2010	44-0545998	501 (C) (3)	483,544.				GRANT AWARDS/ DESIGNATIONS
<b>(3)</b> THE SALVATION ARMY 350 N MARKET WICHITA, KS 67202-2010	44-0545998	501 (C) (3)		28,349.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
<b>(4)</b> TRI-COUNTY CASA, INC. PO BOX 926 EL DORADO, KS 67042-0926	48-1242980	501 (C) (3)	25,306.				GRANT AWARDS/ DESIGNATIONS
<b>(5)</b> UNION RESCUE MISSION 2800 N. HILLSIDE WICHITA, KS 67219	48-0625837	501 (C) (3)		7,465.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
<b>(6)</b> UNITED METHODIST OPEN DOOR PO BOX 2756 WICHITA, KS 67201-2756	48-0731995	501 (C) (3)	370,753.				GRANT AWARDS/ DESIGNATIONS
<b>(7)</b> UNITED METHODIST OPEN DOOR PO BOX 2756 WICHITA, KS 67201-2756	48-0731995	501 (C) (3)		144,523.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
<b>(8)</b> UNITED WAY OF GREATER GREENSBORO PO BOX 14998 GREENSBORO, NC 27415-4998	56-0668555	501 (C) (3)	6,481.				DONOR DESIGNATIONS
<b>(9)</b> UNITED WAY OF NEW YORK CITY 205 E 42ND ST, 12TH FL NEW YORK, NY 10017	13-2617681	501 (C) (3)	6,166.				DONOR DESIGNATIONS
<b>(10)</b> UNITED WAY OF SAN ANTONIO PO BOX 898 SAN ANTONIO, TX 78293-0898	74-1272381	501 (C) (3)	6,904.				DONOR DESIGNATIONS
<b>(11)</b> UNITED WAY OF SOUTHERN NEVADA 5830 W FLAMINGO RD LAS VEGAS, NV 89103	88-0071328	501 (C) (3)	25,000.				DONOR DESIGNATIONS
<b>(12)</b> UNITED WAY SUNCOAST 5201 W. KENNEDY BLVD., STE 600	59-3725701	501 (C) (3)	9,907.				DONOR DESIGNATIONS

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

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

Schedule I (Form 990) 2020

**SCHEDULE I  
(Form 990)**

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF THE PLAINS, INC.

Employer identification number

48-0547688

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) USD 373 NEWTON PUBLIC SCHOOLS 308 E 1ST ST NEWTON, KS 67114	48-0697704	GOVT		9,967.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(2) WICHITA AREA SEXUAL ASSAULT CENTER 355 N. WACO ST. STE. 100	48-0861281	501 (C) (3)	212,180.				GRANT AWARDS/ DESIGNATIONS
(3) WICHITA CHILDREN'S HOME 7271 E 37TH ST N WICHITA, KS 67226-3202	48-0547706	501 (C) (3)	442,916.				GRANT AWARDS/ DESIGNATIONS
(4) WICHITA CHILDREN'S HOME 7271 E 37TH ST N WICHITA, KS 67226-3202	48-0547706	501 (C) (3)		9,965.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(5) WICHITA COMMUNITY FOUNDATION DBA SHARE THE 301 N MAIN ST STE 100 WICHITA, KS 67202	48-1022361	501 (C) (3)	25,000.				GRANT AWARDS/ DESIGNATIONS
(6) WICHITA WOMEN'S INITIATIVE NETWORK INC. 510 E. 3RD ST. N. WICHITA, KS 67202-2618	48-1189632	501 (C) (3)	49,892.				GRANT AWARDS/ DESIGNATIONS
(7) WICHITA INDEPENDENT NEIGHBORHOODS INC. D/B/ 1158 N. VOLUTSIA WICHITA, KS 67214	48-1161750	501 (C) (3)		9,341.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(8) WORKFORCE ALLIANCE OF SOUTH CENTRAL KANSAS, 300 W DOUGLAS ST STE 850	48-1246563	501 (C) (3)	154,200.				GRANT AWARDS/ DESIGNATIONS
(9) YOUNG LIFE WICHITA 6505 E. CENTRAL AVE. STE. 318	84-0385934	501 (C) (3)	6,000.				DONOR DESIGNATIONS
(10)							
(11)							
(12)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 90.
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) 2020

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 DOLLY PARTON IMAGINATION LIBRARY	110,660.		229,762.	FMV	BOOKS FOR CHILDREN
2 DELTA DENTAL COMMUNITY BENEFIT PLAN	1,543.	438,436.			
3 UTILITY ASSISTANCE	113.	22,786.			
4 HOUSING ASSISTANCE	167.	90,495.			
5 FOOD ASSISTANCE	7.	175.			
6 AARON JOEL SMITH COLLEGE SCHOLARSHIPS	3.	4,451.			
7 SPIRIT OF SKIPPY COLLEGE SCHOLARSHIPS	4.	3,000.			

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

SCHEDULE I, PART I, LINE 2

GRANT FUNDS ARE MONITORED BY VARIOUS METHODS, DEPENDING ON THE TYPE OF GRANT AWARDED. FOR GRANT AWARDS FROM THE GENERAL COMMUNITY FUND, OUTCOME ACHIEVEMENT REPORTING ALONG WITH FINANCIAL REPORTS ARE REQUIRED. FOR OTHER GRANT AWARDS, THE RECIPIENTS MUST DEMONSTRATE CORRECT USAGE OF THE FUNDS THROUGH FORMAL REPORTS SUBMITTED TO THE ORGANIZATION. FOR DONOR DESIGNATION PAYMENTS, THE RECIPIENT MUST MEET ELIGIBILITY REQUIREMENTS SUCH AS BEING A 501(C)(3) ORGANIZATION.

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						

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

SCHEDULE I, PART III, LINE 1, COLUMN B

THE NUMBER OF RECIPIENTS LISTED ON LINE 1, COLUMN B IS THE NUMBER OF BOOKS DISTRIBUTED. CHILDREN ENROLLED IN THE PROGRAM RECEIVE ONE BOOK PER MONTH, AND AVERAGE MONTHLY ENROLLMENT IN THE PROGRAM WAS 9,222.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Name of the organization

UNITED WAY OF THE PLAINS, INC.

Employer identification number

48-0547688

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2020



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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 HANRAHAN, MR. PATRICK PRESIDENT & CEO (END 06/2021)	(i)	108,211.	0.	17,248.	21,228.	177,748.	0.
	(ii)	0.	0.	0.	0.	0.	0.
2 MINKS, MR. DARREN CFO	(i)	110,077.	0.	15,630.	28,536.	154,852.	0.
	(ii)	0.	0.	0.	0.	0.	0.
3 SIEDHOFF, MRS. ELIZABET VICE PRESIDENT	(i)	123,655.	5,000.	17,274.	18,090.	167,481.	0.
	(ii)	0.	0.	0.	0.	0.	0.
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

**Part III Supplemental Information**

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

SCHEDULE J, PART I, LINE 4A

DELANE BUTLER RECEIVED SEVERANCE PAY OF \$12,435.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

UNITED WAY OF THE PLAINS, INC.

Employer identification number

48-0547688

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .	X	4 .	3,615 .	FAIR MARKET VALUE
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	7 .	491,788 .	AVG PRICE DATE RECD
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( ATCH 1 ) . . . . .		129 .	1,324,551 .	
26 Other ▶ ( ) . . . . .				
27 Other ▶ ( ) . . . . .				
28 Other ▶ ( ) . . . . .				

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

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

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

Schedule M (Form 990) 2020

JSA

OE1298 1.000

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

---

SCHEDULE M, PART I, COLUMN B

THIS NUMBER REPRESENTS THE NUMBER OF CONTRIBUTIONS.

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
UWP GIVE ITEMS OF VALUE	X	85.	1,277,311.	FAIR MARKET VALUE
GIFT CARDS/CERTIFICATES	X	28.	29,227.	FAIR MARKET VALUE
AUTOGRAPHED BASKETBALL	X	1.	200.	FAIR MARKET VALUE
ELECTRONICS/TV/COMPUTERS	X	3.	11,527.	FAIR MARKET VALUE
FOOD ITEMS	X	8.	3,386.	FAIR MARKET VALUE
JEWELRY	X	1.	1,900.	FAIR MARKET VALUE
QUILT	X	1.	200.	FAIR MARKET VALUE
EVENT TICKETS	X	2.	800.	FAIR MARKET VALUE
TOTALS		<u>129.</u>	<u>1,324,551.</u>	

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

UNITED WAY OF THE PLAINS, INC.

Employer identification number

48-0547688

FORM 990, PART III, LINE 4B

UNITED WAY'S LEAD ROLE IN COMMUNITY GRANTS RESULTED IN GRANT REVENUES IN EXCESS OF \$8.4 MILLION FOR THE LOCAL COMMUNITY, OF WHICH ALOMOST \$1.8 MILLION WAS DIRECTLY ADMINISTERED BY UNITED WAY OF THE PLAINS. GRANTS AWARDED WERE PRIMARILY IN THE AREAS OF EARLY CHILDHOOD DEVELOPMENT, EDUCATION, FINANCIAL STABILITY, HEALTH, AND HOMELESSNESS. EXAMPLES OF THESE ACCOMPLISHMENTS INCLUDE THE FOLLOWING:

EARLY CHILDHOOD DEVELOPMENT INITIATIVES:

CONTINUED OPERATION OF THE DOLLY PARTON IMAGINATION LIBRARY PROGRAM WHICH PROVIDES A FREE AGE-APPROPRIATE BOOK TO PRESCHOOL CHILDREN ONCE PER MONTH, UNTIL THE CHILD REACHES AGE FIVE. ENROLLMENT AT THE END OF 2020 WAS OVER 9,100 CHILDREN. THROUGHOUT THE YEAR OVER 110,000 BOOKS WERE DISTRIBUTED TO CHILDREN IN OUR SEDWICK, BUTLER, AND SUMNER COUNTIES. IN ADDITION, OUR "WOMEN UNITED" GROUP OF VOLUNTEERS CONTINUED TO LEAD THE READ-TO-SUCCEED PROGRAM WHICH WAS PRESENT IN TWENTY-ONE ELEMENTARY SCHOOLS, WITH 427 READING COACHES PROVIDING ALMOST 6,300 VOLUNTEER HOURS READING WITH THIRD GRADE STUDENTS. READING COACHES DEVOTED 30 MINUTES ONCE A WEEK WITH A STUDENT TO HELP DEVELOP READING SKILLS. AS A RESULT, CHILDREN ENROLLED IN THIS PROGRAM EXPERIENCED SIGNIFICANT INCREASED READING ABILITY, AS EVIDENCED BY READING TEST SCORES. STUDENTS IN THE PROGRAM AVERAGED AN INCREASE IN READING ABILITY OF 1.3 WORDS PER MINUTE.

HOMELESS INITIATIVES:

Name of the organization UNITED WAY OF THE PLAINS, INC.	Employer identification number 48-0547688
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UNITED WAY OF THE PLAINS SERVES AS THE LEAD AGENCY FOR THE WICHITA/SEDGWICK COUNTY CONTINUUM OF CARE COMMITTEE, WHICH IS COMPRISED OF 245 MEMBERS AT 68 ORGANIZATIONS THAT COLLABORATE ON THE PLANNING OF THE SERVICES NEEDED FOR HOMELESS INDIVIDUALS AND FAMILIES IN OUR COMMUNITY.

UNITED WAY OF THE PLAINS ALSO PARTNERED WITH 14 HOUSING AND HOMELESS SERVICE PROVIDERS TO BE THE LEAD ROLE IN COORDINATION OF HOMELESSNESS SERVICES THROUGH THE ADMINISTRATION OF SCREENING TOOLS, AND INFORMATION MANAGEMENT SYSTEMS.

**EDUCATION INITIATIVES:**

UNITED WAY OF THE PLAINS CONTINUED THE "BE THERE" SCHOOL ATTENDANCE INITIATIVE WHICH FOCUSES ON ELEMENTARY STUDENT SCHOOL ATTENDANCE FOR A TARGETED AREA OF THE COMMUNITY. PARTNERING WITH THE SCHOOL DISTRICT AND ANOTHER AGENCY TO PROVIDE SITE-BASED SERVICES, SELECTED ELEMENTARY SCHOOLS WERE IMPLEMENTED WITH EVIDENCE-BASED PROGRAMS FOCUSED ON INCREASING ATTENDANCE. FOR THE SCHOOL YEAR ENDING 2020, 72% OF STUDENTS PARTICIPATING IN THE PROGRAM WERE NO LONGER CHRONICALLY ABSENT.

**HEALTH INITIATIVES:**

FLU SHOTS: PARTNERED WITH THE UNIVERSITY OF KANSAS SCHOOL OF PHARMACY TO PROVIDE FLU SHOTS TO 1,000 LOCAL LOW-INCOME RESIDENTS AT NO COST, THROUGH THE OPERATION IMMUNIZATION PROJECT, WHICH SERVES INDIVIDUALS THAT ARE UNEMPLOYED, UNINSURED, OR UNABLE TO PAY.



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PRESCRIPTION MEDICINES: THROUGH A PARTNERSHIP WITH SINGLECARE - PROVIDED A DISCOUNTED PRESCRIPTION DRUG PLAN, WHICH SAVED OVER 5,700 AREA RESIDENTS OVER \$428,000 ON PRESCRIPTON COSTS.

DENTAL CARE: THROUGH A PARTNERSHIP WITH DELTA DENTAL OF KANSAS, PROVIDED DENTAL INSURANCE COVERAGE FOR WORKING INDIVIDUALS THAT ARE NOT ABLE TO AFFORD TRADITIONAL DENTAL INSURANCE COVERAGE THROUGHOUT THE STATE OF KANSAS. THROUGH THIS PROGRAM, OVER 600 INDIVIDUALS WERE ENROLLED IN THE PROGRAM AND FILED OVER 1,500 CLAIMS THAT HAD A VALUE OF \$438,000 IN DENTAL CARE BENEFITS.

INCOME INITIATIVES:

VITA/EITC ACTIVITY: AS A PARTNER IN THE BUILDING ECONOMIC STABILITY TOGETHER (BEST) COALITION, A TOTAL OF 198 VOLUNTEERS WERE RECRUITED, TRAINED AND PROVIDED 6,300 VOLUNTEER HOURS FOR ASSISTANCE IN FILING FEDERAL RETURNS FOR THE ELDERLY AND LOW INCOME RESIDENTS RESULTING IN APPROXIMATELY \$5.6 MILLION DOLLARS BEING RETURNED TO THESE INDIVIDUALS.

FORM 990, PART III, LINE 4D

UNITED WAY'S 2-1-1 STATEWIDE CALL CENTER AND WEBSITE: THIS PROGRAM PROVIDES A 24/7, 365 DAYS/YEAR CONFIDENTIAL INFORMATION AND REFERRAL CALL CENTER THAT CONNECTS PEOPLE NEEDING ASSISTANCE OR WANTING TO VOLUNTEER WITH ORGANIZATIONS THAT CAN ADDRESS THEIR NEED. IN ADDITION, THE CALL CENTER ASSISTED SEDWICK COUNTY HEALTH DEPARTMENT BY PERFORMING SCREENING CALLS FOR COVID SYMPTOMS. DURING 2020, CALL SPECIALISTS HANDLED APPROXIMATELY 123,000 CALLS.

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UNITED WAY'S VOLUNTEER CENTER: THIS PROGRAM PROVIDES COORDINATION OF VOLUNTEER PROJECTS BETWEEN AGENCIES NEEDING VOLUNTEERS AND INDIVIDUALS/GROUPS WANTING TO VOLUNTEER. DURING 2020, THE CENTER COORDINATED ACTIVITIES FOR 66 GROUP PROJECTS.

FORM 990, PART VI, LINE 4

UNITED WAY OF THE PLAINS, INC. UPDATED THEIR BYLAWS DURING 2020. SEE BELOW FOR SIGNIFICANT CHANGES:

-UPDATED MISSION STATEMENT. SEE FORM 990, PART III, LINE 1 FOR FULL MISSION STATEMENT.

-LOWERED THE NUMBER OF REQUIRED BOARD MEMBERS.

-DEFINED ELIGIBLE SERVING YEARS FOR BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11B

AN INDEPENDENT ACCOUNTING FIRM PREPARES AND REVIEWS THE FORM 990 BASED UPON DATA AND SCHEDULES PREPARED BY STAFF. THE PRESIDENT/CEO AND CHIEF FINANCIAL OFFICER REVIEW THE COMPLETE FORM 990 AND ALL REQUIRED SCHEDULES. ANY QUESTIONS OR CONCERNS ARE ADDRESSED AND ANY NECESSARY CHANGES ARE MADE. THE FORM 990 WITH ALL REQUIRED SCHEDULES IS THEN PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C

THE ORGANIZATION'S CODE OF ETHICS POLICY APPLIES TO ALL DIRECTORS, OFFICERS AND EMPLOYEES OF THE ORGANIZATION, AND IS REVIEWED ANNUALLY BY

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ALL PARTIES COVERED BY THE CODE. UPON DISCLOSURE OF A POTENTIAL CONFLICT, THE EXECUTIVE COMMITTEE REVIEWS THE CONFLICT (FOR CONFLICTS PERTAINING TO DIRECTORS AND THE PRESIDENT/CEO), AND THE PRESIDENT/CEO REVIEWS (FOR CONFLICTS PERTAINING TO EMPLOYEES). COMPLIANCE ACTIVITY FOR VOTING MEMBERS OF THE BOARD INCLUDES AN OPPORTUNITY FOR BOARD MEMBERS TO ABSTAIN FROM A VOTE IF A CONFLICT IS PRESENT.

FORM 990, PART VI, SECTION B, LINE 15A

A PERFORMANCE REVIEW OF THE PRESIDENT WILL BE CONDUCTED AFTER THE PERFORMANCE OF THE PRESIDENT/CEO'S FIRST YEAR OF EMPLOYMENT (AUG 2020 - AUG 2021) - BY THE PERFORMANCE REVIEW COMMITTEE. THE COMMITTEE USES COMPARISON DATA AND AN INTERNAL COMPENSATION STUDY TO RECOMMEND CHANGES TO THE PRESIDENT'S COMPENSATION. THE COMMITTEE'S RECOMMENDATIONS ARE PROPOSED TO THE EXECUTIVE COMMITTEE IN AN EXECUTIVE SESSION FOR DISCUSSION, REVIEW AND APPROVAL. THE COMMITTEE DOCUMENTS ITS DELIBERATIONS AND DECISIONS IN THE MINUTES.

FORM 990, PART VI, SECTION C, LINE 18

THE ORGANIZATION'S FORM 990 AND CODE OF ETHICS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE, HOWEVER FORM 1023 IS NOT POSTED ON THE ORGANIZATION'S WEBSITE, AS IT WAS FILED WITH THE IRS PRIOR TO SEPTEMBER 15, 1987, AND IS NOT REQUIRED TO BE MADE AVAILABLE TO THE PUBLIC BY THE IRS.

FORM 990, PART VI, SECTION C, LINE 19

THE GOVERNING DOCUMENTS AND AUDITED FINANCIAL STATEMENTS ARE MADE

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AVAILABLE TO THE PUBLIC UPON REQUEST. THE CONFLICT OF INTEREST POLICY IS  
PUBLISHED ON THE ORGANIZATION'S WEBSITE.

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
COPP MEDIA SERVICES 449 N MCLEAN BLVD WICHITA, KS 67203	GENERAL ADVERTISING	183,324.
UNITED WAY GREATER KANSAS CITY 801 W 47TH ST. STE 500 KANSAS CITY, MO 64112	211 CALL CTR SUPPORT	107,287.