

**United Way of the Plains, Inc.**

Return of Organization Exempt from Income Tax

December 31, 2022

Public  
Disclosure  
Copy

**FORV/S**

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

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

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

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

OMB No. 1545-0047

**2022****Open to Public  
Inspection****A For the 2022 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization UNITED WAY OF THE PLAINS, INC.		<b>D</b> Employer identification number 48-0547688
	Doing business as		<b>E</b> Telephone number (316) 267-1321
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 245 N. WATER ST.		<b>G</b> Gross receipts \$ 15,281,477.
	City or town, state or province, country, and ZIP or foreign postal code WICHITA, KS 67202		
	<b>F</b> Name and address of principal officer: PETER F. NAJERA 245 N. WATER ST., WICHITA, KS 67202		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.
	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number
<b>J</b> Website: WWW.UNITEDWAYPLAINS.ORG			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: 1922 <b>M</b> State of legal domicile: KS

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: WE FOCUS ON HEALTH, EDUCATION, FINANCIAL STABILITY AND BASIC NEEDS BECAUSE WE BELIEVE THEY ARE THE BUILDING BLOCKS FOR A GOOD QUALITY OF LIFE AND A STRONG COMMUNITY.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	33
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	33
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	53
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	4,176
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	
<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year 14,760,430.	Current Year 14,252,809.
	<b>9</b> Program service revenue (Part VIII, line 2g)	NONE	NONE
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,191,966.	437,309.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	43,949.	12,903.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,996,345.	14,703,021.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,010,153.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		NONE	NONE
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,938,578.	3,200,934.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		NONE	NONE
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		936,325.	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,467,513.	1,543,882.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		17,416,244.	15,404,424.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-1,419,899.	-701,403.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 26,271,888.	End of Year 22,484,045.
	<b>21</b> Total liabilities (Part X, line 26)	5,686,872.	5,317,649.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	20,585,016.	17,166,396.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer		Date	
	Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	SHAWNELL LINOT	SHAWNELL LINOT	10/28/2023	P01663908
	Firm's name	Firm's EIN		
	FORVIS, LLP	44-0160260		
	Firm's address	Phone no.		
	1551 N WATERFRONT PKWY, STE 300 WICHITA, KS 67206-6601	316-265-2811		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

**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.**

OMB No. 1545-0047

**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.	Taxpayer identification number (TIN)
	UNITED WAY OF THE PLAINS, INC.	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) . . . . . **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	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
Form 990-T (corporation)	07		

- The books are in the care of ► **DARREN MINKS, CFO**  
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, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☒ calendar year 2022 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-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	NONE
<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>	\$	NONE
<b>c 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>	\$	NONE

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

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

Form **8868** (Rev. 1-2022)

**Part III** Statement of Program Service AccomplishmentsCheck 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 ☒ No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 6,535,500. including grants of \$ 6,535,500. ) (Revenue \$ 10,292. )

GRANTS AWARDED FROM THE COMMUNITY FUND ALONG WITH DONOR  
DESIGNATION TO AGENCIES. FOR THE GRANT AWARDS FROM THE COMMUNITY  
FUND, PANELS OF COMMUNITY VOLUNTEERS EVALUATED APPLICATIONS FOR  
FUNDING FROM AGENCIES, RESULTING IN FUNDING TO 79 AREA NONPROFIT  
AGENCIES THROUGH OUR FUNDING CYCLES FOR "OPPORTUNITY ON THE  
PLAINS," "IMPACT ON THE PLAINS," "PROMISE ON THE PLAINS," AND  
COWLEY COUNTY FUNDING CYCLES.

**4b** (Code: ) (Expenses \$ 3,067,401. including grants of \$ 1,550,519. ) (Revenue \$ NONE )

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, FINANCIAL STABILITY, AND BASIC NEEDS. SEE  
SCHEDULE O FOR CONTINUATION AND SPECIFIC ACCOMPLISHMENTS.

**4c** (Code: ) (Expenses \$ 2,790,706. including grants of \$ 2,573,589. ) (Revenue \$ NONE )

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 2022, 96 LOCAL COMPANIES AND NATIONAL  
RETAILERS DONATED ITEMS WITH AN ESTIMATED FAIR MARKET VALUE OF  
ALMOST \$2.5 MILLION. THESE DONATIONS BENEFITED 232 AGENCIES IN OUR  
COMMUNITY DURING THE YEAR.

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

(Expenses \$ 653,269. including grants of \$ NONE ) (Revenue \$ 1,200. )

**4e** Total program service expenses 13,046,876.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions . . . . .	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .	<b>4</b>	X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> . . . . .	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> . . . . .	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . . . . .	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .	<b>10</b> X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> . . . . .	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> . . . . .	<b>11b</b>	X
<b>c</b> Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> . . . . .	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> . . . . .	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> . . . . .	<b>11e</b>	X
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> . . . . .	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> . . . . .	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> . . . . .	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . .	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> . See instructions . . . . .	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b> X	

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J. . . . .</i>	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		X
<b>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 the 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 line 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 on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O. . . . .	X	

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .	26	
<b>1b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable. . . . .	NONE	
<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)

	Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . . . . <b>2a</b> 53		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<input checked="" type="checkbox"/>	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> . . . . .		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		<input checked="" type="checkbox"/>
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<input checked="" type="checkbox"/>
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		<input checked="" type="checkbox"/>
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . . <b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<input checked="" type="checkbox"/>
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		<input checked="" type="checkbox"/>
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . . <b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . <b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders . . . . . <b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . .		
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . . <b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . . <b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> . . . . .		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . .		<input checked="" type="checkbox"/>
If "Yes," see the instructions and file Form 4720, Schedule N.		
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		<input checked="" type="checkbox"/>
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . .		
If "Yes," complete Form 6069.		

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

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .	1a	33
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1b	33
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . .	3	X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	4	X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . .	5	X
<b>6</b>	Did the organization have members or stockholders? . . . . .	6	X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	8a	X
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	8b	X
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O.</i> . . . . .	9	X

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

**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.

☒ Own website ☐ Another's website ☒ Upon request ☐ Other (*explain on Schedule O*)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
DARREN MINKS, CFO 245 N. WATER ST WICHITA, KS 67202

316-267-1321

Form **990** (2022)



**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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NAJERA, PETER BOARD SECRETARY/PRESIDENT/CEO	60.00 NONE			X				301,700.	NONE	121,254.
(2) MINKS, DARREN CFO	50.00 NONE			X				123,312.	NONE	51,367.
(3) PRATHER, ANGELIA VP	50.00 NONE					X		105,398.	NONE	35,295.
(4) FREDERIC JR., ABEL VP	50.00 NONE					X		111,300.	NONE	23,897.
(5) ANDERSON, CRAIG VICE CHAIRPERSON	1.00 NONE	X		X				NONE	NONE	NONE
(6) BABICH, PAUL DIRECTOR	0.80 NONE	X						NONE	NONE	NONE
(7) BEARD, CORNELL DIRECTOR	0.20 NONE	X						NONE	NONE	NONE
(8) BERRY, WALTER DIRECTOR	0.20 NONE	X						NONE	NONE	NONE
(9) BURNETT, BRIAN DIRECTOR	0.20 NONE	X						NONE	NONE	NONE
(10) CAMARENA, GENE DIRECTOR	0.20 NONE	X						NONE	NONE	NONE
(11) CLEMONS-AJIBOLADE, EBONY DIRECTOR	0.80 NONE	X						NONE	NONE	NONE
(12) DECHANT, MARGARET DIRECTOR	0.20 NONE	X						NONE	NONE	NONE
(13) DIXON, STEVE IMMEDIATE PAST CHAIR	0.80 NONE	X						NONE	NONE	NONE
(14) DUNN, ADAM TREASURER	1.10 NONE	X		X				NONE	NONE	NONE

Form **990** (2022)

**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 ) GANDU, BOBBY DIRECTOR	1.20 NONE	X						NONE	NONE	NONE
( 16 ) HARDIN, PATRICIA L. DIRECTOR	0.20 NONE	X						NONE	NONE	NONE
( 17 ) ISEMAN, DIANE M. DIRECTOR	0.20 NONE	X						NONE	NONE	NONE
( 18 ) KERSCHEN, RICHARD M. DIRECTOR	0.20 NONE	X						NONE	NONE	NONE
( 19 ) LABARCA, LAURIE DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
( 20 ) LEDBETTER, DOUG DIRECTOR	1.80 NONE	X						NONE	NONE	NONE
( 21 ) MATTHIES, KEVIN DIRECTOR	0.20 NONE	X						NONE	NONE	NONE
( 22 ) MORRIS, JESSE DIRECTOR	0.20 NONE	X						NONE	NONE	NONE
( 23 ) NOAH, JODI CHAIRPERSON	2.10 NONE	X		X				NONE	NONE	NONE
( 24 ) PIERCE, JUDY DIRECTOR	0.20 NONE	X						NONE	NONE	NONE
( 25 ) POLITE, WILLIAM DIRECTOR	0.20 NONE	X						NONE	NONE	NONE
<b>1b Sub-total</b> . . . . .								641,710.	NONE	231,813.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								NONE	NONE	NONE
<b>d Total (add lines 1b and 1c)</b> . . . . .								641,710.	NONE	231,813.

**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 **▶** 4

	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> . . . . .		
<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> . . . . .		
<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> . . . . .		

**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			
( 26 ) ROSSON, MOJI DIRECTOR	0.20 NONE	X						NONE	NONE	NONE
( 27 ) RUSSELL, CAROL DIRECTOR	0.20 NONE	X						NONE	NONE	NONE
( 28 ) SCHAFER, AMY DIRECTOR	0.20 NONE	X						NONE	NONE	NONE
( 29 ) SUDDUTH, TONYA DIRECTOR	0.20 NONE	X						NONE	NONE	NONE
( 30 ) SZAMBECKI, JENNIFER DIRECTOR	1.60 NONE	X						NONE	NONE	NONE
( 31 ) THIBAUT, CECILLA DIRECTOR	0.20 NONE	X						NONE	NONE	NONE
( 32 ) TIRUKONDA, SUE DIRECTOR	0.40 NONE	X						NONE	NONE	NONE
( 33 ) UTASH, SHEREE DIRECTOR	0.20 NONE	X						NONE	NONE	NONE
( 34 ) WEIFORD, JEFF DIRECTOR	0.20 NONE	X						NONE	NONE	NONE
( 35 ) WEIGAND, JOHNNATHAN DIRECTOR	0.20 NONE	X						NONE	NONE	NONE
( 36 ) WILLIAMS, LAVONTA DIRECTOR	0.20 NONE	X						NONE	NONE	NONE
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

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

	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> . . . . .		
<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> . . . . .		
<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> . . . . .		

**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>	1,368,214.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	12,884,595.			
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$ 2,476,538.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		14,252,809.			
<b>Program Service Revenue</b>				<b>Business Code</b>			
	<b>2a</b>						
	<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 . . . . .			NONE			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .			261,270.		261,270.
	<b>4</b>	Income from investment of tax-exempt bond proceeds .			NONE		
	<b>5</b>	Royalties . . . . .			NONE		
			(i) Real	(ii) Personal			
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>				
	<b>b</b>	Less: rental expenses	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>	NONE	NONE		
	<b>d</b>	Net rental income or (loss) . . . . .			NONE		
	<b>7a</b>	Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other		
	<b>7a</b>		754,495.				
	<b>b</b>	Less: cost or other basis and sales expenses . .	<b>7b</b>	578,456.			
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	176,039.			
	<b>d</b>	Net gain or (loss) . . . . .			176,039.		176,039.
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>	NONE			
	<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>	NONE			
	<b>c</b>	Net income or (loss) from fundraising events . . . . .			NONE		
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>	NONE			
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>	NONE				
<b>c</b>	Net income or (loss) from gaming activities . . . . .			NONE			
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>	NONE				
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>	NONE				
<b>c</b>	Net income or (loss) from sales of inventory . . . . .			NONE			
<b>Miscellaneous Revenue</b>				<b>Business Code</b>			
	<b>11a</b>	CMIS USER FEES AND SUPPORT		900099	1,200.	1,200.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue . . . . .		900099	11,703.	10,292.	1,411.
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .				12,903.		
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .				14,703,021.	11,492.	438,720.

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	10,021,408.	10,021,408.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	638,200.	638,200.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	NONE			
<b>4</b> Benefits paid to or for members . . . . .	NONE			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	597,633.	149,782.	278,669.	169,182.
<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) . . . . .	NONE			
<b>7</b> Other salaries and wages . . . . .	1,993,348.	1,007,363.	570,103.	415,882.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	226,968.	113,343.	69,412.	44,213.
<b>9</b> Other employee benefits . . . . .	211,651.	110,521.	45,475.	55,655.
<b>10</b> Payroll taxes . . . . .	171,334.	80,048.	55,417.	35,869.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .	NONE			
<b>b</b> Legal . . . . .	2,906.		2,906.	
<b>c</b> Accounting . . . . .	42,871.		42,871.	
<b>d</b> Lobbying . . . . .	NONE			
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	NONE			
<b>f</b> Investment management fees . . . . .	NONE			
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	271,075.	257,300.	7,437.	6,338.
<b>12</b> Advertising and promotion . . . . .	153,694.	80,148.	72,659.	887.
<b>13</b> Office expenses . . . . .	127,960.	52,755.	44,065.	31,140.
<b>14</b> Information technology. . . . .	279,414.	194,048.	39,374.	45,992.
<b>15</b> Royalties. . . . .	NONE			
<b>16</b> Occupancy . . . . .	145,550.	74,728.	48,039.	22,783.
<b>17</b> Travel . . . . .	24,008.	12,787.	7,480.	3,741.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	NONE			
<b>19</b> Conferences, conventions, and meetings . . . . .	65,405.	23,996.	14,084.	27,325.
<b>20</b> Interest . . . . .	NONE			
<b>21</b> Payments to affiliates. . . . .	154,882.	80,234.	43,742.	30,906.
<b>22</b> Depreciation, depletion, and amortization . . . . .	151,392.	90,130.	33,571.	27,691.
<b>23</b> Insurance . . . . .	65,484.	35,754.	17,257.	12,473.
<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 . . . . .	3,644.	1,046.	1,950.	648.
<b>b</b> MEMBERSHIPS & SUBSCRIPTIONS . . . . .	21,746.	3,829.	16,313.	1,604.
<b>c</b> . . . . .				
<b>d</b> . . . . .				
<b>e</b> All other expenses . . . . .	33,851.	19,456.	10,399.	3,996.
<b>25</b> Total functional expenses. Add lines 1 through 24e . . . . .	15,404,424.	13,046,876.	1,421,223.	936,325.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	596,042.	<b>1</b>	360,690.
	<b>2</b> Savings and temporary cash investments. . . . .	NONE	<b>2</b>	NONE
	<b>3</b> Pledges and grants receivable, net . . . . .	7,299,665.	<b>3</b>	6,668,170.
	<b>4</b> Accounts receivable, net . . . . .	NONE	<b>4</b>	NONE
	<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 . . . . .	NONE	<b>5</b>	NONE
	<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). . . . .	NONE	<b>6</b>	NONE
	<b>7</b> Notes and loans receivable, net . . . . .	NONE	<b>7</b>	NONE
	<b>8</b> Inventories for sale or use . . . . .	431,510.	<b>8</b>	318,825.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	767,935.	<b>9</b>	794,811.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 4,257,984.		
	<b>b</b> Less: accumulated depreciation. . . . .	<b>10b</b> 3,299,958.		
	<b>11</b> Investments - publicly traded securities. . . . .	983,917.	<b>10c</b>	958,026.
	<b>12</b> Investments - other securities. See Part IV, line 11. . . . .	16,192,819.	<b>11</b>	13,383,523.
	<b>13</b> Investments - program-related. See Part IV, line 11. . . . .	NONE	<b>12</b>	NONE
	<b>14</b> Intangible assets . . . . .	NONE	<b>13</b>	NONE
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	NONE	<b>14</b>	NONE
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	NONE	<b>15</b>	NONE	
<b>17</b> Accounts payable and accrued expenses. . . . .	26,271,888.	<b>16</b>	22,484,045.	
<b>18</b> Grants payable . . . . .	169,948.	<b>17</b>	544,675.	
<b>19</b> Deferred revenue . . . . .	4,480,750.	<b>18</b>	3,878,765.	
<b>20</b> Tax-exempt bond liabilities . . . . .	1,036,174.	<b>19</b>	894,209.	
<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	NONE	<b>20</b>	NONE	
<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 . . . . .	NONE	<b>21</b>	NONE	
<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	NONE	<b>22</b>	NONE	
<b>24</b> Unsecured notes and loans payable to unrelated third parties. . . . .	NONE	<b>23</b>	NONE	
<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 . . . . .	NONE	<b>24</b>	NONE	
<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25. . . . .	NONE	<b>25</b>	NONE	
<b>27</b> Net assets without donor restrictions . . . . .	5,686,872.	<b>26</b>	5,317,649.	
<b>28</b> Net assets with donor restrictions. . . . .				
<b>29</b> Capital stock or trust principal, or current funds . . . . .				
<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .				
<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .				
<b>32</b> Total net assets or fund balances . . . . .				
<b>33</b> Total liabilities and net assets/fund balances . . . . .				

Form **990** (2022)

**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>	14,703,021.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	15,404,424.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	-701,403.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .	<b>4</b>	20,585,016.
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	-2,717,217.
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O). . . . .	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) . . . . .	<b>10</b>	17,166,396.

**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 on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? . . . . .
- 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>		

Form **990** (2022)



**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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

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

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

Schedule A (Form 990) 2022

JSA  
2E1210 1.000

969511 K932 10/28/2023 11:26:24 V22-7.4F 155-0085408-0085408

**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	14,459,383.	15,165,411.	14,274,014.	14,760,430.	14,252,809.	72,912,047.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						NONE
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						NONE
<b>4 Total.</b> Add lines 1 through 3. . . . .	14,459,383.	15,165,411.	14,274,014.	14,760,430.	14,252,809.	72,912,047.
<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). . . . .						4,218,039.
<b>6 Public support.</b> Subtract line 5 from line 4						68,694,008.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 . . . . .	14,459,383.	15,165,411.	14,274,014.	14,760,430.	14,252,809.	72,912,047.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	199,723.	179,042.	184,117.	217,458.	261,270.	1,041,610.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						NONE
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	119,341.	120,825.	51,882.	43,949.	12,903.	348,900.
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						74,302,557.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	NONE
<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 2022 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	92.45 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 . . . . .	<b>15</b>	95.61 %
<b>16a 33 1/3% support test - 2022.</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 - 2021.</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 - 2022.</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 - 2021.</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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 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>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f), divided by line 13, column (f)). . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** 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 - 2021.** 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 on line 12 of 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11a</b>		
<b>11b</b>		
<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? If "No," describe in <b>Part VI</b> 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.		
<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? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>1</b>		
<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)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<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>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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

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

	Yes	No
<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 <b>Part VI</b> 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? If "Yes," then in <b>Part VI</b> 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.		
<b>b</b> Did the activities described on 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? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<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? If "Yes" or "No," provide details in <b>Part VI</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? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<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.

Section A - Adjusted Net Income		(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 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		
Section B - Minimum Asset Amount		(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 Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):			
<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 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
Section C - Distributable Amount			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 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) 2022

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

Section D - Distributions		Current Year
<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 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
<b>1</b>	Distributable amount for 2022 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b>	Excess distributions carryover, if any, to 2022			
<b>a</b>	From 2017 . . . . .			
<b>b</b>	From 2018 . . . . .			
<b>c</b>	From 2019 . . . . .			
<b>d</b>	From 2020 . . . . .			
<b>e</b>	From 2021 . . . . .			
<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 2022 distributable amount			
<b>i</b>	Carryover from 2017 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b>	Distributions for 2022 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2022 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b>	Remaining underdistributions for years prior to 2022, 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 2022. 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 2023.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>	Excess from 2018 . . . .			
<b>b</b>	Excess from 2019 . . . .			
<b>c</b>	Excess from 2020 . . . .			
<b>d</b>	Excess from 2021 . . . .			
<b>e</b>	Excess from 2022 . . . .			

Schedule A (Form 990) 2022

**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.)

## SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2018	2019	2020	2021	2022	TOTAL
MISCELLANEOUS INCOME	119,341.	120,825.	51,882.	43,949.	12,903.	348,900.
TOTALS	119,341.	120,825.	51,882.	43,949.	12,903.	348,900.



**Schedule B  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2022**

Name of the organization

Employer identification number

UNITED WAY OF THE PLAINS, INC.

48-0547688

**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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization

UNITED WAY OF 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		\$ 769,548.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 297,662.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 501,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 304,818.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 466,256.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 307,500.	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		\$ 1,768,445.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 417,690.	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.)
		\$	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
7	VARIOUS CONSUMER GOODS	\$ 1,768,445.	12/31/2022
8	VARIOUS CONSUMER GOODS	\$ 417,690.	12/31/2022
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

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

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF THE PLAINS, INC.

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public  
Inspection

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.

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

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register . . . . .	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year . . . . .	
4 Number of states where property subject to conservation easement is located . . . . .	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year . . . . .	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year . . . . .	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1. . . . .	\$
(ii) Assets included in Form 990, Part X. . . . .	\$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1. . . . .	\$
b Assets included in Form 990, Part X. . . . .	\$

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

Schedule D (Form 990) 2022

**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 **d** ☐ Loan or exchange program  
**b** ☐ Scholarly research **e** ☐ Other \_\_\_\_\_  
**c** ☐ Preservation for future generations

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

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

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" 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 . . . . .	5,967,583.	4,921,554.	4,481,142.	3,970,086.	4,223,108.
<b>b</b> Contributions . . . . .	-37,582.	599,557.	90,462.	219,507.	52,969.
<b>c</b> Net investment earnings, gains, and losses . . . . .	-775,815.	577,516.	499,511.	611,850.	-255,971.
<b>d</b> Grants or scholarships . . . . .	22,704.	131,044.	149,561.	320,301.	50,020.
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	5,131,482.	5,967,583.	4,921,554.	4,481,142.	3,970,086.

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

**a** Board designated or quasi-endowment 50.7060 %

**b** Permanent endowment 30.2860 %

**c** Term endowment 19.0080 %

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 . . . . .

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

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

**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 . . . . .		2,633,591.	2,044,850.	588,741.
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .		1,543,993.	1,255,108.	288,885.
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				958,026.

Schedule D (Form 990) 2022

**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>	11,329,838.
<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>	-2,717,217.
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	116,635.
<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>	-2,600,582.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	13,930,420.
<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>	772,601.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	772,601.
<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>	14,703,021.

**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>	14,748,458.
<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>	116,635.
<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>	116,635.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	14,631,823.
<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>	772,601.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	772,601.
<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>	15,404,424.

**Part XIII Supplemental Information.**

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

SEE SUPPLEMENTAL PAGE

**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	772,601
------------------	---------

SCHEDULE D, PART XII, LINE 4B

DESIGNATED GIFTS	772,601
------------------	---------

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.

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF THE PLAINS, INC.

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ABILITYPOINT							
2919 W. 2ND ST. N. WICHITA, KS 67203-5319	48-0640559	501(C) (3)	37,428.				GRANT AWARDS / DESIGNATIONS
(2) ABILITYPOINT							
2919 W. 2ND ST. N. WICHITA, KS 67203-5319	48-0640559	501(C) (3)		14,634.	FMV	SUPPLIES	OFFICE SUPPLIES
(3) ALZHEIMER'S ASSOCIATION							
1820 E DOUGLAS WICHITA, KS 67214	13-3039601	501(C) (3)		9,160.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(4) AMERICAN CANCER SOCIETY							
PO BOX 171355 KANSAS CITY, KS 66117	74-1185665	501(C) (3)		24,926.	FMV	SUPPLIES	OFFICE SUPPLIES
(5) AMERICAN DIABETES ASSOCIATION							
PO BOX 7023 MERRIFIELD, VA 22116-7023	13-1623888	501(C) (3)	21,109.				GRANT AWARDS / DESIGNATIONS
(6) AMERICAN HEART ASSOCIATION							
8630 E. 32ND CT. N. WICHITA, KS 67226-4007	13-5613797	501(C) (3)	5,455.				DONOR DESIGNATIONS
(7) ANGELS IN THE ATTIC, INC.							
PO BOX 581 ARKANSAS CITY, KS 67005-0581	47-5050829	501(C) (3)	10,000.				GRANT AWARD
(8) ANGELS IN THE ATTIC, INC.							
PO BOX 581 ARKANSAS CITY, KS 67005-0581	47-5050829	501(C) (3)		216,512.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(9) ARMAAN FOUNDATION							
3829 N RUSHWOOD ST WICHITA, KS 67226	83-2983968	501(C) (3)		14,814.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(10) BARCLAY COLLEGE							
607 KINGMAN HAVILAND, KS 67059	48-0554341	501(C) (3)		11,906.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(11) BIKE WALK WICHITA							
1134 N COOLIDGE AVE WICHITA, KS 67203-3051	46-2800001	501(C) (3)		5,104.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(12) BIRTHRIGHT OF HUTCHINSON INC							
214 E 3RD AVE HUTCHINSON, KS 67501	32-0040254	501(C) (3)		16,893.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							147
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) 2022

**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.

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF THE PLAINS, INC.

**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) BOTANICA INC 701 AMIDON ST WICHITA, KS 67203	48-1007736	501 (C) (3)		27,439.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(2) BOYS & GIRLS CLUB OF SOUTH CENTRAL KANSAS, PO BOX 2282 WICHITA, KS 67201-2282	48-1071303	501 (C) (3)	357,442.				GRANT AWARDS / DESIGNATIONS
(3) CAIRIN HEALTH, INC. 1530 S. OLIVER ST., STE. 110	48-0891620	501 (C) (3)	234,186.				GRANT AWARDS / DESIGNATIONS
(4) CATHOLIC CHARITIES INC 437 N. TOPEKA ST. WICHITA, KS 67202-2413	48-0543703	501 (C) (3)	336,430.				GRANT AWARDS / DESIGNATIONS
(5) CATHOLIC CHARITIES INC 437 N. TOPEKA ST. WICHITA, KS 67202-2413	48-0543703	501 (C) (3)		40,660.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(6) CENTER OF HOPE INC 400 N EMPORIA WICHITA, KS 67202-2514	48-0578624	501 (C) (3)	629,235.				GRANT AWARDS / DESIGNATIONS
(7) CENTRAL PLAINS HEALTHCARE PARTNERSHIP 1102 S HILLSIDE WICHITA, KS 67211-4004	48-1200868	501 (C) (3)	198,033.				GRANT AWARDS / DESIGNATIONS
(8) CEREBRAL PALSY RESEARCH FOUNDATION OF KANSAS PO BOX 8217 WICHITA, KS 67208-0217	23-7314938	501 (C) (3)	287,331.				GRANT AWARDS / DESIGNATIONS
(9) CEREBRAL PALSY RESEARCH FOUNDATION OF KANSAS PO BOX 8217 WICHITA, KS 67208-0217	23-7314938	501 (C) (3)		33,873.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(10) CHILD ADVOCACY CENTER OF SG COUNTY 1211 S EMPORIA AVE WICHITA, KS 67211-3211	26-2090660	501 (C) (3)	14,984.				GRANT AWARDS / DESIGNATIONS
(11) CHILD ADVOCACY CENTER OF SG COUNTY 1211 S EMPORIA AVE WICHITA, KS 67211-3211	26-2090660	501 (C) (3)		10,384.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(12) CHILDREN FIRST CEO KANSAS INC PO BOX 2385 WICHITA, KS 67201	48-1235279	501 (C) (3)		37,579.	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) 2022

**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.

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF THE PLAINS, INC.

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CHILD START, INC. 1002 S. OLIVER ST. WICHITA, KS 67218-3218	48-0637922	501(C) (3)	125,509.				GRANT AWARDS / DESIGNATIONS
(2) CHILD START, INC. 1002 S. OLIVER ST. WICHITA, KS 67218-3218	48-0637922	501(C) (3)		141,062.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(3) CITY OF WICHITA EMPLOYEE EMERGENCY ASSISTANT 455 N MAIN ST WICHITA, KS 67202	48-0888954	501(C) (3)	23,543.				DONOR DESIGNATIONS
(4) CITY OF WICHITA 455 N MAIN ST WICHITA, KS 67202	48-0000653	GOVT	10,000.				VETERANS RIDE / FREE BUS PROGRAM
(5) CLUB PARKINSON'S 1845 FAIRMOUNT ST WICHITA, KS 67260	86-2420764	501(C) (3)	25,000.				GRANT AWARD
(6) COMMON GROUND PRODUCERS AND GROWERS, LLC 2250 N. ROCK RD. SUITE 118-130	81-1452173	501(C) (3)	10,000.				GRANT AWARD
(7) COMMUNITY HEALTH CENTER OF COWLEY COUNTY 221 W 8TH AVE WINFIELD, KS 67156	48-0985868	501(C) (3)		8,085.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(8) CONSUMER CREDIT COUNSELING SERVICE 1201 W. WALNUT SALINA, KS 67401	48-0995970	501(C) (3)	65,568.				GRANT AWARDS / DESIGNATIONS
(9) CORNERSTONES OF CARE 300 E 36TH ST KANSAS CITY, MO 64111	43-1689138	501(C) (3)		15,178.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(10) DCCCA, INC. 1319 W. MAY WICHITA, KS 67213	23-7368880	501(C) (3)		17,185.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(11) DEAR NEIGHBOR MINISTRIES INC 1329 BLUFFVIEW WICHITA, KS 67218	48-1251656	501(C) (3)	48,739.				GRANT AWARD
(12) DEAR NEIGHBOR MINISTRIES INC 1329 BLUFFVIEW WICHITA, KS 67218	48-1251656	501(C) (3)		11,208.	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) 2022

JSA

2E1288 1.000

**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.

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF THE PLAINS, INC.

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) DESTINATION INNOVATION, INC. PO BOX 17203 WICHITA, KS 67218	83-1667906	501(C) (3)	59,578.				GRANT AWARD
(2) DON'T EVER GIVE UP FOUNDATION INC 2150 S HILLSIDE ST WICHITA, KS 67211	81-1943525	501(C) (3)		53,529.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(3) DOROTHY'S LANE 2418 E NINTH ST STE 13 WICHITA, KS 67214	83-0823365	501(C) (3)		5,784.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(4) DUI VICTIMS CENTER OF KANSAS 313 N SENECA STE 103 WICHITA, KS 67203	82-4805078	501(C) (3)		9,584.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(5) EAGLE NEST INC 112 E 9TH AVE WINFIELD, KS 67156-2818	48-1248592	501(C) (3)	5,834.				GRANT AWARD
(6) EMBRACE 1040 N WEST ST WICHITA, KS 67203	48-1008621	501(C) (3)		6,256.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(7) ENVISION FOUNDATION 610 N AWAIN ST STE 400 WICHITA, KS 67203	25-1392721	501(C) (3)	21,328.				DONOR DESIGNATIONS
(8) EPISCOPAL SOCIAL SERVICE INC PO BOX 670 WICHITA, KS 67201	48-0947896	501(C) (3)	12,805.				GRANT AWARDS / DESIGNATIONS
(9) EPISCOPAL SOCIAL SERVICE INC PO BOX 670 WICHITA, KS 67201	48-0947896	501(C) (3)		28,972.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(10) FAMILY LIFE SERVICES OF SOUTHERN KANSAS INC 305 S SUMMIT ST	48-1072172	501(C) (3)	6,834.				GRANT AWARD
(11) FAMILY PROMISE OF GREATER WICHITA 401 N EMPORIA ST WICHITA, KS 67202	47-5491118	501(C) (3)	37,500.				GRANT AWARD
(12) FAMILY PROMISE OF GREATER WICHITA 401 N EMPORIA ST WICHITA, KS 67202	47-5491118	501(C) (3)		9,367.	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) 2022

**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.

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF THE PLAINS, INC.

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) FIRST METROPOLITAN COMMUNITY CHURCH 156 S KANSAS WICHITA, KS 67211	48-1068460	501(C)(3)		11,705.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(2) FIRST UNITED METHODIST CHURCH DEB WINFIELD 1000 MILLINGTON ST WINFIELD, KS 67156-3630	48-0561971	501(C)(3)	10,000.				GRANT AWARD
(3) FREEDOM CHALLENGE 12025 W LYNNDALE ST WICHITA, KS 67235	20-3485264	501(C)(3)		5,705.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(4) FRIENDSHIP FUND BOARD OF EDUCATION EMPLOYEE 903 S EDGEWOOD ST WICHITA, KS 67218	48-6115936	501(C)(3)	16,198.				DONOR DESIGNATIONS
(5) GIRL SCOUTS OF THE KANSAS HEARTLAND 360 LEXINGTON RD WICHITA, KS 67218-1700	48-0556718	501(C)(3)	125,414.				GRANT AWARDS / DESIGNATIONS
(6) GIRL SCOUTS OF THE KANSAS HEARTLAND 360 LEXINGTON RD WICHITA, KS 67218-1700	48-0556718	501(C)(3)		16,719.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(7) GIVING THE BASICS WICHITA, KS 5440 N MILL HEIGHTS DRIVE	83-2564688	501(C)(3)	13,500.				GRANT AWARD
(8) GOODWILL INDUSTRIES OF KANSAS PO BOX 8169 WICHITA, KS 67208-0169	48-0673284	501(C)(3)	7,500.				DONOR DESIGNATIONS
(9) GRACE MED HEALTH CLINIC INC 1150 N. BROADWAY AVE. WICHITA, KS 67214	48-1159633	501(C)(3)	42,559.				GRANT AWARDS / DESIGNATIONS
(10) GRACE MED HEALTH CLINIC INC 1150 N. BROADWAY AVE. WICHITA, KS 67214	48-1159633	501(C)(3)		6,861.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(11) GRACE UNITED METHODIST CHURCH DEB WINFIELD 320 COLLEGE ST WINFIELD, KS 67156-2414	48-6077063	501(C)(3)	5,834.				GRANT AWARD
(12) GREAT PLAINS DIABETES RESEARCH, INC. 834 N SOCORA STE 4 WICHITA, KS 67212	48-0946497	501(C)(3)	36,970.				GRANT AWARD

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) 2022

**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.

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF THE PLAINS, INC.

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> GREATER WICHITA PARTNERSHIP INC 501 E. DOUGLAS AVE WICHITA, KS 67202	47-4134110	501(C) (3)	10,000.				GRANT AWARD
<b>(2)</b> GREATER WICHITA YMCA 402 N. MARKET ST. WICHITA, KS 67202-2012	48-0554440	501(C) (3)	240,728.				GRANT AWARDS / DESIGNATIONS
<b>(3)</b> GREATER WICHITA YMCA 402 N. MARKET ST. WICHITA, KS 67202-2012	48-0554440	501(C) (3)		19,598.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
<b>(4)</b> GUADALUPE CLINIC 940 S. ST. FRANCIS ST. WICHITA, KS 67211	20-1285208	501(C) (3)	25,985.				GRANT AWARD
<b>(5)</b> HABITAT FOR HUMANITY 130 E. MURDOCK ST. STE. 102	58-1735540	501(C) (3)		48,381.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
<b>(6)</b> HEAD TO TOE HYGIENE PANTRY 2130 E 21ST ST N WICHITA, KS 67214	92-3145482	501(C) (3)		6,249.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
<b>(7)</b> HEALTH MINISTRIES CLINIC 720 MEDICAL CENTER DR NEWTON, KS 67114	48-1091875	501(C) (3)		19,539.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
<b>(8)</b> HEART OF CHRIST UMC 856 S GREEN WICHITA, KS 67211	84-1790730	501(C) (3)		18,586.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
<b>(9)</b> HEART TO HEART CHILD ADVOCACY 702 N MAIN NEWTON, KS 67114	20-1539146	501(C) (3)		5,728.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
<b>(10)</b> HEART OF FLORIDA UNITED WAY 1940 TRAYLOR BLVD. ORLANDO, FL 32804-4714	59-0808854	501(C) (3)	8,607.				DONOR DESIGNATIONS
<b>(11)</b> HEARTSPRING 8700 E 29TH ST N WICHITA, KS 67226	48-0561969	501(C) (3)		11,745.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
<b>(12)</b> HESSTON RESOURCE CENTER 112 E SMITH ST HESSTON, KS 67062	48-0958090	501(C) (3)		7,362.	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) 2022



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.

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF THE PLAINS, INC.

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) HIGHER GROUND 247 N MARKET WICHITA, KS 67202	48-1125182	501 (C) (3)		5,795.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(2) H.O.P.E., INC. 2137 N. BATTIN WICHITA, KS 67208	48-0873340	501 (C) (3)		6,874.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(3) HOPENET 2501 E CENTRAL AVE WICHITA, KS 67214	48-1105407	501 (C) (3)		8,941.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(4) HOPE IN THE VALLEY/EQUINE RESCUE BOX 14 VALLEY CENTER, KS 67147	20-4151013	501 (C) (3)		13,748.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(5) HOPE RANCH FOR WOMEN PO BOX 75436 WICHITA, KS 67275-5436	46-2216874	501 (C) (3)	25,000.				GRANT AWARD
(6) HUMANKIND MINISTRIES 829 N. MARKET WICHITA, KS 67214	48-0559085	501 (C) (3)	90,600.				GRANT AWARDS / DESIGNATIONS
(7) HUMANKIND MINISTRIES 829 N. MARKET WICHITA, KS 67214	48-0559085	501 (C) (3)		10,157.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(8) ICT FOOD RESCUE, INC. 4600 W. KELLOGG #307 WICHITA, KS 67209	81-3353813	501 (C) (3)	12,117.				GRANT AWARD
(9) ICT LAUNCHPAD INC. 3926 E. 13TH ST. N. WICHITA, KS 67208	83-3592268	501 (C) (3)	35,000.				GRANT AWARD
(10) ICT LAUNCHPAD INC. 3926 E. 13TH ST. N. WICHITA, KS 67208	83-3592268	501 (C) (3)		10,492.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(11) ICT SOS 535 S. EMPORIA AVE STE. 101	45-4569287	501 (C) (3)		9,123.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(12) INTERNATIONAL RESCUE COMMITTEE INC 420 S. EMPORIA SUTIE 200 WICHITA, KS 67202	13-5660870	501 (C) (3)	18,146.				GRANT AWARD

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) 2022

**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.

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF THE PLAINS, INC.

**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) INTERNATIONAL RESCUE COMMITTEE INC 420 S. EMPORIA SUTIE 200 WICHITA, KS 67202	13-5660870	501(C) (3)		6,016.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(2) JEHOVAH JIREH FOOD AND CLOTHING CENTER 627 N. ASH WICHITA, KS 67214	48-1053404	501(C) (3)		17,782.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(3) JOBS FOR AMERICA'S GRADUATES- KANSAS INC P.O. BOX 4199 TOPEKA, KS 66604-0199	46-5533413	501(C) (3)	25,000.				GRANT AWARD
(4) KANSAS BIG BROTHERS BIG SISTERS INC. 310 E. 2ND ST. N. WICHITA, KS 67202-2404	23-7056717	501(C) (3)	181,120.				GRANT AWARDS / DESIGNATIONS
(5) KANSAS BREASTFEEDING COALITION, INC. 3005 CHERRY HILL RD MANHATTAN, KS 66503	26-4042868	501(C) (3)	19,171.				GRANT AWARD
(6) KANSAS CHILDREN'S SERVICE LEAGUE, INC. 1365 N. CUSTER ST. WICHITA, KS 67203	48-0543749	501(C) (3)	211,921.				GRANT AWARDS / DESIGNATIONS
(7) KANSAS CHILDREN'S SERVICE LEAGUE, INC. 1365 N. CUSTER ST. WICHITA, KS 67203	48-0543749	501(C) (3)		93,990.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(8) KANSAS CHRISTIAN HOME 1035 SE 3RD ST NEWTON, KS 67114	48-0674327	501(C) (3)		8,997.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(9) KANSAS COUNCIL ON ECONOMIC EDUCATION 1845 FAIRMOUNT-CAMPUS BOX 203	48-6116794	501(C) (3)	12,500.				GRANT AWARD
(10) KANSAS DEPARTMENT OF CHILDREN AND FAMILIES 555 S KANSAS AVE TOPEKA, KS 66603	48-1124839	GOVT		22,355.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(11) KANSAS HUMANE SOCIETY 3313 N HILLSIDE ST WICHITA, KS 67219-3907	48-0554339	501(C) (3)		9,217.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(12) KANSAS SCHOOL FOR EFFECTIVE LEARNING 2212 E. CENTRAL AVE. WICHITA, KS 67214-4406	48-1072585	501(C) (3)	113,880.				GRANT AWARD

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) 2022

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.

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF THE PLAINS, INC.

Employer identification number

48-0547688

OMB No. 1545-0047

2022

Open to Public  
Inspection

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) LEGACY MINISTRIES, INC. 945 S WICHITA ST WICHITA, KS 67213	27-4421717	501(C)(3)	33,480.				GRANT AWARD
(2) LIFELINE ANIMAL PROTECTION PROJECT 310 W 45TH ST N WICHITA, KS 67204	48-1221562	501(C)(3)		7,079.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(3) WAKING A DIFFERENCE CENTER INC 1626 N MINNEAPOLIS WICHITA, KS 67214	83-1423829	501(C)(3)		21,630.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(4) MEDICAL LOAN CLOSET OF WICHITA INC 1726 W. DRIFTWOOD CT. WICHITA, KS 67204	90-0753211	501(C)(3)		40,094.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(5) MENTAL HEALTH ASSOCIATION OF SOUTH CENTRAL 555 N. WOODLAWN ST. STE. 3105	48-0990763	501(C)(3)	37,765.				GRANT AWARDS / DESIGNATIONS
(6) MENNONITE HOUSING 2145 N TOPEKA WICHITA, KS 67214-1140	48-0874804	501(C)(3)		11,490.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(7) MENTAL HEALTH ASSOCIATION OF SOUTH CENTRAL 555 N. WOODLAWN ST. STE. 3105	48-0990763	501(C)(3)		78,139.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(8) MIRROR INC 130 E 5TH ST NEWTON, KS 67114	23-7433368	501(C)(3)		12,151.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(9) MIRACLES INC 1250 N MARKET WICHITA, KS 67214	48-1113859	501(C)(3)		8,332.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(10) NEVER ALONE CRISIS MINISTRIES INC 2719 MEADOW OAKS WICHITA, KS 67220	31-1662813	501(C)(3)		19,490.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(11) NEW BEGINNINGS 7TH DAY ADVENTISTS CHURCH 209 W. 21 ST N. WICHITA, KS 67203	52-0643036	501(C)(3)		14,603.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(12) NEW HOPE SHELTER PO BOX 978 NEWTON, KS 67114	20-5509503	501(C)(3)		11,921.	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) 2022

**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.

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF THE PLAINS, INC.

Employer identification number

48-0547688

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> NONPROFIT GO, INC 1477 N. WOODROW AVE. WICHITA, KS 67203	82-4716563	501(C)(3)	10,000.				GRANT AWARD
<b>(2)</b> PASSAGEWAYS LTD 6841 WE SHAD LN 202 WICHITA, KS 67212	74-1776507	501(C)(3)		30,946.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
<b>(3)</b> PEACE CONNECTION 612 N MAIN NEWTON, KS 67114	48-0986867	501(C)(3)		20,335.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
<b>(4)</b> PHOENIX MULTISPORT, INC. 2339 CHAMPA ST. DENVER, CO 80205	20-4648043	501(C)(3)	37,375.				GRANT AWARD
<b>(5)</b> PRAIRIE SUNSET HOME - PRETTY PRAIRIE 601 E MAIN ST PRETTY PRAIRIE, KS 67570	48-0663067V	501(C)(3)		15,829.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
<b>(6)</b> PROGRESSIVE COMMUNITY OUTREACH PROGRAM, INC 2727 E 25TH ST N WICHITA, KS 67219	86-2589500	501(C)(3)	10,000.				GRANT AWARD
<b>(7)</b> PROGRESSIVE COMMUNITY OUTREACH PROGRAM, INC 2727 E 25TH ST N WICHITA, KS 67219	86-2589500	501(C)(3)		19,598.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
<b>(8)</b> QUITVIRA COUNCIL, BOY SCOUTS OF AMERICA 3247 N. OLIVER ST. WICHITA, KS 67220-1532	23-7147508	501(C)(3)	38,627.				GRANT AWARDS/ DESIGNATIONS
<b>(9)</b> RAHAB ENRICHMENT CENTER 4601 E DOUGLAS AVE STE 202	83-4062296	501(C)(3)		8,804.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
<b>(10)</b> RAINBOWS UNITED INC 3223 N. OLIVER ST. WICHITA, KS 67220-2106	48-0793004	501(C)(3)	711,677.				GRANT AWARDS/ DESIGNATIONS
<b>(11)</b> RAINBOWS UNITED INC 3223 N. OLIVER ST. WICHITA, KS 67220-2106	48-0793004	501(C)(3)		10,684.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
<b>(12)</b> REACH OUT 2 SOMEONE ELSE, INC. P.O. BOX 781842 WICHITA, KS 67278	32-0620337	501(C)(3)	10,000.				GRANT AWARD

**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) 2022**

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.

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF THE PLAINS, INC.

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) REAL MEN REAL HEROES 100 S. MARKET SUITE 2D WICHITA, KS 67202	26-4263977	501(C) (3)	72,500.				GRANT AWARD
(2) RISE UP FOR YOUTH INC PO BOX 1256 WICHITA, KS 67201-1256	47-1381305	501(C) (3)	240,784.				GRANT AWARDS/ DESIGNATIONS
(3) ROOTS & WINGS, INC. 220 W. DOUGLAS AVE. STE. 15	48-0915548	501(C) (3)	56,054.				GRANT AWARDS/ DESIGNATIONS
(4) SAFE HOPE 316 OAK ST NEWTON, KS 67114	73-1361495	501(C) (3)		34,035.	FMV	SUPPLIES	OFFICE SUPPLIES/ DESIGNATIONS
(5) SAINT FRANCIS COMMUNITY SERVICES INC 4155 E. HARRY ST WICHITA, KS 67218	48-0543809	501(C) (3)		68,102.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(6) SEDGWICK COUNTY HAZARDOUS WASTE DISPOSAL UN 801 STILLWELL ST WICHITA, KS 67213	48-6000798	GOVT		7,147.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(7) SEDGWICK COUNTY HEALTH DEPARTMENT 1900 E. 9TH ST. N. WICHITA, KS 67214-3115	48-6000798	GOVT	170,000.				FISCAL AGENT/ PAYMENT
(8) SENIOR SERVICES INC OF WICHITA 200 S. WALNUT ST. WICHITA, KS 67213-4777	48-0757988	501(C) (3)	180,478.				GRANT AWARDS/ DESIGNATIONS
(9) SENIOR SERVICES INC OF WICHITA 200 S. WALNUT ST. WICHITA, KS 67213-4777	48-0757988	501(C) (3)		92,753.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(10) SHEPHERDS WAY INC 11711 E. CRESTWOOD WICHITA, KS 67206	81-2837618	501(C) (3)	22,500.				DONOR DESIGNATIONS
(11) SHEPHERDS WAY INC 11711 E. CRESTWOOD WICHITA, KS 67206	81-2837618	501(C) (3)		5,403.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(12) SOJOURNERS COFFEE HOUSE INC 7130 W. MAPLE SUITE# 280 WICHITA, KS 67209	85-4102893	501(C) (3)	5,500.				GRANT AWARD

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) 2022

2022

Open to Public  
Inspection

Employer identification number

48-0547688

**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.

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF THE PLAINS, INC.

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SOUTH CENTRAL MENTAL HEALTH ASSOCIATION 2365 W. CENTRAL EL DORADO, KS 67042	48-0678363	501(C)(3)		25,208.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(2) ST. PAUL UNITED METHODIST CHURCH 1356 N BROADWAY WICHITA, KS 67217	48-0547704	501(C)(3)	7,820.				GRANT AWARD
(3) STARKEY 4500 W. MAPLE WICHITA, KS 67209	48-0630180	501(C)(3)	35,221.				DONOR DESIGNATIONS
(4) STARKEY 4500 W. MAPLE WICHITA, KS 67209	48-0630180	501(C)(3)		33,577.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(5) STEPSTONE 1329 S. BLUFFVIEW WICHITA, KS 67218-3031	48-1177617	501(C)(3)	113,187.				GRANT AWARDS / DESIGNATIONS
(6) STORYTIME VILLAGE, INC. 4108 CHARRON LN. WICHITA, KS 67220	90-0450507	501(C)(3)	21,599.				GRANT AWARD
(7) SUBSTANCE ABUSE ASSESSMENT CENTER OF KANSAS 731 N. WATER ST. WICHITA, KS 67203	48-1171220	501(C)(3)		32,144.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(8) SUNFLOWER OUTREACH SERVICES INC DBA JOSEPHS PO BOX 93 BURDEN, KS 67019-0093	48-1203782	501(C)(3)	10,000.				GRANT AWARD
(9) SUNLIGHT CHILDREN'S ADVOCACY & RIGHTS FOUND 1918 N. PRAIRIE CREEK RD ANDOVER, KS 67002	84-1648274	501(C)(3)	57,903.				GRANT AWARDS / DESIGNATIONS
(10) THE KANSAS UNIVERSITY ENDOWMENT ASSOCIATION PO BOX 928 LAWRENCE, KS 66044-0928	48-0547734	501(C)(3)	22,372.				GRANT AWARD / OPER. IMMUN.
(11) THE CENTER, INC 1914 E. 11TH ST. N. WICHITA, KS 67214	05-0620181	501(C)(3)	23,735.				GRANT AWARD
(12) THE PANDO INITIATIVE, INC. 412 S. MAIN ST. STE. 212	48-1093130	501(C)(3)	480,656.				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) 2022

2022

Open to Public  
Inspection

Employer identification number

48-0547688

**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.

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF THE PLAINS, INC.

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THE PANDO INITIATIVE, INC. 412 S. MAIN ST. STE. 212	48-1093130	501(C) (3)		32,380.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(2) THE SALVATION ARMY 350 N MARKET WICHITA, KS 67202-2010	44-0545998	501(C) (3)	349,861.				GRANT AWARDS / DESIGNATIONS
(3) THE SALVATION ARMY 350 N MARKET WICHITA, KS 67202-2010	44-0545998	501(C) (3)		32,865.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(4) THE TREEHOUSE 151 N. VOLUTSIA WICHITA, KS 67214	48-1252307	501(C) (3)		10,389.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(5) THE WICHITA PUBLIC LIBRARY FOUNDATION, INC. 711 W. 2ND ST. N. WICHITA, KS 67203	48-1042418	501(C) (3)	17,938.				GRANT AWARD
(6) THE WOMEN'S NETWORK 510 E. 3RD ST. N. WICHITA, KS 67202-2618	48-1189632	501(C) (3)	101,032.				GRANT AWARDS / DESIGNATIONS
(7) THE WOMEN'S NETWORK 510 E. 3RD ST. N. WICHITA, KS 67202-2618	48-1189632	501(C) (3)		7,808.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(8) TOP EARLY LEARNING CENTER 4600 S. CLIFTON AVE WICHITA, KS 67216	20-2512569	501(C) (3)	21,846.				GRANT AWARD
(9) TRI-COUNTY CASA, INC. PO BOX 926 EL DORADO, KS 67042-0926	48-1242980	501(C) (3)	21,714.				GRANT AWARD
(10) UNITED METHODIST OPEN DOOR PO BOX 2756 WICHITA, KS 67201-2756	48-0731995	501(C) (3)	284,896.				GRANT AWARDS / DESIGNATIONS
(11) UNITED METHODIST OPEN DOOR PO BOX 2756 WICHITA, KS 67201-2756	48-0731995	501(C) (3)		227,206.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(12) UNITED WAY OF SAN ANTONIO PO BOX 898 SAN ANTONIO, TX 78293-0898	74-1272381	501(C) (3)	6,321.				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) 2022

2022

Open to Public  
Inspection

Employer identification number

48-0547688

**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.

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF THE PLAINS, INC.

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNITED WAY SUNCOAST							
5201 W. KENNEDY BLVD., STE 600	59-3725701	501(C) (3)	7,731.				DONOR DESIGNATIONS
(2) USD 259							
903 S EDMOOR ST WICHITA, KS 67218	48-6000351	GOVT		25,671.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(3) WICHITA AREA SEXUAL ASSAULT CENTER							
355 N. WACO ST. STE. 100	48-0861281	501(C) (3)	140,530.				GRANT AWARDS / DESIGNATIONS
(4) WICHITA ASIAN ASSOCIATION							
2502 E. DOUGLAS AVE WICHITA, KS 67214	48-0930285	501(C) (3)	10,000.				GRANT AWARD
(5) WICHITA BIRTH JUSTICE SOCIETY, INC.							
1540 N. BROADWAY SUITE 203	85-0736006	501(C) (3)	47,500.				GRANT AWARD
(6) WICHITA BIRTH JUSTICE SOCIETY, INC.							
1540 N. BROADWAY SUITE 203	85-0736006	501(C) (3)		18,977.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(7) WICHITA CHILDREN'S HOME							
7271 E 37TH ST N WICHITA, KS 67226-3202	48-0547706V	501(C) (3)	298,590.				GRANT AWARDS / DESIGNATIONS
(8) WICHITA CHILDREN'S HOME							
7271 E 37TH ST N WICHITA, KS 67226-3202	48-0547706	501(C) (3)		8,362.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(9) WICHITA FELLOWSHIP CLUB							
204 W 18TH ST N WICHITA, KS 67203	48-0731455	501(C) (3)		7,541.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(10) WICHITA HABITAT FOR HUMANITY							
130 E MURDOCK ST STE 102 WICHITA, KS 67214	58-1735540	501(C) (3)	53,523.				GRANT AWARD
(11) WICHITA INDEPENDENT NEIGHBORHOODS INC. D/B/							
1158 N. VOLUTSA WICHITA, KS 67214	48-1161750	501(C) (3)		46,663.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(12) WICHITA KANSAS INTERTRIBAL WARRIOR SOCIETY							
P.O. BOX 12444 WICHITA, KS 67277	48-1072370	501(C) (3)	10,000.				GRANT AWARD

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) 2022



**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.

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) WICHITA STATE UNIVERSITY FOUNDATION 1845 N FAIRMOUNT CAMPUS BOX 02	48-6121167	501 (C) (3)		14,438.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(2) WITNESS PROJECT OF KANSAS 3306 E. CENTRAL AVE WICHITA, KS 67208	27-3955402	501 (C) (3)	10,000.				GRANT AWARD
(3) WOMEN ASPIRE, INC P.O. BOX 153 KECHI, KS 67067	61-1428839	501 (C) (3)	10,000.				GRANT AWARD
(4) WORKFORCE ALLIANCE OF SOUTH CENTRAL KANSAS, 300 W DOUGLAS ST STE 850	48-1246563	501 (C) (3)	86,200.				GRANT AWARD
(5) YOUNG LIFE WICHITA 6505 E. CENTRAL AVE. STE. 318	84-0385934	501 (C) (3)	6,000.				DONOR DESIGNATIONS
(6) YOUTH EDUCATIONAL EMPOWERMENT PROGRAM PO BOX 8227 WICHITA, KS 67208	48-1245235	501 (C) (3)		18,652.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(7) YOUTH HORIZONS INC 125 S WASHINGTON WICHITA, KS 67202	48-0846374	501 (C) (3)		19,327.	FMV	SUPPLIES	OFFICE SUPPLIES / EQUIPMENT
(8)							
(9)							
(10)							
(11)							
(12)							

- 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) 2022

**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 EARLY CHILDHOOD READING	15,877		230,736.	FMV	BOOKS FOR CHILDREN
2 DELTA DENTAL COMMUNITY BENEFIT PLAN	159	274,343.			
3 COLLEGE SCHOLARSHIPS	7	13,500.			
4 DISASTER ASSISTANCE	42	119,621.			
5					
6					
7					

**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.

SCHEDULE J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF THE PLAINS, INC.

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

2022

Open to Public  
Inspection

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 type="checkbox"/> Compensation committee                         | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input 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
1a		
1b		
2		
3		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2022

**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 and/or 1099-NEC 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 MINKS, DARREN CFO	(i)	122,061.	NONE	1,251.	17,065.	34,302.	174,679.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 NAJERA, PETER BOARD SECRETARY/PRESIDENT/CEO	(i)	286,712.	NONE	14,988.	109,775.	11,479.	422,954.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3	(i)							
	(ii)							
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)							

Schedule J (Form 990) 2022

**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 4B

PETER NAJERA - EMPLOYER 457F CONTRIBUTION OF \$70,833.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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 . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .				
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ (SEE SUPP PAGE ) . . . . .		96.	2,476,538.	
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) 2022

JSA

2E1298 1.000

969511 K932 10/28/2023 11:26:24 V22-7.4F 155-0085408-0085408

**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 DONORS.

**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 - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
UWP GIVE ITEMS	X	96	2,476,538.	FMV
TOTALS		96.	2,476,538.	



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

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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

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

▶ 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

**2022**

**Open to Public  
Inspection**

Employer identification number

**FORM 990, PART III, LINE 4B**

UNITED WAY'S LEAD ROLE IN COMMUNITY GRANTS RESULTED IN GRANT REVENUES IN  
EXCESS OF \$4.1 MILLION FOR THE LOCAL COMMUNITY, OF WHICH \$1.8 MILLION WAS  
DIRECTLY ADMINISTERED BY UNITED WAY OF THE PLAINS. GRANTS AWARDED WERE  
PRIMARILY IN THE AREAS OF EDUCATION, FINANCIAL STABILITY, HEALTH, AND  
HOMELESSNESS. EXAMPLES OF THESE ACCOMPLISHMENTS INCLUDE THE FOLLOWING:

EDUCATION 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. OVER 11,400 CHILDREN  
PARTICIPATED IN THIS PROGRAM DURING 2022. THROUGHOUT THE YEAR ALMOST  
109,000 BOOKS WERE DISTRIBUTED TO CHILDREN IN SEDGWICK, BUTLER, AND  
SUMNER COUNTIES FOR THIS PROGRAM.

THROUGH A COLLABORATION WITH WICHITA STATE UNIVERSITY AND COACHING FOR  
LITERACY FOUNDATION, UNITED WAY WAS ABLE TO DISTRIBUTE OVER 6,000 BOOKS  
TO OVER 3,000 KINDERGARTEN -THIRD GRADE STUDENTS IN 14 ELEMENTARY  
SCHOOLS. THESE BOOKS FEATURED DIVERSE CHARACTERS AND WERE PART OF A  
SUMMER LITERACY KIT DESIGNED TO ENCOURAGE READING OVER THE SUMMER MONTHS  
AND PROVIDED READING GUIDES FOR PARENTS TO HELP THEIR CHILD STRENGTHEN  
THEIR READING SKILLS.

IN ADDITION, 527 VOLUNTEERS CONTINUED TO LEAD THE READ-TO-SUCCEED PROGRAM  
WHICH PARTNERED WITH AREA ELEMENTARY SCHOOLS, BY PROVIDING READING

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

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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

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

▶ 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

**2022**

**Open to Public  
Inspection**

Employer identification number

COACHES DEDICATED TO READING WITH CHILDREN. READING COACHES DEVOTED 30  
MINUTES ONCE A WEEK WITH A STUDENT TO HELP DEVELOP READING SKILLS. AS A  
RESULT, 592 SECOND & THIRD GRADE CHILDREN ENROLLED IN THIS PROGRAM  
BENEFITED FROM THIS MENTORING PROGRAM.

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.

PRESCRIPTION MEDICINES: THROUGH A PARTNERSHIP WITH SINGLECARE - PROVIDED  
A DISCOUNTED PRESCRIPTION DRUG PLAN, WHICH ACCESSED OVER 5,300 TIMES IN  
2022 BY AREA RESIDENTS, SAVING THEM OVER \$500,000 ON PRESCRIPTION COSTS.

DENTAL CARE: THROUGH A PARTNERSHIP WITH DELTA DENTAL OF KANSAS, PROVIDED  
DENTAL INSURANCE COVERAGE THROUGHOUT THE STATE OF KANSAS FOR WORKING  
INDIVIDUALS THAT ARE NOT ABLE TO AFFORD TRADITIONAL DENTAL INSURANCE.  
THROUGH THIS PROGRAM, ALMOST \$275,000 IN DENTAL CARE BENEFITS WAS  
PROVIDED TO 159 INDIVIDUALS DURING 2022.

FINANCIAL STABILITY INITIATIVES:

VITA/EITC ACTIVITY: AS A PARTNER IN THE BUILDING ECONOMIC STABILITY  
TOGETHER (BEST) COALITION, A TOTAL OF 136 VOLUNTEERS WERE RECRUITED,  
TRAINED AND PROVIDED ASSISTANCE IN FILING OVER 5,400 FEDERAL RETURNS FOR

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

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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

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

▶ 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

**2022**

**Open to Public  
Inspection**

Employer identification number

THE ELDERLY AND LOW INCOME RESIDENTS RESULTING IN APPROXIMATELY \$8.4  
MILLION DOLLARS BEING RETURNED TO THESE INDIVIDUALS.

DURING 2022, UNITED WAY LAUNCHED A NEW COALITION TO HELP INDIVIDUALS  
AVOID PREDATORY LENDING SERVICES. THROUGH OUR BANK-ON ICT INITIATIVE,  
INDIVIDUALS WORK WITH PARTNER FINANCIAL INSTITUTIONS TO OBTAIN BANKING  
SERVICES THAT THEY WERE PREVIOUSLY DENIED. IN ITS FIRST YEAR OF  
OPERATION, THE COALITION WAS ABLE TO SERVICE OVER 600 INDIVIDUALS WITH  
SAFE AND AFFORDABLE BANKING SERVICES, THEREBY AVOIDING THE NEED TO USE  
SUCH VENDORS AS PAYDAY LENDERS AND CHECK CASHING VENDORS. OVER 30  
ORGAINZATIONS PARTICIPATED IN THE LAUNCH OF THIS NEW INITIATIVE.

BASIC NEEDS INITIATIVES

HOMELESS INITIATIVES:

UNITED WAY SERVES AS THE LEAD AGENCY FOR THE WICHITA/SEDGWICK COUNTY  
IMPACT ICT CONINTINUUM OF CARE COMMITTEE, WHICH IS COMPRISED OF OVER 330  
INDIVIDUALS AND ORGANIZATIONS FROM NONPROFIT, FAITH-BASED, GOVERNMENT,  
AND BUSINESS ORGANIZATIONS, AND INDIVIDUAL COMMUNITY ADVOCATES. THIS  
COALITION COLLOABORATES ON THE PLANNING OF THE SERVICES NEEDED FOR  
HOMELESS INDIVIDUALS AND FAMILIES IN OUR COMMUNITY. DURING 2022, THIS  
COMMITTEE SERVED ALMOST 3,100 INDIVIDUALS BY PROVIDING ASSISTANCE WITH  
EMERGENCY SHELTER, TRANSITIONAL HOUSING, AND STREET OUTREACH AND HOUSING  
SERVICES, WITH OVER 1,100 INDIVIDUALS BEING HOUSED OR KEPT IN HOUSING  
DURING THE YEAR.

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

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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

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

▶ 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

**2022**

**Open to Public  
Inspection**

Employer identification number

VETERAN TRANSPORTATION:

UNITED WAY PARTNERED WITH THE ROBERT J. DOLE VA MEDICAL CENTER AND THE CITY OF WICHITA TRANSIT DEPARTMENT TO PROVIDE THE VETERANS RIDE FREE PROGRAM, WHICH PROVIDES FREE BUS TRANSPORTION FOR VETERANS IN THE WICHITA AREA, THEREBY REMOVING TRANSPORTATION BARRIERS TO ACCESS VARIOUS SERVICES. ALMOST 50,000 FREE RIDES WERE GRANTED DURING 2022.

**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. DURING 2022, THIS PROGRAM PROVIDED HELP TO INDIVIDUALS ALMOST 155,000 TIMES. THE TOP NEEDS REQUESTED BY CALLERS WERE IN AREAS OF UTILITY/RENT ASSISTANCE, TAX PREPARATION SERVICES, SHELTER INFORMATION, AND FOOD PANTRY INFORMATION.

UNITED WAY'S VOLUNTEER CENTER: THIS PROGRAM PROVIDES COORDINATION OF VOLUNTEER PROJECTS BETWEEN AGENCIES NEEDING VOLUNTEERS AND INDIVIDUALS/GROUPS WANTING TO VOLUNTEER. DURING 2022, THE CENTER COORDINATED ACTIVITIES FOR 213 GROUP PROJECTS AND CONNECTED OVER 4,300 VOLUNTEERS TO LOCAL NONPROFITS NEEDING HELP AND PROVIDED ALMOST 54,000 HOURS OF VOLUNTEER TIME.

DISASTER RESPONSE AND ASSISTANCE:

IN APRIL 2022, AN EF-3 TORNADO STRUCK THE CITY OF ANDOVER, KS. WITHIN

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

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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

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

▶ 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

**2022**

**Open to Public  
Inspection**

Employer identification number

THE FIRST 24 HOURS, UNITED WAY'S 2-1-1 CALL CENTER SERVED A LEAD ROLE IN COORDINATION OF VOLUNTEER ASSISTANCE, CONNECTING THOSE IMPACTED BY THE TORNADO WITH INDIVIDUALS/GROUPS WANTING TO ASSIST WITH CLEAN-UP. IN ADDITION, UNITED WAY COORDINATED A 15-AGENCY RESOURCE CENTER FOR INDIVIDUALS IMPACTED BY THE TORNADO TO VISIT AND RECEIVE HELP IMMEDIATELY. IN ADDITION, UNITED WAY PARTNERED WITH THE CITY OF ANDOVER TO COORDINATE COMMUNITY CLEAN-UP DAYS, AND ALSO SET UP A FUND TO HELP INDIVIDUALS WITH LONG-TERM RECOVERY COSTS. THE FUND RAISED OVER \$900,000 TO ASSIST RESIDENTS, AND WILL BE DISTRIBUTED BASED UPON REVIEW AND APPROVAL OF APPLICATIONS FOR ASSISTANCE. THE INDIVIDUAL APPLICATIONS FOR ASSISTANCE ARE REVIEWED BY A LONG-TERM RECOVERY COMMITTEE, ESTABLISHED BY THE CITY OF ANDOVER, WITH UNITED WAY HAVING A SEAT ON THE COMMITTEE.

**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 ALL PARTIES COVERED BY THE CODE. UPON DISCLOSURE OF A POTENTIAL CONFLICT, THE EXECUTIVE COMMITTEE REVIEWS THE CONFLICT (FOR CONFLICTS PERTAINING TO

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

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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

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

▶ 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

**2022**

**Open to Public  
Inspection**

Employer identification number

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**

THE PRESIDENT'S COMPENSATION REVIEW WAS CONDUCTED IN SEPTEMBER 2022 BY  
THE BOARD CHAIRPERSON, USING INDEPENDENT SALARY RESEARCH ALONG WITH  
CONSULTATION WITH VARIOUS INDEPENDENT SOURCES.

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

Name of the organization

UNITED WAY OF THE PLAINS, INC.

Employer identification number

48-0547688

## FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

ECCOVIA INC  
2150 PARKWAY BLVD  
SALT LAKE CITY, UT 84119

SOFTWARE SUPPORT

151,124.