PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

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

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

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

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning , 2024, and ending , 20

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

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

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 245 N. WATER ST. Room/suite

City or town, state or province, country, and ZIP or foreign postal code WICHITA, KS 67202

D Employer identification number 48-0547688

E Telephone number (316) 267-1321

G Gross receipts $ 21,680,867

F Name and address of principal officer: PETER F. NAJERA
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

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

J Website: WWW.UNITEDWAYPLAINS.ORG

H(c) Group exemption number

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1922

M State of legal domicile: KS

Part I Summary

Activities & Governance

1 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.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	30
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	30
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	54
6	Total number of volunteers (estimate if necessary)	6	8,695
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	13,317,044	16,497,077
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	720,009	725,890
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,612	8,218
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,045,665	17,231,185
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	9,898,983	9,955,738
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,460,609	3,714,331
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) 1,090,735		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,531,931	1,665,139
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	14,891,523	15,335,208
	19	Revenue less expenses. Subtract line 18 from line 12	(845,858)	1,895,977

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	21,647,640	23,360,094
	21	Total liabilities (Part X, line 26)	4,648,315	3,907,882
	22	Net assets or fund balances. Subtract line 21 from line 20	16,999,325	19,452,212

Part II Signature Block

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

Sign Here

Signed by: Peter Najera 3D014A2358CC4FE... (Filed Electronically) 11/11/2025

Signature of officer Date

PETER F NAJERA, CEO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
KEVIN ENSMINGER	Kevin Ensminger	11/11/2025		P01310558

Firm's name FORVIS MAZARS, LLP — Firm's EIN 44-0160260

Firm's address 1551 N WATERFRONT PKWY STE 300, WICHITA, KS 67206-6601 — Phone no. (316) 265-2811

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

Part III Statement of Program Service Accomplishments

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

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 $ 4,987,313 including grants of $ 4,987,313) (Revenue $ 7,207)

(SEE ON SCHEDULE O)

4b (Code:) (Expenses $ 3,546,422 including grants of $ 3,273,293) (Revenue $ 0)

GIVE ITEMS OF VALUE PROGRAM (GIV): WAREHOUSE LOCATION USED TO RECEIVE AND DISTRIBUTE DONATED PRODUCTS SUCH AS OFFICE FURNITURE/SUPPLIES, LINENS, PAPER GOODS, AND OTHER VARIOUS ITEMS FROM AREA BUSINESSES AND NATIONAL RETAILERS. PRODUCT IS DISTRIBUTED TO AREA NON-PROFITS AT NO COST, THEREBY ALLOWING THE RECEIVING AGENCY TO SPEND MORE OF THEIR DOLLARS ON THEIR RESPECTIVE MISSION. DURING 2024, 103 LOCAL COMPANIES AND NATIONAL RETAILERS DONATED ITEMS WITH AN ESTIMATED FAIR MARKET VALUE OVER $3.0 MILLION DOLLARS. THESE DONATIONS BENEFITED 280 AGENCIES IN OUR COMMUNITY DURING THE YEAR.

4c (Code:) (Expenses $ 3,544,518 including grants of $ 1,695,132) (Revenue $ 0)

(SEE ON SCHEDULE O)

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

(Expenses $ 683,143 including grants of $ 0) (Revenue $ 0)

4e Total program service expenses 12,761,396

Part IV Checklist of Required Schedules

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

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

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

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

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

					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	25			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	✔	

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

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	54			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	✔	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		✔
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		✔
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).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		✔
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		✔
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		✔
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	✔	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	✔	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		✔
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		✔
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		✔
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		✔
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?			15		✔
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			16		✔
	If "Yes," complete Form 4720, Schedule O.					
17	**Section 501(c)(21) organizations.** 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?			17		
	If "Yes," complete Form 6069.					

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . **1a** 30 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent . **1b** 30			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		✔
3	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		✔
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✔
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		✔
6	Did the organization have members or stockholders?	6		✔
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		✔
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		✔
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	✔	
b	Each committee with authority to act on behalf of the governing body?	8b	✔	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9		✔

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed NONE

18 Section 6104 requires an organization to make its Forms 1023 (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, 245 N. WATER ST, WICHITA, KS 67202, (316) 267-1321

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See 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: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) PETER NAJERA BOARD SECRETARY/PRESIDENT/CEO	60.0			✔				324,132	0	130,338
(2) DARREN MINKS CFO	50.0			✔				132,590	0	55,727
(3) ABEL FREDERIC, JR VICE PRESIDENT	50.0					✔		118,150	0	30,838
(4) WALTER BERRY DIRECTOR/CHAIRPERSON	2.1	✔		✔				0	0	0
(5) JENNIFER SZAMBECKI DIRECTOR/VICE CHAIRPERSON	1.2	✔		✔				0	0	0
(6) SUE TIRUKONDA DIRECTOR/TREASURER	1.6	✔		✔				0	0	0
(7) CRAIG ANDERSON DIRECTOR/IMMEDIATE PAST CHAIRPERSON	0.1	✔						0	0	0
(8) SARAH ANDREWS DIRECTOR	0.2	✔						0	0	0
(9) RON BAKER DIRECTOR	0.2	✔						0	0	0
(10) CORNELL BEARD DIRECTOR	0.1	✔						0	0	0
(11) BRIAN BURNETT DIRECTOR	0.2	✔						0	0	0
(12) GENE CAMARENA DIRECTOR	1.6	✔						0	0	0
(13) EBONY CLEMONS DIRECTOR	0.2	✔						0	0	0
(14) MARGARET DECHANT DIRECTOR	0.2	✔						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(15) ADAM DUNN DIRECTOR	0.8	✔						0	0	0
(16) BRADLEY DYER DIRECTOR	0.6	✔						0	0	0
(17) RICKI ELLISON DIRECTOR	0.2	✔						0	0	0
(18) LINDSI FULCHER DIRECTOR	0.2	✔						0	0	0
(19) BOBBY GANDU DIRECTOR	0.8	✔						0	0	0
(20) PATRICIA L HARDIN DIRECTOR	0.1	✔						0	0	0
(21) MAELAUREN HUDSON DIRECTOR	0.8	✔						0	0	0
(22) DOUG LEDBETTER DIRECTOR	1.6	✔						0	0	0
(23) DONNA LINN NILES DIRECTOR	0.2	✔						0	0	0
(24) JUDY PIERCE DIRECTOR	0.2	✔						0	0	0
(25) (SEE PART VII CONTINUATION SHEET)										
1b Subtotal								574,872	0	216,903
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								574,872	0	216,903

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 3

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

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
NONE		

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

Part VIII Statement of Revenue

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

Section	Line	Description		Amount	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	1,640,770				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	14,856,307				
	g	Noncash contributions included in lines 1a–1f	1g	$ 3,030,258				
	h	**Total.** Add lines 1a–1f			16,497,077			
Program Service Revenue				Business Code				
	2a							
	b							
	c							
	d							
	e							
	f	All other program service revenue			0	0	0	0
	g	**Total.** Add lines 2a–2f			0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			475,585			475,585
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
				(i) Real / (ii) Personal				
	6a	Gross rents	6a					
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	0 / 0				
	d	Net rental income or (loss)						
				(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	7a	4,699,987 /				
	b	Less: cost or other basis and sales expenses	7b	4,447,934 / 1,748				
	c	Gain or (loss)	7c	252,053 / (1,748)				
	d	Net gain or (loss)			250,305			250,305
	8a	Gross income from fundraising events (not including $ ________ of contributions reported on line 1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
	c	Net income or (loss) from fundraising events						
	9a	Gross income from gaming activities. See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	c	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less returns and allowances	10a					
	b	Less: cost of goods sold	10b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue				Business Code				
	11a							
	b							
	c							
	d	All other revenue		900099	8,218	7,207	0	1,011
	e	**Total.** Add lines 11a–11d			8,218			
	12	**Total revenue.** See instructions			17,231,185	7,207	0	726,901

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
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .	8,786,424	8,786,424		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1,169,314	1,169,314		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	642,787	170,364	290,636	181,787
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . .	0	0	0	0
7	Other salaries and wages	2,318,050	1,265,606	570,965	481,479
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	268,014	145,533	69,779	52,702
9	Other employee benefits	286,771	174,768	53,050	58,953
10	Payroll taxes	198,709	100,574	56,685	41,450
11	Fees for services (nonemployees):				
a	Management	0	0	0	0
b	Legal	0	0	0	0
c	Accounting	47,989	0	47,989	0
d	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) .	139,762	110,907	4,576	24,279
12	Advertising and promotion	175,740	119,120	46,755	9,865
13	Office expenses	198,096	107,632	43,041	47,423
14	Information technology	337,986	249,535	40,519	47,932
15	Royalties	0	0	0	0
16	Occupancy	130,473	62,924	49,667	17,882
17	Travel	45,874	19,485	10,127	16,262
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	77,271	50,190	10,650	16,431
20	Interest	51,924	0	51,924	0
21	Payments to affiliates	110,627	63,885	26,635	20,107
22	Depreciation, depletion, and amortization .	179,719	114,017	37,468	28,234
23	Insurance	75,818	47,226	16,310	12,282
24	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.)				
a	MEMBERSHIPS & SUBSCRIPTIONS	36,810	4,012	30,561	2,237
b	VOLUNTEER/DONOR APPRECIATION	33,739	569	1,855	31,315
c	ALL OTHER EXPENSES	23,311	(689)	23,885	115
d					
e	All other expenses	0	0	0	0
25	**Total functional expenses.** Add lines 1 through 24e	15,335,208	12,761,396	1,483,077	1,090,735
26	**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ 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 . . . ☐

Section	Line	Description	(A) Beginning of year	Line	(B) End of year
Assets	1	Cash—non-interest-bearing	61,892	1	4,778,337
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	5,546,149	3	3,428,913
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	501,285	8	260,164
	9	Prepaid expenses and deferred charges	743,591	9	677,530
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 3,842,508			
	b	Less: accumulated depreciation — 10b: 3,109,312	853,843	10c	733,196
	11	Investments—publicly traded securities	13,940,880	11	13,481,954
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	0	15	0
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	21,647,640	16	23,360,094
Liabilities	17	Accounts payable and accrued expenses	583,075	17	710,074
	18	Grants payable	3,138,830	18	2,729,268
	19	Deferred revenue	496,410	19	468,540
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	430,000	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	0	25	0
	26	**Total liabilities.** Add lines 17 through 25	4,648,315	26	3,907,882
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☐ and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	7,946,799	27	7,895,147
	28	Net assets with donor restrictions	9,052,526	28	11,557,065
		Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	16,999,325	32	19,452,212
	33	Total liabilities and net assets/fund balances	21,647,640	33	23,360,094

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,231,185
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,335,208
3	Revenue less expenses. Subtract line 2 from line 1	3	1,895,977
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,999,325
5	Net unrealized gains (losses) on investments	5	556,910
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	19,452,212

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ 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?	2a		✔
	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?	2b	✔	
	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?	2c	✔	
	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?	3a	✔	
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	3b	✔	

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 (Check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(25) WILLIAM POLITE DIRECTOR	0.2	✓						0	0	0
(26) JESSE ROMO DIRECTOR	0.2	✓						0	0	0
(27) MOJI ROSSON DIRECTOR	0.8	✓						0	0	0
(28) CAROL RUSSELL DIRECTOR	0.2	✓						0	0	0
(29) GARY SCHMITT DIRECTOR	0.2	✓						0	0	0
(30) TONYA SUDDUTH DIRECTOR	0.2	✓						0	0	0
(31) JOHN TROWBRIDGE DIRECTOR	1.0	✓						0	0	0
(32) SHEREE UTASH DIRECTOR	0.2	✓						0	0	0
(33) KATIE WARREN DIRECTOR	0.2	✓						0	0	0
(34) JOHNATHAN WEIGAND DIRECTOR	0.2	✓						0	0	0
(35) JUSTIN WELNER DIRECTOR	0.2	✓						0	0	0
(36) BRAD WHITE DIRECTOR	0.2	✓						0	0	0

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* for instructions and the latest information.

OMB No. 1545-0047

2024

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? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14,274,014	14,760,430	14,252,809	13,317,044	16,497,077	73,101,374
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	14,274,014	14,760,430	14,252,809	13,317,044	16,497,077	73,101,374
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						7,543,882
6 **Public support.** Subtract line 5 from line 4						65,557,492

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	14,274,014	14,760,430	14,252,809	13,317,044	16,497,077	73,101,374
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	184,117	217,458	261,270	309,705	475,585	1,448,135
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	51,882	43,949	12,903	8,612	8,218	125,564
11 **Total support.** Add lines 7 through 10						74,675,073

12 Gross receipts from related activities, etc. (see instructions) . . . 12 0

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) . . . 14 87.79 %

15 Public support percentage from 2023 Schedule A, Part II, line 14 . . . 15 88.48 %

16a **33 1/3% support test—2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . ☑

b **33 1/3% support test—2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . ☐

17a **10%-facts-and-circumstances test—2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . ☐

b **10%-facts-and-circumstances test—2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f)) . . .	17	%
18	Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2024.** 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—2023.** 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in **Part VI** when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in **Part VI**.*	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	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))? *If "Yes," provide detail in **Part VI**.*	9a		
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? *If "Yes," provide detail in **Part VI**.*	9b		
c	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? *If "Yes," provide detail in **Part VI**.*	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	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?	11a		
b	A family member of a person described on line 11a above?	11b		
c	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* ***Part VI****.*	11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (****see instructions****).*

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer lines 2a and 2b below.***			
a	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* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
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* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. ***Answer lines 3a and 3b below.***			
a	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* ***Part VI****.*	3a		
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* ***Part VI*** *the role played by the organization in this regard.*	3b		

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

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

Section A—Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section B—Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors *(explain in detail in **Part VI**)*:			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C—Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in **Part VI***)	5	
6	Other distributions (*describe in **Part VI***). See instructions.	6	
7	**Total annual distributions.** Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in **Part VI***). See instructions.	8	
9	Distributable amount for 2024 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

	Section E—Distribution Allocations (see instructions)	**(i)** Excess Distributions	**(ii)** Underdistributions Pre-2024	**(iii)** Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required—*explain in **Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in **Part VI***. See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in **Part VI***. See instructions.			
7	**Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020 . . .			
b	Excess from 2021 . . .			
c	Excess from 2022 . . .			
d	Excess from 2023 . . .			
e	Excess from 2024 . . .			

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.)

Part VI

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.)

Return Reference - Identifier	Explanation
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	

Description	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
(1) OTHER INCOME	51,882	43,949	12,903	8,612	8,218	125,564
Total	51,882	43,949	12,903	8,612	8,218	125,564

Schedule B (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

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 $33\frac{1}{3}\%$ 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	Employer identification number
UNITED WAY OF THE PLAINS, INC.	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		$ 900,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2		$ 600,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3		$ 5,000,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4		$ 477,495	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5		$ 568,652	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6		$ 772,676	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
UNITED WAY OF THE PLAINS, INC.	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		$ 1,820,207	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
8		$ 740,664	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (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 & OFFICE GOODS	$ 1,820,207	12/31/2024

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	VARIOUS CONSUMER & OFFICE GOODS	$ 740,664	12/31/2024

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Name of organization	Employer identification number
UNITED WAY OF THE PLAINS, INC.	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

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990) (Rev. January 2025)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number
UNITED WAY OF THE PLAINS, INC.	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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ 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).
- ☐ Preservation of land for public use (for example, recreation or education)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c 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? ☐ Yes ☐ 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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Complete if the organization answered "Yes" 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 $____

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

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

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

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

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

Part IV Escrow and Custodial Arrangements

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

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

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

			Amount
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, 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 in 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
1a	Beginning of year balance	5,643,364	5,131,482	5,967,583	4,921,554	4,481,142
b	Contributions	27,380	19,898	(37,582)	599,557	90,462
c	Net investment earnings, gains, and losses	494,148	508,196	(775,815)	577,516	499,511
d	Grants or scholarships	77,872	16,212	22,704	131,044	149,561
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	6,087,020	5,643,364	5,131,482	5,967,583	4,921,554

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

a Board designated or quasi-endowment 55.30 %

b Permanent endowment 25.71 %

c Term endowment 18.99 %

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:

			Yes	No
(i)	Unrelated organizations?	3a(i)		✔
(ii)	Related organizations?	3a(ii)		✔
b	If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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
1a	Land		80,400		80,400
b	Buildings		2,639,504	2,232,805	406,699
c	Leasehold improvements				
d	Equipment		1,122,604	876,507	246,097
e	Other				
Total.	Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				733,196

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

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

Part IX Other Assets

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

(a) Description	**(b)** Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	

Part X Other Liabilities

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

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

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.

1	Total revenue, gains, and other support per audited financial statements			1	17,337,017
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	556,910		
b	Donated services and use of facilities	2b	40,046		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	0		
e	Add lines **2a** through **2d**			2e	596,956
3	Subtract line **2e** from line **1**			3	16,740,061
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	491,124		
c	Add lines **4a** and **4b**			4c	491,124
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	17,231,185

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.

1	Total expenses and losses per audited financial statements			1	14,884,130
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	40,046		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	0		
e	Add lines **2a** through **2d**			2e	40,046
3	Subtract line **2e** from line **1**			3	14,844,084
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	491,124		
c	Add lines **4a** and **4b**			4c	491,124
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	15,335,208

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 STATEMENT

Part XIII

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.

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	**(a)** Description	**(b)** Amount
	DESIGNATED GRANTS PAID	491,124
	TOTAL	**491,124**
SCHEDULE D, PART XII, LINE 4(B) - OTHER EXPENSES	**(a)** Description	**(b)** Amount
	DESIGNATED GRANTS PAID	491,124
	TOTAL	**491,124**

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.

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	UNRESTRICTED ENDOWMENT FUNDS WILL BE USED TO FUND BOARD-APPROVED PROJECTS. TEMPORARILY RESTRICTED AND PERMANENTLY RESTRICTED ENDOWMENT FUNDS WILL BE USED ACCORDING TO DONOR RESTRICTIONS AND INTENT
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 I (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ALZHEIMER'S ASSOCIATION 1820 E DOUGLAS, WICHITA, KS 67214	13-3039601	501 (C) (3)		7,201	FMV	SUPPLIES	OFFICE SUPPLIES/EQUIPMENT
(2) A BETTER CHOICE 3007 E CENTRAL AVE, WICHITA, KS 67214	48-1133128	501 (C) (3)		14,491	FMV	SUPPLIES	OFFICE SUPPLIES/EQUIPMENT
(3) ASCENSION VIA CHRISTI PO BOX 45998, ST LOUIS, MO 63145	48-1172106	501 (C) (3)		12,652	FMV	SUPPLIES	OFFICE SUPPLIES/EQUIPMENT
(4) AMERICAN CANCER SOCIETY PO BOX 171355, KANSAS CITY, KS 66117	74-1185665	501 (C) (3)		20,770	FMV	SUPPLIES	OFFICE SUPPLIES/EQUIPMENT
(5) ANGELS IN THE ATTIC, INC. PO BOX 581, ARKANSAS CITY, KS 67005	47-5050829	501 (C) (3)	8,750				GRANT AWARD
(6) AUGUSTA COMMUNITY CARE CENTER 1301 HELEN #3 ST, AUGUSTA, KS 67010	48-1116239	501 (C) (3)	10,000	6,373	FMV	SUPPLIES	(SEE STATEMENT)
(7) BARCLAY COLLEGE 607 KINGMAN, HAVILAND, KS 67059	48-0554341	501 (C) (3)		7,015	FMV	SUPPLIES	OFFICE SUPPLIES/EQUIPMENT
(8) BIRTHRIGHT OF HUTCHINSON INC 214 E 3RD AVE, HUTCHINSON, KS 67501	32-0040254	501 (C) (3)		16,131	FMV	SUPPLIES	OFFICE SUPPLIES/EQUIPMENT
(9) (SEE STATEMENT)	48-1071303	501 (C) (3)	244,527				(SEE STATEMENT)
(10) BREAD OF LIFE 1301 E GALENA ST, WICHITA, KS 67216	20-2948527	501 (C) (3)		15,458	FMV	SUPPLIES	OFFICE SUPPLIES/EQUIPMENT
(11) CAIRIN HEALTH, INC. 1530 S. OLIVER ST, STE 110, WICHITA, KS 67218	48-0891620	501 (C) (3)	32,500	5,643	FMV	SUPPLIES	(SEE STATEMENT)
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table: 129

3 Enter total number of other organizations listed in the line 1 table: 0

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1	EARLY CHILDHOOD READING	14,486		147,866	FMV	BOOKS FOR CHILDREN
2	DENTAL CARE	416	430,871			
3	COLLEGE SCHOLARSHIPS	7	53,500			
4	DISASTER ASSISTANCE	54	516,923			
5	HOUSING ASSISTANCE	57	20,154			
6						
7						

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

(SEE STATEMENT)

Part II **Grants and Other Assistance to Governments and Organizations in the United States** (continued)

(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
(12) CARING PLACE PO BOX 334, NEWTON, KS 67114	48-1230612	501 (C) (3)		10,693	FMV	SUPPLIES	OFFICE SUPPLIES/EQUIPMENT
(13) CATHOLIC CHARITIES INC 437 N. TOPEKA ST., WICHITA, KS 67202	48-0543703	501 (C) (3)	260,598	47,090	FMV	SUPPLIES	GRANT AWARDS AND DESIGNATIONS; OFFICE SUPPLIES/EQUIPMENT
(14) CENTER OF HOPE INC 400 N EMPORIA, WICHITA, KS 67202	48-0578624	501 (C) (3)	415,294				GRANT AWARDS AND DESIGNATIONS
(15) CENTRAL PLAINS HEALTHCARE PARTNERSHIP 1102 S HILLSIDE, WICHITA, KS 67211	48-1200868	501 (C) (3)	154,163				GRANT AWARDS AND DESIGNATIONS
(16) CEREBRAL PALSY RESEARCH FOUNDATION OF KANSAS PO BOX 8217, WICHITA, KS 67208	23-7314938	501 (C) (3)	160,282	25,449	FMV	SUPPLIES	GRANT AWARDS AND DESIGNATIONS; OFFICE SUPPLIES/EQUIPMENT
(17) CHILD ADVOCACY CENTER OF SG COUNTY 1211 S EMPORIA AVE, WICHITA, KS 67211	26-2090660	501 (C) (3)		32,865	FMV	SUPPLIES	OFFICE SUPPLIES/EQUIPMENT
(18) CHILDREN FIRST CEO KANSAS INC PO BOX 2385, WICHITA, KS 67201	48-1235279	501 (C) (3)	84,333	8,129	FMV	SUPPLIES	GRANT AWARDS; OFFICE SUPPLIES/EQUIPMENT
(19) CHILD START, INC. 1002 S. OLIVER ST., WICHITA, KS 67218	48-0637922	501 (C) (3)	125,422	120,311	FMV	SUPPLIES	GRANT AWARDS AND DESIGNATIONS; OFFICE SUPPLIES/EQUIPMENT
(20) CITY OF WICHITA EMPLOYEE EMERGENCY ASSISTANCE FUND 455 N MAIN ST, WICHITA, KS 67202	48-0888954	501 (C) (3)	15,415				DONOR DESIGNATIONS
(21) CITY OF WICHITA 455 N MAIN ST, WICHITA, KS 67202	48-0000653	CITY OF WICHITA	10,000				VETERANS RIDE FREE BUS PROGRAM
(22) CLUB PARKINSON'S OF KANSAS INC 2315 N PARKRIDGE CT, WICHITA, KS 67205	86-2420764	501 (C) (3)	14,220				GRANT AWARDS AND DESIGNATIONS
(23) COMMUNITY OPERATIONS RECOVERY EMPOWERMENT INC 1004 N MADISON, STE 2, WICHITA, KS 67214	45-3720368	501 (C) (3)	6,300				GRANT AWARDS AND DESIGNATIONS
(24) DCCCA, INC. 1319 W. MAY, WICHITA, KS 67213	23-7368880	501 (C) (3)		20,716	FMV	SUPPLIES	OFFICE SUPPLIES/EQUIPMENT
(25) DEAR NEIGHBOR MINISTRIES INC 1329 BLUFFVIEW, WICHITA, KS 67218	48-1251656	501 (C) (3)	93,500	7,746	FMV	SUPPLIES	GRANT AWARDS AND DESIGNATIONS; OFFICE SUPPLIES/EQUIPMENT
(26) DESTINATION INNOVATION, INC. PO BOX 17203, WICHITA, KS 67218	83-1667906	501 (C) (3)	78,750	7,123	FMV	SUPPLIES	GRANT AWARD; OFFICE SUPPLIES/EQUIPMENT
(27) DON'T EVER GIVE UP FOUNDATION INC 2150 S HILLSIDE ST, WICHITA, KS 67211	81-1943525	501 (C) (3)		105,521	FMV	SUPPLIES	OFFICE SUPPLIES/EQUIPMENT
(28) DOROTHY'S LANE 2418 E NINTH ST, STE 13, WICHITA, KS 67214	83-0823365	501 (C) (3)		7,570	FMV	SUPPLIES	OFFICE SUPPLIES/EQUIPMENT
(29) DUI VICTIMS CENTER OF KANSAS 200 W DOUGLAS AVE, STE 450, WICHITA, KS 67202	82-4805078	501 (C) (3)	10,000				DONOR DESIGNATIONS

(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
(30) ELEVATE COWLEY COUNTY 320 COLLEGE ST, WINFIELD, KS 67156	47-3992550	501 (C) (3)	7,500				GRANT AWARD
(31) EMBERHOPE INC 900 W BROADWAY ST, NEWTON, KS 67114	48-0543712	501 (C) (3)		59,291	FMV	SUPPLIES	OFFICE SUPPLIES/EQUIPMENT
(32) EMPORIA FRIENDS OF THE ZOO PO BOX 345, EMPORIA, KS 66801	48-0912929	501 (C) (3)		25,442	FMV	SUPPLIES	OFFICE SUPPLIES/EQUIPMENT
(33) ENVISION FOUNDATION 610 N MAIN ST, STE 400, WICHITA, KS 67203	25-1392721	501 (C) (3)	5,657				DONOR DESIGNATIONS
(34) EPISCOPAL SOCIAL SERVICE INC PO BOX 670, WICHITA, KS 67201	48-0947896	501 (C) (3)	48,619	18,903	FMV	SUPPLIES	GRANT AWARDS AND DESIGNATIONS; OFFICE SUPPLIES/EQUIPMENT
(35) EXTENSION EDUCATION FOUNDATION, INC. 7001 W 21ST ST, WICHITA, KS 67205	48-1216911	501 (C) (3)	12,500				GRANT AWARD
(36) FAMILY PROMISE OF GREATER WICHITA 401 N EMPORIA ST, WICHITA, KS 67202	47-5491118	501 (C) (3)	192,551	24,279	FMV	SUPPLIES	GRANT AWARD; OFFICE SUPPLIES/EQUIPMENT
(37) FIRST METROPOLITAN COMMUNITY CHURCH 156 S KANSAS, WICHITA, KS 67211	48-1068460	501 (C) (3)		24,304	FMV	SUPPLIES	OFFICE SUPPLIES/EQUIPMENT
(38) FIRST TEE- GREATER WICHTA PO BOX 8313, WICHITA, KS 67208	47-4059658	501 (C) (3)	8,132				GRANT AWARD
(39) FREEDOM HOOVES THERAPEUTIC RIDING CENTER 7303 E HARRY, WICHITA, KS 67207	48-1223638	501 (C) (3)	10,000	8,453	FMV	SUPPLIES	GRANT AWARD; OFFICE SUPPLIES/EQUIPMENT
(40) FRIENDS OF THE GREAT PLAINS NATURE CENTER 6232 E 29TH ST N, WICHITA, KS 67220	48-1207926	501 (C) (3)	16,000				GRANT AWARD
(41) FRIENDSHIP FUND BOARD OF EDUCATION EMPLOYEES 903 S EDGEMOOR ST, WICHITA, KS 67218	48-6115936	501 (C) (3)	9,607				DONOR DESIGNATIONS
(42) GIRL SCOUTS OF THE KANSAS HEARTLAND 360 LEXINGTON RD, WICHITA, KS 67218	48-0556718	501 (C) (3)	16,443	20,685	FMV	SUPPLIES	GRANT AWARDS AND DESIGNATIONS; OFFICE SUPPLIES/EQUIPMENT
(43) GIRLS ON THE RUN SEDGWICK COUNTY PO BOX 533, MAIZE, KS 67101	27-5363926	501 (C) (3)	38,239				GRANT AWARD
(44) GOODWILL INDUSTRIES OF KANSAS PO BOX 8169, WICHITA, KS 67208	48-0673284	501 (C) (3)	79,000	9,385	FMV	SUPPLIES	GRANT AWARDS AND DESIGNATIONS; OFFICE SUPPLIES/EQUIPMENT
(45) GRACE MED HEALTH CLINIC INC 1150 N. BROADWAY AVE., WICHITA, KS 67214	48-1159633	501 (C) (3)	63,984				GRANT AWARDS AND DESIGNATIONS
(46) GREAT PLAINS DIABETES RESEARCH, INC. 834 N SOCORA, STE 4, WICHITA, KS 67212	48-0946497	501 (C) (3)	81,500				GRANT AWARDS AND DESIGNATIONS
(47) GREATER WICHITA YMCA 402 N. MARKET ST., WICHITA, KS 67202	48-0554440	501 (C) (3)	275,441	17,890	FMV	SUPPLIES	GRANT AWARDS AND DESIGNATIONS; OFFICE SUPPLIES/EQUIPMENT
(48) GUADALUPE CLINIC 940 S. ST. FRANCIS ST., WICHITA, KS 67211	20-1285208	501 (C) (3)	40,771				GRANT AWARDS AND DESIGNATIONS

(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
(49) HARRY HYNES MEMORIAL HOSPICE INC 313 S MARKET, WICHITA, KS 67202	48-0952990	501 (C) (3)		21,822	FMV	SUPPLIES	OFFICE SUPPLIES/EQUIPMENT
(50) HEALTH MINISTRIES CLINIC 720 MEDICAL CENTER DR, NEWTON, KS 67114	48-1091875	501 (C) (3)		20,355	FMV	SUPPLIES	OFFICE SUPPLIES/EQUIPMENT
(51) HEART OF CHRIST UMC 856 S GREEN, WICHITA, KS 67211	84-1790730	501 (C) (3)		21,359	FMV	SUPPLIES	OFFICE SUPPLIES/EQUIPMENT
(52) HEART TO HEART CHILD ADVOCACY 702 N MAIN, NEWTON, KS 67114	20-1539146	501 (C) (3)		13,707	FMV	SUPPLIES	OFFICE SUPPLIES/EQUIPMENT
(53) HEART OF FLORIDA UNITED WAY 1940 TRAYLOR BLVD., ORLANDO, FL 32804	59-0808854	501 (C) (3)	10,178				DONOR DESIGNATIONS
(54) HEARTSPRING 8700 E 29TH ST N, WICHITA, KS 67226	48-0561969	501 (C) (3)		10,905	FMV	SUPPLIES	OFFICE SUPPLIES/EQUIPMENT
(55) HERNANDEZ BOXING ACADEMY INC 1901 N MARKET ST, WICHITA, KS 67217	81-5378497	501 (C) (3)		97,347	FMV	SUPPLIES	OFFICE SUPPLIES/EQUIPMENT
(56) HEROES ACADEMY 100 S. MARKET, STE 2D, WICHITA, KS 67202	26-4263977	501 (C) (3)	32,270				GRANT AWARDS AND DESIGNATIONS
(57) HESSTON RESOURCE CENTER 112 E SMITH ST, HESSTON, KS 67062	48-0958090	501 (C) (3)		16,784	FMV	SUPPLIES	OFFICE SUPPLIES/EQUIPMENT
(58) HIS HELPING HAND 1441 E 37TH ST N, WICHITA, KS 67219	55-0805923	501 (C) (3)	20,333				GRANT AWARD
(59) H.O.P.E., INC. 2137 N. BATTIN, WICHITA, KS 67208	48-0873340	501 (C) (3)		7,517	FMV	SUPPLIES	OFFICE SUPPLIES/EQUIPMENT
(60) HOPE IN THE VALLEY/EQUINE RESCUE BOX 14, VALLEY CENTER, KS 67147	20-4151013	501 (C) (3)		12,173	FMV	SUPPLIES	OFFICE SUPPLIES/EQUIPMENT
(61) HOPE ENTERPRISE INC 1502 N DELLROSE, WICHITA, KS 67208	82-2274822	501 (C) (3)	10,000				GRANT AWARD
(62) HOPE RISING INC 2250 N ROCK RD, STE 118, WICHITA, KS 67226	88-2037753	501 (C) (3)	35,000				GRANT AWARD
(63) HOPENET, INC. 2501 E CENTRAL AVE, STE 2, WICHITA, KS 67214	48-1105407	501 (C) (3)	7,717				GRANT AWARD AND DESIGNATIONS
(64) HUMANKIND MINISTRIES 829 N. MARKET, WICHITA, KS 67214	48-0559085	501 (C) (3)	197,215	11,487	FMV	SUPPLIES	GRANT AWARD AND DESIGNATIONS; OFFICE SUPPLIES/EQUIPMENT
(65) ICT FARM CO 935 W 47TH ST S, WICHITA, KS 67217	93-2046968	501 (C) (3)	20,000	100,128	FMV	SUPPLIES	GRANT AWARD; OFFICE SUPPLIES/EQUIPMENT
(66) ICT SOS 535 S. EMPORIA AVE, STE 101, WICHITA, KS 67202	45-4569287	501 (C) (3)	51,260	9,613	FMV	SUPPLIES	GRANT AWARD; OFFICE SUPPLIES/EQUIPMENT
(67) ICT TREEHUGGERS 1206 E WATERMAN, STE 209, WICHITA, KS 67211	93-2395630	501 (C) (3)		62,671	FMV	SUPPLIES	OFFICE SUPPLIES/EQUIPMENT
(68) INTERNATIONAL RESUCE COMMITTEE INC 420 S. EMPORIA, STE 200, WICHITA, KS 67202	13-5660870	501 (C) (3)	20,000	24,627	FMV	SUPPLIES	GRANT AWARD; OFFICE SUPPLIES/EQUIPMENT

(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
(69) JEHOVAH JIREH FOOD AND CLOTHING CENTER 627 N. ASH, WICHITA, KS 67214	48-1053404	501 (C) (3)		20,928	FMV	SUPPLIES	OFFICE SUPPLIES/EQUIPMENT
(70) JOBS FOR AMERICA'S GRADUATES-KANSAS INC P.O. BOX 4199, TOPEKA, KS 66604	46-5533413	501 (C) (3)	55,444				GRANT AWARD
(71) JUNIPER ARTS ACADEMY INC PO BOX 174, WICHITA, KS 67201	86-2988299	501 (C) (3)	7,950				GRANT AWARD
(72) KANSAS AFRICAN AMERICAN MUSEUM 601 N WATER ST, WICHITA, KS 67203	48-0890970	501 (C) (3)	8,313				GRANT AWARDS AND DESIGNATIONS
(73) KANSAS ALLIANCE FOR NONPROFITS INC 2418 E 9TH ST N, WICHITA, KS 67214	93-2748560	501 (C) (3)	6,300				GRANT AWARD
(74) KANSAS AVIATION MUSEUM INC 3350 S GEORGE WASHINGTON BLVD, WICHITA, KS 67210	48-1089259	501 (C) (3)	15,000				GRANT AWARD
(75) KANSAS BIG BROTHERS BIG SISTERS INC. 310 E. 2ND ST. N., WICHITA, KS 67202	23-7056717	501 (C) (3)	163,848				GRANT AWARDS AND DESIGNATIONS
(76) KANSAS CHILDREN'S SERVICE LEAGUE, INC. 1365 N. CUSTER ST., WICHITA, KS 67203	48-0543749	501 (C) (3)	249,348	75,793	FMV	SUPPLIES	GRANT AWARDS AND DESIGNATIONS; OFFICE SUPPLIES/EQUIPMENT
(77) KANSAS DEPARTMENT OF CHILDREN AND FAMILIES 555 S KANSAS AVE, TOPEKA, KS 66603	48-1124839	KS DPT CHILDR & FAM		36,195	FMV	SUPPLIES	OFFICE SUPPLIES/EQUIPMENT
(78) KANSAS ELKS TRAINING CENTER 1006 E WATERMAN ST, WICHITA, KS 67211	48-0683499	501 (C) (3)		20,061	FMV	SUPPLIES	OFFICE SUPPLIES/EQUIPMENT
(79) LA FAMILIA SENIOR COMMUNITY CENTER 841 W 21ST ST N, WICHITA, KS 67203	48-1079709	501 (C) (3)	9,975				GRANT AWARD
(80) LEGACY MINISTRIES, INC. 945 S WICHITA ST, WICHITA, KS 67213	27-4421717	501 (C) (3)	50,000				GRANT AWARD
(81) LIFELINE ANIMAL PROTECTION PROJECT 310 W 45TH ST N, WICHITA, KS 67204	48-1221562	501 (C) (3)		6,176	FMV	SUPPLIES	OFFICE SUPPLIES/EQUIPMENT
(82) MAKING A DIFFERENCE CENTER INC 1626 N MINNEAPOLIS, WICHITA, KS 67214	83-1423829	501 (C) (3)		26,180	FMV	SUPPLIES	OFFICE SUPPLIES/EQUIPMENT
(83) MEDICAL LOAN CLOSET OF WICHITA INC 1726 W. DRIFTWOOD CT., WICHITA, KS 67204	90-0753211	501 (C) (3)		26,556	FMV	SUPPLIES	OFFICE SUPPLIES/EQUIPMENT
(84) MENTAL HEALTH ASSOCIATION OF SOUTH CENTRAL KANSAS 555 N. WOODLAWN ST, STE 3105, WICHITA, KS 67208	48-0990763	501 (C) (3)	38,063	40,759	FMV	SUPPLIES	GRANT AWARDS AND DESIGNATIONS; OFFICE SUPPLIES/EQUIPMENT
(85) MIRROR INC 130 E 5TH ST, NEWTON, KS 67114	23-7433368	501 (C) (3)		17,820	FMV	SUPPLIES	OFFICE SUPPLIES/EQUIPMENT
(86) NEVER ALONE CRISIS MINISTRIES INC 2719 MEADOW OAKS, WICHITA, KS 67220	31-1662813	501 (C) (3)		16,317	FMV	SUPPLIES	OFFICE SUPPLIES/EQUIPMENT
(87) NEW BEGINNINGS 7TH DAY ADVENTISTS CHURCH 209 W. 21 ST N., WICHITA, KS 67203	52-0643036	501 (C) (3)		20,471	FMV	SUPPLIES	OFFICE SUPPLIES/EQUIPMENT

(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
(88) NONPROFITGO, INC 1477 N WOODROW AVE, WICHITA, KS 67203	82-4716563	501 (C) (3)	27,000				GRANT AWARD
(89) NURSES GLOBAL OUTREACH INC 402 N TOPEKA, WICHITA, KS 67202	83-1687039	501 (C) (3)	13,687				GRANT AWARD
(90) PASSAGEWAYS LTD 6841 WE SHAD LN 202, WICHITA, KS 67212	74-1776507	501 (C) (3)		16,061	FMV	SUPPLIES	OFFICE SUPPLIES/EQUIPMENT
(91) PEACE CONNECTION 612 N MAIN, NEWTON, KS 67114	48-0986867	501 (C) (3)		14,917	FMV	SUPPLIES	OFFICE SUPPLIES/EQUIPMENT
(92) PHOENIX MULTISPORT, INC. 2239 CHAMPA ST., DENVER, CO 80205	20-4648043	501 (C) (3)	37,611				GRANT AWARD
(93) PRIME FIT YOUTH FOUNDATION 7719 W 11TH ST N, WICHITA, KS 67212	84-2294184	501 (C) (3)	23,316				GRANT AWARD
(94) PROGRESSIVE COMMUNITY OUTREACH PROGRAM, INC 2727 E 25TH ST N, WICHITA, KS 67219	86-2589500	501 (C) (3)	10,000	30,449	FMV	SUPPLIES	GRANT AWARD; OFFICE SUPPLIES/EQUIPMENT
(95) RAINBOWS UNITED INC 3223 N. OLIVER ST., WICHITA, KS 67220	48-0793004	501 (C) (3)	366,697	14,706	FMV	SUPPLIES	GRANT AWARDS AND DESIGNATIONS; OFFICE SUPPLIES/EQUIPMENT
(96) RAISE MY HEAD FOUNDATION PO BOX 49321, WICHITA, KS 67201	46-2209199	501 (C) (3)	7,500				GRANT AWARD
(97) RISE UP FOR YOUTH INC PO BOX 1256, WICHITA, KS 67201	47-1381305	501 (C) (3)	168,350				GRANT AWARDS AND DESIGNATIONS
(98) ROOTS & WINGS, INC. 220 W. DOUGLAS AVE, STE 15, WICHITA, KS 67202	48-0915548	501 (C) (3)	27,646				GRANT AWARDS AND DESIGNATIONS
(99) SAFE HOPE 316 OAK ST, NEWTON, KS 67114	73-1361495	501 (C) (3)		14,960	FMV	SUPPLIES	OFFICE SUPPLIES/EQUIPMENT
(100) SAINT FRANCIS COMMUNITY SERVICES INC 4155 E. HARRY ST, WICHITA, KS 67218	48-0543809	501 (C) (3)		39,150	FMV	SUPPLIES	OFFICE SUPPLIES/EQUIPMENT
(101) SEDGWICK COUNTY HEALTH DEPARTMENT 1900 E. 9TH ST. N., WICHITA, KS 67214	48-6000798	SEDG CO HEALTH DPT	127,000				FISCAL AGENT PAYMENT
(102) SEDGWICK COUNTY EXTENSION OFFICE 7001 W 21ST ST, WICHITA, KS 67205	48-6000798	SEDG CO EXT OFFICE		34,870	FMV	SUPPLIES	OFFICE SUPPLIES/EQUIPMENT
(103) SENIOR SERVICES INC OF WICHITA 200 S. WALNUT ST., WICHITA, KS 67213	48-0757988	501 (C) (3)	140,365	78,340	FMV	SUPPLIES	GRANT AWARDS AND DESIGNATIONS; OFFICE SUPPLIES/EQUIPMENT
(104) SHEPHERDS WAY INC 11711 E. CRESTWOOD, WICHITA, KS 67206	81-2837618	501 (C) (3)	41,000				GRANT AWARDS AND DESIGNATIONS
(105) SIMPLY HYGIENE, INC. 5440 N MILL HEIGHTS DR, PARK CITY, KS 67219	83-2564688	501 (C) (3)	23,520				GRANT AWARDS AND DESIGNATIONS
(106) SOUTH CENTRAL MENTAL HEALTH ASSOCIATION 2365 W. CENTRAL, EL DORADO, KS 67042	48-0678363	501 (C) (3)		39,752	FMV	SUPPLIES	OFFICE SUPPLIES/EQUIPMENT
(107) STARKEY 4500 W. MAPLE, WICHITA, KS 67209	48-0630180	501 (C) (3)		27,002	FMV	SUPPLIES	OFFICE SUPPLIES/EQUIPMENT

(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
(108) STEPSTONE 1329 S. BLUFFVIEW, WICHITA, KS 67218	48-1177617	501 (C) (3)	72,458	8,203	FMV	SUPPLIES	GRANT AWARDS AND DESIGNATIONS; OFFICE SUPPLIES/EQUIPMENT
(109) SUBSTANCE ABUSE ASSESSMENT CENTER OF KANSAS 731 N. WATER ST., WICHITA, KS 67203	48-1171220	501 (C) (3)		5,428	FMV	SUPPLIES	OFFICE SUPPLIES/EQUIPMENT
(110) SUNFLOWER COMMUNITY ACTION 1016 E PAWNEE ST, WICHITA, KS 67211	48-1126805	501 (C) (3)		33,004	FMV	SUPPLIES	OFFICE SUPPLIES/EQUIPMENT
(111) THE CENTER INC 1914 E 11TH ST N, WICHITA, KS 67214	83-2487438	501 (C) (3)	50,875	5,393	FMV	SUPPLIES	GRANT AWARD; OFFICE SUPPLIES/EQUIPMENT
(112) THE PANDO INITATIVE, INC. 412 S. MAIN ST, STE 212, WICHITA, KS 67202	48-1093130	501 (C) (3)	176,450	38,905	FMV	SUPPLIES	GRANT AWARDS AND DESIGNATIONS; OFFICE SUPPLIES/EQUIPMENT
(113) THE SALVATION ARMY 350 N MARKET, WICHITA, KS 67202	44-0545998	501 (C) (3)	117,410	56,598	FMV	SUPPLIES	GRANT AWARDS AND DESIGNATIONS; OFFICE SUPPLIES/EQUIPMENT
(114) THE TREEHOUSE 151 N. VOLUTSIA, WICHITA, KS 67214	48-1252307	501 (C) (3)		7,538	FMV	SUPPLIES	OFFICE SUPPLIES/EQUIPMENT
(115) TRI-COUNTY CASA, INC. PO BOX 926, EL DORADO, KS 67042	48-1242980	501 (C) (3)	6,250				GRANT AWARD
(116) UNITED METHODIST OPEN DOOR PO BOX 2756, WICHITA, KS 67201	48-0731995	501 (C) (3)	285,629	155,861	FMV	SUPPLIES	GRANT AWARDS AND DESIGNATIONS; OFFICE SUPPLIES/EQUIPMENT
(117) UNITED WAY OF SAN ANTONIO PO BOX 898, SAN ANTONIO, TX 78293	74-1272381	501 (C) (3)	5,261				DONOR DESIGNATIONS
(118) UNITED WAY SUNCOAST 5201 W. KENNEDY BLVD, STE 600, TAMPA, FL 33609	59-3725701	501 (C) (3)	6,541				DONOR DESIGNATIONS
(119) URBAN LEAGUE OF KANSAS 2418 E 9TH ST N, WICHITA, KS 67214	48-0602109	501 (C) (3)	8,325	15,482	FMV	SUPPLIES	GRANT AWARD; OFFICE SUPPLIES/EQUIPMENT
(120) USD 259 903 S EDGEMOOR ST, WICHITA, KS 67218	48-6000351	USD 259		88,547	FMV	SUPPLIES	OFFICE SUPPLIES/EQUIPMENT
(121) WICHITA AREA SEXUAL ASSAULT CENTER 355 N. WACO ST, STE 100, WICHITA, KS 67202	48-0861281	501 (C) (3)	96,383	6,124	FMV	SUPPLIES	GRANT AWARDS AND DESIGNATIONS; OFFICE SUPPLIES/EQUIPMENT
(122) WICHITA CHILDREN'S HOME 7271 E 37TH ST N, WICHITA, KS 67226	48-0547706	501 (C) (3)	182,419				GRANT AWARDS AND DESIGNATIONS
(123) WICHITA HABITAT FOR HUMANITY 130 E MURDOCK ST, STE 102, WICHITA, KS 67214	58-1735540	501 (C) (3)	60,675	313,723	FMV	SUPPLIES	GRANT AWARDS AND DESIGNATIONS; OFFICE SUPPLIES/EQUIPMENT
(124) WICHITA INDOCHINESE CENTER INC 2502 E DOUGLAS AVE, WICHITA, KS 67214	48-1161016	501 (C) (3)	10,000	8,554	FMV	SUPPLIES	GRANT AWARD; OFFICE SUPPLIES/EQUIPMENT
(125) WICHITA WOMEN'S INITIATIVE NETWORK INC 500 S TOPEKA AVE, STE 100, WICHITA, KS 67202	48-1189632	501 (C) (3)	10,372				GRANT AWARDS AND DESIGNATIONS
(126) WORKFORCE ALLIANCE OF SOUTH CENTRAL KANSAS, INC. 300 W DOUGLAS ST, STE 850, WICHITA, KS 67203	48-1246563	501 (C) (3)	55,250				GRANT AWARD

(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
(127) YOUTH CORE MINISTRIES INC 211 E GARFIELD AVE, GREENSBURG, KS 67054	82-1252813	501 (C) (3)		33,329	FMV	SUPPLIES	OFFICE SUPPLIES/EQUIPMENT
(128) YOUTH EDUCATIONAL EMPOWERMENT PROGRAM PO BOX 8227, WICHITA, KS 67208	48-1245235	501 (C) (3)		17,100	FMV	SUPPLIES	OFFICE SUPPLIES/EQUIPMENT
(129) YOUTH HORIZONS INC 125 S WASHINGTON, WICHITA, KS 67202	48-0846374	501 (C) (3)	53,426	19,274	FMV	SUPPLIES	GRANT AWARD; OFFICE SUPPLIES/EQUIPMENT

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	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 ORGANIZAITON. FOR DONOR DESIGNATION PAYMENTS, THE RECIPIENT MUST MEET ELIGIBILITY REQUIREMENTS SUCH AS BEING A 501(C)(3) ORGANIZATION.
(9) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	BOYS & GIRLS CLUB OF SOUTH CENTRAL KANSAS, INC. PO BOX 2282, WICHITA, KS 67201
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	AUGUSTA COMMUNITY CARE CENTER: GRANT AWARD; OFFICE SUPPLIES/EQUIPMENT
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BOYS & GIRLS CLUB OF SOUTH CENTRAL KANSAS, INC.: GRANT AWARDS AND DESIGNATIONS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	CAIRIN HEALTH, INC.: GRANT AWARDS AND DESIGNATIONS; OFFICE SUPPLIES/EQUIPMENT

SCHEDULE J (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: UNITED WAY OF THE PLAINS, INC.
Employer identification number: 48-0547688

Part I Questions Regarding Compensation

			Yes	No
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. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ 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 . . .	**1b**		
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? . . .	**2**		
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. ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☑ Form 990 of other organizations ☑ 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? . . .	**4a**		✔
b	Participate in or receive payment from a supplemental nonqualified retirement plan? . . .	**4b**	✔	
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.	**4c**		✔
	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? . . .	**5a**		✔
b	Any related organization? . . . If "Yes" on line 5a or 5b, describe in Part III.	**5b**		✔
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? . . .	**6a**		✔
b	Any related organization? . . . If "Yes" on line 6a or 6b, describe in Part III.	**6b**		✔
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 . . .	**7**		✔
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 . . .	**8**		✔
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . .	**9**		

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 PETER NAJERA BOARD SECRETARY/PRESIDENT/CEO	(i)	308,918	0	15,214	118,373	11,965	454,470	0
	(ii)	0	0	0	0	0	0	0
2 DARREN MINKS CFO	(i)	130,642	600	1,348	18,359	37,368	188,317	0
	(ii)	0	0	0	0	0	0	0
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)							

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.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	PETER NAJERA - EMPLOYER DEFERRED COMPENSATION CONTRIBUTION INTO 457F PLAN OF $76,590 DURING 2024

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2024

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 STATEMENT))				
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** 0

		Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		✔
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?	31	✔	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		✔
b If "Yes," describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part I **Types of Property** (continued)

Property Type	**(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
OFFICE SUPPLIES AND FURNITURE	✓	103	3,030,258	MARKET VALUE

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.

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	OTHER - OFFICE SUPPLIES AND FURNITURE NUMBER OF DONORS

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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OMB No. 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number
UNITED WAY OF THE PLAINS, INC.	48-0547688

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	GRANTS AWARDED & DESIGNATIONS TO AGENCIES: GRANTS AWARDED INCLUDE AWARDS FROM UNITED WAY'S THREE PRIMARY FUNDING OPPORTUNITIES: "OPPORTUNITY ON THE PLANS", "PROMISE ON THE PLAINS" AND "IMPACT ON THE PLAINS. IN ADDITION, AWARDS WERE GRANTED THROUGH OUR COMMUNITY IMPACT INITIATIVES, ALONG WITH STUDENT SCHOLARSHIPS AND DONOR DESIGNATIONS TO SPECIFIC AGENCIES. OPPORTUNITY ON THE PLAINS IS UNITED WAY'S TRADITIONAL GRANT AWARDS TO AGENCIES. DURING 2024 ALMOST $4.1M WAS AWARDED TO SIXTY-THREE PROGRAMS CONDUCTED BY FORTY-EIGHT AGENCIES IN THE FOCUS AREAS OF EDUCATION, HEALTH, FINANCIAL STABILITY AND BASIC NEEDS. APPLICATIONS WERE REVIEWED BY PANELS OF VOLUNTEERS THAT MADE RECOMMENDATIONS TO THE BOARD OF DIRECTORS FOR APPROVAL. PROMISE ON THE PLAINS & IMPACT ON THE PLAINS REPRESENT ADDITIONAL FUNDING OPPORTUNITIES FOR AGENCIES IN OUR FOCUS AREAS THAT BUILD CAPACITY IN AGENCIES AND PROMOTES INNOVATIVE APPROACHES TO SOLVING COMMUNITY PROBLEMS. THESE FUNDS WERE AWARDED TO FOURTEEN AGENCIES IN 2024, TOTALING $190K COMMUNITY IMPACT INITIATIVE FUNDING OF APPROXIMATELY $170K WAS PROVIDED TO VARIOUS SERVICE PROVIDERS, SUCH AS: 1. ALMOST $130K USED TO PROVIDE MONTHLY BOOKS TO CHILDREN AGED BIRTH-5YRS OLD TO PROMOTE EARLY CHILDHOOD READING SKILLS, THROUGH THE DOLLY PARTON IMAGINATION LIBRARY PROGRAM. IN 2024, THIS PROGRAM REFLECTED ENROLLMENT OF OVER 11,600 CHILDREN THAT RECEIVED ALMOST 109,000 BOOKS DURING THE YEAR. 2.THROUGH A COLLABORATION WITH WICHITA STATE UNIVERSITY AND COACHING FOR LITERACY FOUNDATION, UNITED WAY WAS ABLE TO DISTRIBUTE OVER 5,700 BOOKS TO OVER 2,800 KINDERGARTEN -THIRD GRADE STUDENTS IN AREA 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 STRENGHTEN THEIR READING SKILLS 3.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 REVOMING TRANSPORTATION BARRIERS TO ACCESS VARIOUS SERVICES. DURING 2024, OVER 57,700 FREE RIDES WERE GRANTED DURING 2024, VALUED AT OVER $101,000.
FORM 990, PART III, LINE 4A-4C - DESCRIPTION OF PROGRAM SERVICES	(EXPENSES $683,143 INCLUDING GRANTS OF $0)(REVENUE $0) UNITED WAY'S 211 STATEWIDE INFORMATION & REFERRAL SERVICE LEVERAGES A COMPRESHENSIVE DATABASE OF HEALTH AND HUMAN SERVICE RESOURCES. DURING 2024, THIS PROGRAM PROVIDED HELP TO INDIVIDUALS OVER 153,000 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 PROVIDES COORDINATION OF VOLUNTEER PROJECTS BETWEEN AGENCIES NEEDING VOLUNTEERS AND INDIVIDUALS/GROUPS WANTING TO VOLUNTEER. IN ADDITION, THE CENTER LAUNCHED A VOLUNTEER GROUP CALLED "SERVE UNITED" TO BRING VOLUNTEERS THROUGH GROUP PROJECTS DURING 2024, THE CENTER 17,500 VOLUNTEER HOURS TO BENEFIT OUR LOCAL COMMUNITY

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number
UNITED WAY OF THE PLAINS, INC.	48-0547688

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION	COMMUNITY IMPACT AND GRANTS ADMINISTERED: UNITED WAY'S LEAD ROLE IN COMMUNITY GRANTS RESULTED IN GRANT REVENUES IN EXCESS OF $4.8 MILLION FOR THE LOCAL COMMUNITY, OF WHICH $2.0 MILLION WAS DIRECTLY ADMINISTERED BY UNITED WAY OF THE PLAINS. GRANTS AWARDED WERE PRIMARILY IN THE AREAS OF EDUCATION, FINANCIAL STABILITY, HEALTH, AND HOMELESSNESS. EDUCATION INITIATIVES: CONTINUED THE READ-TO-SUCCEED PROGRAM WHICH PARTNERED WITH AREA ELEMENTARY SCHOOLS, BY PROVIDING READING 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, 437 SECOND & THIRD GRADE CHILDREN ENROLLED IN THIS PROGRAM BENEFITED FROM THIS MENTORING PROGRAM. HEALTH INITIATIVES: PRESCRIPTION MEDICINES: THROUGH A PARTNERSHIP WITH SINGLECARE - PROVIDED A DISCOUNTED PRESCRIPTION DRUG PLAN, SAVING AREA RESIDENTS OVER $180,000 ON PRESCRIPTON COSTS. DENTAL CARE: THROUGH A PARTNERSHIP WITH DELTA DENTAL OF KANSAS, PROVIDED DENTAL INSURANCE COVERAGE THROUGOUT THE STATE OF KANSAS FOR WORKING INDIVIDUALS THAT ARE NOT ABLE TO AFFORD TRADITIONAL DENTAL INSURANCE. THROUGH THIS PROGRAM, 416 CLIENTS RECEIVED OVER $430,000 IN DENTAL CARE BENEFITS DURING 2024. FINANCIAL STABILITY INITIATIVES: THROUGH OUR VOLUNTEER INCOME TAX ASSISTANCE PROGRAM, OVER 120 VOLUNTEERS WERE RECRUITED, TRAINED AND PROVIDED ASSISTANCE IN FILING OVER 11,000 TAX RETURNS FOR THE ELDERLY AND LOW-INCOME RESIDENTS RESULTING IN OVER $7.3 MILLION DOLLARS BEING RETURNED TO THESE INDIVIDUALS. BASIC NEEDS INITIATIVES: HOMELESS INITIATIVES: UNITED WAY SERVES AS THE LEAD AGENCY FOR THE COALITION TO END HOMELESSNESS IN WICHITA/SEDGWICK COUNTY, WHICH IS COMPRISED OF OVER 600 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 2024, THIS COMMITTEE SERVED OVER 3,200 INDIVIDUALS BY PROVIDING ASSISTANCE WITH EMERGENCY SHELTER, TRANSITIONAL HOUSING, AND STREET OUTREACH AND HOUSING SERVICES. WITH OVER 1,400 INDIVIDUALS BEING HOUSED OR KEPT IN HOUSING DURING THE YEAR. DISASTER RESPONSE AND ASSISTANCE: DURING 2024, UNITED WAY CONTINUED ITS ROLE IN PROVIDING ASSISTANCE TO VICTIMS OF AN APRIL 2022 TORNADO. THROUGH THE RELIEF FUND ESTABLISHED TO ASSIST VICTIMS OF THIS DISASTER, UNITED WAY DISTRIBUTED OVER $500,000 IN RELIEF FUNDS TO RESIDENTS IMPACTED BY THIS DISASTER. 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, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE	THE EXECUTIVE COMMITTEE OF THE BOARD IS COMPRISED OF BOARD MEMBERS SERVING AS OFFICERS OF THE BOARD, OR CHAIRS OF BOARD APPOINTED COMMITTEES. THE EXECUTIVE COMMITTEE MAY TAKE ACTION ON BEHALF OF THE FULL BOARD AND SHALL REPORT SUCH ACTION TO THE BOARD AT THE NEXT REGULAR BOARD MEETING.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	AN INDEPENDENT ACCOUNTING FIRM PREPARES AND REVIEWS THE FORM 990 BASED UPON DATA AND SCHEDULES PREPARED BY THE STAFF. THE PRESIDENT/CEO AND CHIEF FINANCIAL OFFICER REVIEW THE COMPLETED 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 ENTIRE BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING WITH THE IRS.

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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OMB No. 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number
UNITED WAY OF THE PLAINS, INC.	48-0547688

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	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 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, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE PRESIDENT'S COMPENSATION REVIEW WAS CONDUCTED IN SEPTEMBER 2024 BY THE BOARD CHAIRPERSON, BASED UPON THE FOLLOWING PROCESS: THE BOARD CHAIR OF THE UNITED WAY OF THE PLAINS SHALL APPOINT A PERFORMANCE REVIEW COMMITTEE TO REVIEW THE PERFORMANCE OF THE CEO DURING THE PAST YEAR. THE COMMITTEE SHALL BE CHAIRED BY THE BOARD CHAIR, AND SHALL CONSIST OF THE IMMEDIATE PAST CHAIR, THE CHAIR ELECT, AND NO MORE THAN TWO OTHER EXECUTIVE COMMITTEE MEMBERS, IF THE CHAIR SO CHOOSES. THE PERFORMANCE REVIEW COMMITTEE SHALL MEET AND REVIEW THE OVERALL PERFORMANCE OF THE CEO. THE COMMITTEE WILL REVIEW ANY MATTERS DISCUSSED DURING THE PREVIOUS YEAR'S REVIEW OF THE CEO, AND ANY OTHER MATTERS WHICH THE COMMITTEE DEEMS IMPORTANT. THE COMMITTEE SHALL PREPARE A DRAFT OF THE CEO'S PERFORMANCE USING THE APPROPRIATE FORM(S), NOTING AREAS OF ACCOMPLISHMENT AND AREAS TO WORK ON DURING THE FOLLOWING YEAR, AS THE COMMITTEE DEEMS APPROPRIATE. THE BOARD CHAIR SHALL THEN DISCUSS THE REVIEW WITH THE PRESIDENT. BOTH SHALL SIGN THE REVIEW, AND A COPY OF THE REVIEW SHALL BE MAINTAINED IN THE RECORDS. THE PERFORMANCE REVIEW COMMITTEE SHALL ALSO PREPARE A SALARY RECOMMENDATION FOR THE PRESIDENT FOR THE FOLLOWING YEAR. TAKING IN THE ANNUAL PERFORMANCE OF THE CEO, THE COMMITTEE WILL ALSO REVIEW CURRENT SALARY BENCHMARKS IN THE LOCAL MARKET AND ON OCCASION, COMPENSATION DATA AT THE NATIONAL LEVEL WHEN DETERMINING ANY CHANGE IN SALARY. THE SALARY DETERMINED SHALL BE CONTAINED IN THE PERFORMANCE REVIEW WHICH THE BOARD CHAIR DISCUSSES WITH THE PRESIDENT.
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	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.