

Form **990****Return of Organization Exempt From Income Tax****EXTENSION GRANTED**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.**2018****Open to Public
Inspection****A For the 2018 calendar year, or tax year beginning**

, 2018, 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)

Room/suite

245 N. WATER ST.

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

WICHITA, KS 67202

F Name and address of principal officer:

PATRICK J. HANRAHAN

245 N. WATER ST., WICHITA, KS 67202

D Employer identification number

48-0547688

E Telephone number

(316) 267-1321

G Gross receipts \$

20,175,618.

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)

H(c) Group exemption number**I Tax-exempt status:** ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J Website:** WWW.UNITEDWAYPLAINS.ORG**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: TO IMPROVE LIVES IN OUR COMMUNITY IN THE AREAS OF EDUCATION, INCOME, AND HEALTH BY PROVIDING AND FUNDING QUALITY PROGRAMS AND PROMOTING VOLUNTEERISM.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	45.	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	45.	
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	48.	
Revenue	6 Total number of volunteers (estimate if necessary)	6	9,099.	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	b Net unrelated business taxable income from Form 990-T, line 38	7b	16,980.	
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	14,166,885.	14,035,121.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	894,234.	657,177.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	169,162.	122,557.	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,230,281.	14,814,855.	
	Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	12,189,336.	12,021,368.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.	
16a Professional fundraising fees (Part IX, column (A), line 11e)		2,908,624.	2,924,464.	
b Total fundraising expenses (Part IX, column (D), line 25) ▶		0.	0.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,339,209.		
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,606,056.	1,375,439.	
19 Revenue less expenses. Subtract line 18 from line 12		16,704,016.	16,321,271.	
20 Total assets (Part X, line 16)		-1,473,735.	-1,506,416.	
Net Assets or Fund Balances		21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
		22 Net assets or fund balances. Subtract line 21 from line 20.	27,019,296.	23,634,821.
		2,524,351.	2,073,429.	

Part II Signature Block

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

Sign Here

Signature of officer

Date

PRESIDENT/CEO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

SHAWNELL LINOT

Preparer's signature

Shawnell Linot

Date

11/12/19

Check ☐ if self-employed

PTIN

P01663908

Firm's name ▶ BKD, 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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

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

► **File a separate application for each return.**
► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

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

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

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

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

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

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

DARREN MINKS, CFO

- The books are in the care of ► 245 N. WATER ST WICHITA KS 67202

Telephone No. ► 316 267-1321

Fax No. ►

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

1 I request an automatic 6-month extension of time until 11/15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☒ calendar year 2018 or
► ☐ tax year beginning _____, 20____, and ending _____, 20____.

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

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

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

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

Form **8868** (Rev. 1-2019)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

IMPROVING LIVES BY IDENTIFYING COMMUNITY NEEDS AND MOBILIZING
RESOURCES TO MEET THOSE NEEDS THROUGH A NETWORK OF CAPABLE AND
INNOVATIVE PARTNERSHIPS.

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 \$ 9,386,161. including grants of \$ 9,210,613.) (Revenue \$ 19,320.)

GRANT AWARDS FROM THE COMMUNITY FUND AND DONOR DESIGNATIONS TO
AGENCIES. FOR THE GRANT AWARDS FROM THE COMMUNITY FUND, THE
STANDING GRANT REVIEW COMMITTEE WHICH IS COMPRISED OF FIFTEEN
VOLUNTEERS MONITORED THE SECOND YEAR OF A TWO-YEAR AWARD TO
AGENCIES FOR SPECIFIC PROGRAMS.

4b (Code:) (Expenses \$ 2,726,589. including grants of \$ 1,707,694.) (Revenue \$ 0.)

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

4c (Code:) (Expenses \$ 1,279,900. including grants of \$ 1,103,061.) (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 2018, LOCAL COMPANIES AND NATIONAL
RETAILERS DONATED ITEMS WITH AN ESTIMATED FAIR MARKET VALUE OF
ALMOST \$1.2 MILLION. THESE DONATIONS BENEFITED 200 AGENCIES IN OUR
COMMUNITY DURING THE YEAR.

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

(Expenses \$ 650,152. including grants of \$ 0.) (Revenue \$ 3,000.)

4e Total program service expenses 14,042,802.

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 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		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

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

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

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

	Yes	No
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 48		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
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)?		X
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?		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
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?		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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?		
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? 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?		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
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? If "Yes," see instructions and file Form 4720, Schedule N.		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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

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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	45	
1b Enter the number of voting members included in line 1a, above, who are independent	45	
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?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . .		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
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?		X
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
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 in Schedule O		X

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?		X
10b 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? . . .		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	X	
11b Describe in 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	X	
12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ►

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 in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
DARREN MINKS, CPO 245 N. WATER ST WICHITA, KS 67202 316-267-1321

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALLEN, MR. PAUL S. DIRECTOR	.50 0.	X						0.	0.	0.
(2) BABICH, MR. PAUL DIRECTOR	.70 0.	X						0.	0.	0.
(3) BEARD, MR. CORNELL DIRECTOR	.20 0.	X						0.	0.	0.
(4) BEASLEY, MR. JEFF DIRECTOR	.20 0.	X						0.	0.	0.
(5) BELL, MR. WAYNE DIRECTOR	.20 0.	X						0.	0.	0.
(6) BLAZER, MS. BRENDA DIRECTOR	.70 0.	X						0.	0.	0.
(7) BURNETT, BRIAN DIRECTOR	.20 0.	X						0.	0.	0.
(8) CLARK, MR. JEFF DIRECTOR	1.00 0.	X						0.	0.	0.
(9) COOK, MR. MONTE 1ST VICE CHAIR	.20 0.	X						0.	0.	0.
(10) DAVIS, MRS. RENEE ANTOINETTE DIRECTOR	.20 0.	X						0.	0.	0.
(11) DENGLER, MS. PATRICIA M. DIRECTOR	.50 0.	X						0.	0.	0.
(12) DENNIS, MRS. RHONDA SUE DIRECTOR	.20 0.	X						0.	0.	0.
(13) DIXON, MR. STEVE DIRECTOR	1.50 0.	X						0.	0.	0.
(14) DUNN, MR. ADAM DIRECTOR	1.60 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) ERNEST, MR. SCOTT A. DIRECTOR	.20 0.	X						0.	0.	0.
16) FARHA FLENTJE, MRS. GLORIA DIRECTOR	.20 0.	X						0.	0.	0.
17) FARNEY, MS. GINGER L. DIRECTOR	.50 0.	X						0.	0.	0.
18) FOX, MR. CHARLES M. DIRECTOR	.50 0.	X						0.	0.	0.
19) GEARHART, MS. JACKIE DIRECTOR	.60 0.	X						0.	0.	0.
20) GOMEZ, MR. ANGEL FIRST VICE CHAIR	.70 0.	X		X				0.	0.	0.
21) GRIMSLEY, MR. DAWSON DIRECTOR	1.60 0.	X						0.	0.	0.
22) HARDIN, MS. PATRICIA L. DIRECTOR	.20 0.	X						0.	0.	0.
23) HERBERT, MR. MICHAEL J. DIRECTOR	1.00 0.	X						0.	0.	0.
24) HUDSPETH, MR. ARNOLD E. ASSISTANT TREASURER	.80 0.	X		X				0.	0.	0.
25) ISEMAN, MRS. DIANE M. DIRECTOR	.80 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								574,693.	0.	154,534.
d Total (add lines 1b and 1c)								574,693.	0.	154,534.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

- 3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 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

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
26) JURESIC, MRS. LYNETTE J. DIRECTOR	.50 0.	X						0.	0.	0.
27) KERSCHEN, MR. RICHARD M. CHAIRPERSON	2.00 0.	X		X				0.	0.	0.
28) KIRKENDOLL, MS. FRANKIE DIRECTOR	.70 0.	X						0.	0.	0.
29) LABARCA, MS. LAURIE DIRECTOR	.20 0.	X						0.	0.	0.
30) LAYTON, MR. ROBERT L. DIRECTOR	.80 0.	X						0.	0.	0.
31) LEHANE, MRS. DONNA M. DIRECTOR	.20 0.	X						0.	0.	0.
32) MOSES, MS. TERRI S. DIRECTOR	.50 0.	X						0.	0.	0.
33) O'LEARY, MR. JOHN F. IMMEDIATE PAST CHAIR	.50 0.	X		X				0.	0.	0.
34) PILLA, MR. JOHN A. 2ND VICE CHAIR	1.00 0.	X		X				0.	0.	0.
35) RAY, MR. STUART L. TREASURER	2.20 0.	X		X				0.	0.	0.
36) RUSSELL, MS. CAROL DIRECTOR	.20 0.	X						0.	0.	0.

1b Sub-total**c Total from continuation sheets to Part VII, Section A****d Total (add lines 1b and 1c)**

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 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

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
37) SCHAFFER, MS. AMY DIRECTOR	.80 0.	X						0.	0.	0.
38) SCHOLES, MR. MICHAEL DIRECTOR	.20 0.	X						0.	0.	0.
39) TEDESCO, MR. TODD N. DIRECTOR	.80 0.	X						0.	0.	0.
40) THOMPSON, MS. ALICIA DIRECTOR	.20 0.	X						0.	0.	0.
41) THOMPSON, SUSAN K. DIRECTOR	.20 0.	X						0.	0.	0.
42) THRESS, MR. BRADLEY D. DIRECTOR	.20 0.	X						0.	0.	0.
43) VAN SICKLE, MR. JEFFREY T. DIRECTOR	.80 0.	X						0.	0.	0.
44) WEIFORD, MR. JEFF DIRECTOR	.80 0.	X						0.	0.	0.
45) WILLIAMS, MS. LAVONTA DIRECTOR	.20 0.	X						0.	0.	0.
46) WISE, MRS. JACKIE 1ST VICE CHAIR	.20 0.	X						0.	0.	0.
47) WUNDERLICH, MS. CARIEE DIRECTOR	.80 0.	X						0.	0.	0.

1b Sub-total**c Total from continuation sheets to Part VII, Section A****d Total (add lines 1b and 1c)**

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 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

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

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

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

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

[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 4

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
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	1,067,333.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	12,967,788.			
	g	Noncash contributions included in lines 1a-1f: \$		1,393,409.			
	h	Total. Add lines 1a-1f		14,035,121.			
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		0.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).		199,723.		
4		Income from investment of tax-exempt bond proceeds		0.			
5		Royalties		0.			
		(i) Real	(ii) Personal				
6a		Gross rents					
b		Less: rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)		0.			
7a		(i) Securities	(ii) Other				
		5,818,217.					
b		Less: cost or other basis and sales expenses		5,360,763.			
c		Gain or (loss)		457,454.			
d		Net gain or (loss)		457,454.			457,454.
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		0.			
b		Less: direct expenses		0.			
c		Net income or (loss) from fundraising events		0.			
9a		Gross income from gaming activities. See Part IV, line 19		0.			
b		Less: direct expenses		0.			
c	Net income or (loss) from gaming activities		0.				
10a	Gross sales of inventory, less returns and allowances		0.				
b	Less: cost of goods sold		0.				
c	Net income or (loss) from sales of inventory		0.				
Miscellaneous Revenue							
11a	211 CALL CENTER/VOLUNTEER CENTER FEES	900099	3,000.	3,000.			
b	LOANED EXECUTIVE PROGRAM REIMBURSEMENT	900099	42,791.			42,791.	
c							
d	All other revenue		76,766.	19,320.		57,446.	
e	Total. Add lines 11a-11d		122,557.				
12	Total revenue. See instructions.		14,814,855.	22,320.		757,414.	

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	11,685,644.	11,685,644.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	335,724.	335,724.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	454,023.	142,709.	175,107.	136,207.
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.			
7 Other salaries and wages	1,894,303.	881,410.	332,414.	680,479.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	190,730.	102,463.	33,592.	54,675.
9 Other employee benefits	225,100.	116,577.	38,053.	70,470.
10 Payroll taxes	160,308.	70,738.	32,708.	56,862.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	0.			
c Accounting	32,635.		32,635.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	116,826.	101,318.	7,255.	8,253.
12 Advertising and promotion	225,347.	127,077.	94,966.	3,304.
13 Office expenses	170,596.	79,780.	32,707.	58,109.
14 Information technology	123,772.	79,236.	21,129.	23,407.
15 Royalties	0.			
16 Occupancy	158,747.	63,869.	47,640.	47,238.
17 Travel	35,017.	14,529.	3,806.	16,682.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	25,504.	13,864.	5,498.	6,142.
20 Interest	0.			
21 Payments to affiliates	139,247.	64,787.	29,042.	45,418.
22 Depreciation, depletion, and amortization	157,317.	87,263.	27,339.	42,715.
23 Insurance	47,783.	24,677.	9,033.	14,073.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a VOLUNTEER/DONOR APPRECIATION	75,731.	3,235.	931.	71,565.
b MEMBERSHIPS & SUBSCRIPTIONS	52,388.	38,539.	12,226.	1,623.
c				
d				
e All other expenses	14,529.	9,363.	3,179.	1,987.
25 Total functional expenses. Add lines 1 through 24e	16,321,271.	14,042,802.	939,260.	1,339,209.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	916,033.	1	796,173.
	2 Savings and temporary cash investments	0.	2	0.
	3 Pledges and grants receivable, net	10,162,809.	3	9,580,275.
	4 Accounts receivable, net	0.	4	0.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	130,104.	8	212,493.
	9 Prepaid expenses and deferred charges	165,944.	9	195,454.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,947,017.		
	b Less: accumulated depreciation	10b 2,768,804.	10c	1,178,213.
	11 Investments - publicly traded securities	14,406,939.	11	11,672,213.
	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	0.	14	0.
	15 Other assets. See Part IV, line 11	0.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 34)	27,019,296.	16	23,634,821.	
Liabilities	17 Accounts payable and accrued expenses	258,725.	17	249,589.
	18 Grants payable	2,055,624.	18	1,714,449.
	19 Deferred revenue	210,002.	19	109,391.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	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	2,524,351.	26	2,073,429.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	12,349,701.	27	9,951,459.
	28 Temporarily restricted net assets	10,611,075.	28	10,068,800.
	29 Permanently restricted net assets	1,534,169.	29	1,541,133.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	24,494,945.	33	21,561,392.
34 Total liabilities and net assets/fund balances	27,019,296.	34	23,634,821.	

Form **990** (2018)

Part XI Reconciliation of Net AssetsCheck 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	14,814,855.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,321,271.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,506,416.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24,494,945.
5	Net unrealized gains (losses) on investments	5	-1,427,137.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	21,561,392.

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

Form **990** (2018)

SCHEDULE A
(Form 990 or 990-EZ)

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

2018

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

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

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

Schedule A (Form 990 or 990-EZ) 2018

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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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	17,332,962.	15,364,237.	14,852,475.	14,166,885.	14,459,383.	76,175,942.
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.	17,332,962.	15,364,237.	14,852,475.	14,166,885.	14,459,383.	76,175,942.
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).						828,930.
6 Public support. Subtract line 5 from line 4						75,347,012.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4.	17,332,962.	15,364,237.	14,852,475.	14,166,885.	14,459,383.	76,175,942.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	231,211.	149,689.	215,608.	228,157.	199,723.	1,024,388.
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.) . ATCH. 1	167,011.	164,213.	96,749.	169,162.	119,341.	716,476.
11 Total support. Add lines 7 through 10						77,916,806.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)).	14	96.70 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	97.00 %
16a 33 1/3% support test - 2018. 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.		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2017. 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		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2018. 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.		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2017. 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.		<input type="checkbox"/>
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		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ► ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting 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.		
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).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
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.		
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.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
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.		
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.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN 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).		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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 .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
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 .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
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 10b below.		
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.)		

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 in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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.		

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).		

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?		
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).		
3 By reason of the relationship described in (2), 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.		

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) 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.			
b Did the activities described in (a) 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.			
3 Parent of Supported Organizations. Answer (a) and (b) 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? Provide details in Part VI .			
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.			

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 1-1/2% 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 .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 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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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.)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
MISCELLANEOUS INCOME	167,011.	164,213.	96,749.	169,162.	119,341.	716,476.
TOTALS	<u>167,011.</u>	<u>164,213.</u>	<u>96,749.</u>	<u>169,162.</u>	<u>119,341.</u>	<u>716,476.</u>

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

2018▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

UNITED WAY OF THE PLAINS, INC.

Employer identification number

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

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization **UNITED WAY OF THE PLAINS, INC.**Employer identification number
48-0547688**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 624,099.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 507,400.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 446,565.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 370,560.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 302,214.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Employer identification number

48-0547688

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

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

Name of organization UNITED WAY OF THE PLAINS, INC.

Employer identification number

48-0547688

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF THE PLAINS, INC.

Employer identification number

48-0547688

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

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

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

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	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 in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 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 2(d) 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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____

b Assets included in Form 990, Part X. ▶ \$ _____

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

Schedule D (Form 990) 2018

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 are a significant use of its collection items (check all that apply):
- a ☐ Public exhibition d ☐ Loan or exchange programs
- b ☐ Scholarly research e ☐ Other _____
- c ☐ Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 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 on Part XIII ☐

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,223,108.	3,746,260.	3,545,010.	3,717,015.	3,409,685.
b Contributions	52,969.	48,703.	32,491.	34,058.	281,578.
c Net investment earnings, gains, and losses	-255,971.	466,652.	189,759.	-73,238.	114,823.
d Grants or scholarships	50,020.	38,507.	21,000.	132,825.	89,071.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	3,970,086.	4,223,108.	3,746,260.	3,545,010.	3,717,015.

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

- a Board designated or quasi-endowment ▶ 54.2177 %
- b Permanent endowment ▶ 38.8186 %
- c Temporarily restricted endowment ▶ 6.9637 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

Part VI Land, Buildings, and Equipment.

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

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		2,568,804.	1,685,769.	883,035.
c Leasehold improvements				
d Equipment		1,297,813.	1,083,035.	214,778.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,178,213.

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, col. (B) line 12.) ►		

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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 FIN 48 (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	12,473,609.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-1,427,137.
b	Donated services and use of facilities	2b	57,190.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-1,369,947.
3	Subtract line 2e from line 1	3	13,843,556.
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	971,299.
c	Add lines 4a and 4b	4c	971,299.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	14,814,855.

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	15,407,162.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	57,190.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	57,190.
3	Subtract line 2e from line 1	3	15,349,972.
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	971,299.
c	Add lines 4a and 4b	4c	971,299.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	16,321,271.

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

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

SCHEDULE D, PART X, LINE 2

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

SCHEDULE D, PART XI, LINE 4B

DESIGNATED GIFTS	971,299
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SCHEDULE D, PART XII, LINE 4B

DESIGNATED GIFTS	971,299
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SCHEDULE I
(Form 990)

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF THE PLAINS, INC.

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AMERICAN HEART ASSOCIATION 8630 E. 32ND CT. N. WICHITA, KS 67226-4007	13-5613797	501(C)(3)	121,056.				GRANT AWARDS/ DESIGNATIONS
(2) AMERICAN RED CROSS 707 N. MAIN ST WICHITA, KS 67203	53-0196605	501(C)(3)	209,856.				GRANT AWARDS/ DESIGNATIONS
(3) ARC OF SEDGWICK COUNTY 2919 W. 2ND ST. N. WICHITA, KS 67203-5319	48-0640559	501(C)(3)	107,238.				GRANT AWARDS/ DESIGNATIONS
(4) ASSISTANCE LEAGUE OF WICHITA PO BOX 8072 WICHITA, KS 67208-0072	48-0985922	501(C)(3)	8,090.				DESIGNATIONS
(5) BARCLAY COLLEGE 607 N. KINGMAN HAVILAND, KS 67059	48-0554341	501(C)(3)		9,913.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(6) BOYS & GIRLS CLUB OF SOUTH CENTRAL KANSAS, PO BOX 2282 WICHITA, KS 67201-2282	48-1071303	501(C)(3)	423,218.				GRANT AWARDS/ DESIGNATIONS
(7) CATHOLIC CHARITIES INC 437 N. TOPEKA ST. WICHITA, KS 67202-2413	48-0543703	501(C)(3)	479,504.				GRANT AWARDS/ DESIGNATIONS
(8) CATHOLIC CHARITIES INC 437 N. TOPEKA ST. WICHITA, KS 67202-2413	48-0543703	501(C)(3)		46,832.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(9) CATHOLIC DIOCESE OF WICHITA 520 N. BROADWAY ST. WICHITA, KS 67214	48-0543780	501(C)(3)	13,144.				DESIGNATIONS
(10) CENTER OF HOPE INC 400 N EMPORIA WICHITA, KS 67202-2514	48-0578624	501(C)(3)	839,941.				GRANT AWARDS/ DESIGNATIONS
(11) CENTRAL PLAINS HEALTHCARE PARTNERSHIP 1102 S HILLSIDE WICHITA, KS 67211-4004	48-1200868	501(C)(3)	233,349.				GRANT AWARDS/ DESIGNATIONS
(12) CEREBRAL PALSY RESEARCH FOUNDATION OF KANSAS PO BOX 8217 WICHITA, KS 67208-0217	23-7314938	501(C)(3)	483,200.				GRANT AWARDS/ DESIGNATIONS

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF THE PLAINS, INC.

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

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

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

48-0547688

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CEREBRAL PALSY RESEARCH FOUNDATION OF KANSAS PO BOX 8217 WICHITA, KS 67208-0217	23-7314938	501 (C) (3)		20,141.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(2) CHILD ADVOCACY CENTER OF SEDGWICK COUNTY 1211 S. EMPORIA AVE. WICHITA, KS 67211-3211	26-2090660	501 (C) (3)	21,427.				DESIGNATIONS
(3) CHILD START, INC. 1002 S. OLIVER ST. WICHITA, KS 67218-3218	48-0637922	501 (C) (3)	302,672.				GRANT AWARDS/ DESIGNATIONS
(4) CHILD START, INC. 1002 S. OLIVER ST. WICHITA, KS 67218-3218	48-0637922	501 (C) (3)		34,728.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(5) CITY CHURCH - ASSEMBLY OF GOD 2634 N. AMIDON WICHITA, KS 67204	33-1013752	501 (C) (3)		5,912.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(6) COMCARE COMMUNITY PARTNERS 271 W 3RD ST. N. STE 600 WICHITA, KS 67202	81-3361447	501 (C) (3)	5,556.				DESIGNATIONS
(7) CONSUMER CREDIT COUNSELLING SERVICE 1201 W. WALNUT SALINA, KS 67401	48-0995970	501 (C) (3)	60,693.				GRANT AWARDS/ DESIGNATIONS
(8) DCCCA, INC. 1319 W. MAY WICHITA, KS 67213	23-7368880	501 (C) (3)		19,575.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(9) DONT EVER GIVE UP FOUNDATION INC 2150 S. HILLSIDE WICHITA, KS 67211	81-1943525	501 (C) (3)		8,664.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(10) DRESS FOR SUCCESS 1422 N. HIGH ST WICHITA, KS 67203	48-1234631	501 (C) (3)		41,946.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(11) EMBERHOPE, INC. 4505 E 47TH ST. S. WICHITA, KS 67210	48-0543712	501 (C) (3)		6,674.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(12) ENVISION FOUNDATION 610 N MAIN ST WICHITA, KS 67203	26-1392721	501 (C) (3)	6,832.				DESIGNATIONS

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF THE PLAINS, INC.

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

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

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

48-0547688

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) EPISCOPAL SOCIAL SERVICE INC PO BOX 670 WICHITA, KS 67201	48-0947896	501(C)(3)	73,717.				GRANT AWARDS/ DESIGNATIONS
(2) EPISCOPAL SOCIAL SERVICE INC PO BOX 670 WICHITA, KS 67201	48-0947896	501(C)(3)		7,982.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(3) FRIENDSHIP FUND BOARD OF EDUCATION EMPLOYEE 201 N. WATER ST WICHITA, KS 67202-1292	48-6115936	501(C)(3)	30,968.				DESIGNATIONS
(4) FUNDAMENTAL LEARNING CENTER 2220 E. 21ST ST. N. WICHITA, KS 67214	31-1693508	501(C)(3)	13,550.				DESIGNATIONS
(5) GENERAL ASSEMBLY OF THE CHRISTIAN CHURCH DI 1600 STATE ST. AUGUSTA, KS 67010	35-0868116	501(C)(3)		8,468.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(6) GIRL SCOUTS OF THE KANSAS HEARTLAND 360 LEXINGTON RD WICHITA, KS 67218-1700	48-0556718	501(C)(3)	151,696.				GRANT AWARDS/ DESIGNATIONS
(7) GIRL SCOUTS OF THE KANSAS HEARTLAND 360 LEXINGTON RD WICHITA, KS 67218-1700	48-0556718	501(C)(3)		6,331.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(8) GOODWILL INDUSTRIES OF KANSAS PO BOX 8169 WICHITA, KS 67208-0169	48-0673284	501(C)(3)	8,250.				DESIGNATIONS
(9) GRACEMED HEALTH CLINIC 1122 N. TOPEKA WICHITA, KS 67214	48-1159633	501(C)(3)		44,723.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(10) GREATER WICHITA PARTNERSHIP INC 501 E. DOUGLAS AVE WICHITA, KS 67202	47-4134110	501(C)(3)	10,000.				GRANT AWARD
(11) GREATER WICHITA YMCA 402 N. MARKET ST. WICHITA, KS 67202-2012	48-0554440	501(C)(3)	311,825.				GRANT AWARDS/ DESIGNATIONS
(12) GREATER WICHITA YMCA 402 N. MARKET ST. WICHITA, KS 67202-2012	48-0554440	501(C)(3)		14,935.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT

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

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

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

Schedule I (Form 990) (2018)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF THE PLAINS, INC.

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

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

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Employer identification number

48-0547688

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) H.O.P.E., INC. 2137 N. BATTIN WICHITA, KS 67208	48-0873340	501(C)(3)		9,292.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(2) HANNAH'S HOUSE MINISTRIES, INC. PO BOX 176 INDEPENDENCE, KS 67301	47-4149725	501(C)(3)		12,136.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(3) HEALTHCORE CLINIC INC. 2707 E. 21ST ST. N. WICHITA, KS 67214	48-1180078	501(C)(3)		8,337.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(4) HEART OF FLORIDA UNITED WAY 1940 TRAYLOR BLVD. ORLANDO, FL 32804-4714	59-0808854	501(C)(3)	14,404.				DESIGNATIONS
(5) HOSPICE INC., 313 S. MARKET ST. WICHITA, KS 67202-3805	48-0952990	501(C)(3)	212,836.				GRANT AWARDS/ DESIGNATIONS
(6) INTERFAITH MINISTRIES 829 N. MARKET ST WICHITA, KS 67214	48-0559085	501(C)(3)	5,036.				DESIGNATIONS
(7) INTERFAITH MINISTRIES 829 N. MARKET ST WICHITA, KS 67214	48-0559085	501(C)(3)		7,174.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(8) IT TAKES A VILLAGE ITAV INC. 2358 N. RIDGEWOOD CT WICHITA, KS 67220	82-1263508	501(C)(3)		6,332.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(9) JEHOVAH JIREH FOOD AND CLOTHING CENTER 627 N. ASH WICHITA, KS 67214	48-1053404	501(C)(3)		16,375.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(10) KANSAS BIG BROTHERS BIG SISTERS INC. 310 E. 2ND ST. N. WICHITA, KS 67202-2404	23-7056717	501(C)(3)	279,731.				GRANT AWARDS/ DESIGNATIONS
(11) KANSAS CHILDREN'S SERVICE LEAGUE, INC. 1365 N. CUSTER ST. WICHITA, KS 67203	48-0543749	501(C)(3)	302,392.				GRANT AWARDS/ DESIGNATIONS
(12) KANSAS CHILDREN'S SERVICE LEAGUE, INC. 1365 N. CUSTER ST. WICHITA, KS 67203	48-0543749	501(C)(3)		32,261.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT

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Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF THE PLAINS, INC.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) KANSAS ELKS TRAINING CENTER FOR THE HANDICAP 1006 E. WATERMAN WICHITA, KS 67211	48-0683499	501(C)(3)		5,686.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(2) KANSAS FOODBANK WAREHOUSE 1919 E. DOUGLAS WICHITA, KS 67211-1627	48-0959213	501(C)(3)	10,221.				DESIGNATIONS
(3) KANSAS HUMANE SOCIETY OF WICHITA KS 3313 N. HILLSIDE ST WICHITA, KS 67219-3907	48-0554339	501(C)(3)	5,568.				DESIGNATIONS
(4) KANSAS SCHOOL FOR EFFECTIVE LEARNING 2212 E. CENTRAL AVE. WICHITA, KS 67214-4406	48-1072585	501(C)(3)	211,575.				GRANT AWARDS/ DESIGNATIONS
(5) MAIN PLACE YOUTH INC. 1111 N. MAIN KINGMAN, KS 67068	48-0864629	501(C)(3)					OFFICE SUPPLIES/ EQUIPMENT
(6) MEDICAL LOAN CLOSET OF WICHITA INC 1726 W. DRIFTWOOD CT. WICHITA, KS 67204	90-0753211	501(C)(3)		11,425.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(7) MEDICAL SERVICE BUREAU INC. 1530 S. OLIVER ST., STE. 110	48-0891620	501(C)(3)	383,387.				GRANT AWARDS/ DESIGNATIONS
(8) MEDICAL SERVICE BUREAU INC. 1530 S. OLIVER ST., STE. 110	48-0891620	501(C)(3)		8,965.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(9) MENDEED HEART MINISTRIES INC. 1264 M50 RD EUREKA, KS 67045	27-2592948	501(C)(3)		23,445.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(10) MENTAL HEALTH ASSOCIATION OF SOUTH CENTRAL 555 N. WOODLAWN ST. STE. 3105	48-0990763	501(C)(3)	131,913.				GRANT AWARDS/ DESIGNATIONS
(11) MENTAL HEALTH ASSOCIATION OF SOUTH CENTRAL 555 N. WOODLAWN ST. STE. 3105	48-0990763	501(C)(3)		13,330.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(12) MESA UNITED WAY 303 N. CENTENNIAL WAY MESA, AZ 85201	86-0198599	501(C)(3)	7,559.				DESIGNATIONS

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Schedule I (Form 990) (2018)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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Governments, and Individuals in the United States**

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Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MIDWEST CRISIS PREGNANCY CARE CENTER 213 E MAIN ST INDEPENDENCE, KS 67301	48-0968949	501(C)(3)		7,429.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(2) MIRACLES, INC. 1015 E. 2ND STREET N. WICHITA, KS 67214	48-1113859	501(C)(3)	80,795.				GRANT AWARDS/ DESIGNATIONS
(3) MIRACLES, INC. 1015 E. 2ND STREET N. WICHITA, KS 67214	48-1113859	501(C)(3)		11,932.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(4) NEVER ALONE CRISIS MINISTRIES INC 2719 MEADOW OAKS WICHITA, KS 67220	31-1662813	501(C)(3)		8,514.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(5) NEW BEGINNINGS 7TH DAY ADVENTISTS CHURCH 209 W. 21 ST N. WICHITA, KS 67203	52-0643036	501(C)(3)		13,560.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(6) NEW LIFE RE-ENTRY PROGRAM 1128 N MARKET WICHITA, KS 67214	01-0969441	501(C)(3)		6,401.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(7) PEACE CONNECTION 612 N MAIN NEWTON, KS 67114	48-0986867	501(C)(3)		5,479.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(8) PRAIRIE INDEPENDENT LIVING RESOURCE CENTER 17 S. MAIN HUTCHINSON, KS 67501	48-1202540	501(C)(3)		7,290.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(9) QUIVIRA COUNCIL, BOY SCOUTS OF AMERICA 3247 N. OLIVER ST. WICHITA, KS 67220-1532	23-7147508	501(C)(3)	123,989.				GRANT AWARDS/ DESIGNATIONS
(10) RAINBOWS UNITED INC 3223 N. OLIVER ST. WICHITA, KS 67220-2106	48-0793004	501(C)(3)	929,854.				GRANT AWARDS/ DESIGNATIONS
(11) RISE UP FOR YOUTH INC PO BOX 1256 WICHITA, KS 67201-1256	47-1381305	501(C)(3)	274,188.				GRANT AWARDS/ DESIGNATIONS
(12) ROOTS & WINGS, INC. 220 W. DOUGLAS AVE., STE. 15	48-0915548	501(C)(3)	72,614.				GRANT AWARDS/ DESIGNATIONS

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Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

Department of the Treasury
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Name of the organization

UNITED WAY OF THE PLAINS, INC.

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

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2018

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SAINT FRANCIS COMMUNITY SERVICES INC 4155 E. HARRY ST WICHITA, KS 67218	48-0543809	501(C)(3)		14,035.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(2) SALINA AREA UNITED WAY 210 E. WALNUT ST. STE 100 SALINA, KS 67401	48-0573808	501(C)(3)	11,863.				DESIGNATIONS
(3) SENIOR SERVICES INC OF WICHITA 200 S. WALNUT ST. WICHITA, KS 67213-4777	48-0757988	501(C)(3)	245,952.				GRANT AWARDS/ DESIGNATIONS
(4) SENIOR SERVICES INC OF WICHITA 200 S. WALNUT ST. WICHITA, KS 67213-4777	48-0757988	501(C)(3)		28,792.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(5) SOUTH CENTRAL MENTAL HEALTH ASSOCIATION 2365 W. CENTRAL EL DORADO, KS 67042	48-0678363	501(C)(3)		8,063.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(6) ST MARK UNITED METHODIST CHURCH OF WICHITA 1525 N LORRAINE WICHITA, KS 67214	48-0918365	501(C)(3)		22,987.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(7) STARKEY 4500 W. MAPLE WICHITA, KS 67209	48-0630180	501(C)(3)		15,819.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(8) STEPSTONE 1329 S. BLUEVIEW WICHITA, KS 67218-3031	48-1177617	501(C)(3)	268,462.				GRANT AWARDS/ DESIGNATIONS
(9) SUBSTANCE ABUSE ASSESSMENT CENTER OF KANSAS 731 N. WATER ST. WICHITA, KS 67203	48-1171220	501(C)(3)		7,827.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(10) SUNLIGHT CHILDREN'S ADVOCACY & RIGHTS FOUND 1918 N. PRAIRIE CREEK RD ANDOVER, KS 67002	84-1648274	501(C)(3)	87,258.				GRANT AWARDS/ DESIGNATIONS
(11) THE KANSAS UNIVERSITY ENDOWMENT ASSOCIATION PO BOX 928 LAWRENCE, KS 66044-0928	48-0547734	501(C)(3)	20,056.				GRANT AWARD
(12) THE PANDO INITIATIVE, INC. 412 S. MAIN ST. STE. 212	48-1093130	501(C)(3)	699,927.				GRANT AWARDS/ DESIGNATIONS

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) THE PANDO INITIATIVE, INC. 412 S. MAIN ST. STE. 212 48-1093130	48-1093130	501(C)(3)		20,143.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(2) THE SALVATION ARMY 350 N MARKET WICHITA, KS 67202-2010 44-0545998	44-0545998	501(C)(3)	575,731.				GRANT AWARDS/ DESIGNATIONS
(3) THE SALVATION ARMY 350 N MARKET WICHITA, KS 67202-2010 44-0545998	44-0545998	501(C)(3)		13,322.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(4) TRI-COUNTY CASA, INC. PO BOX 926 EL DORADO, KS 67042-0926 48-1242980	48-1242980	501(C)(3)	25,500.				GRANT AWARDS/ DESIGNATIONS
(5) UNION RESCUE MISSION 2800 N. HILLSIDE WICHITA, KS 67219 48-0625837	48-0625837	501(C)(3)		7,251.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(6) UNITED METHODIST OPEN DOOR PO BOX 2756 WICHITA, KS 67201-2756 48-0731995	48-0731995	501(C)(3)	505,268.				GRANT AWARDS/ DESIGNATIONS
(7) UNITED METHODIST OPEN DOOR PO BOX 2756 WICHITA, KS 67201-2756 48-0731995	48-0731995	501(C)(3)		180,673.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(8) UNITED WAY OF GREATER GREENSBORO PO BOX 14998 GREENSBORO, NC 27415-4998 56-0668555	56-0668555	501(C)(3)	6,303.				DESIGNATIONS
(9) UNITED WAY OF GREATER KANSAS CITY 801 W. 47TH ST STE 500 44-0545812	44-0545812	501(C)(3)	9,800.				DESIGNATIONS
(10) UNITED WAY OF GREATER TOPEKA PO BOX 4188 TOPEKA, KS 66604-0188 48-0561978	48-0561978	501(C)(3)	8,495.				DESIGNATIONS
(11) UNITED WAY OF NEW YORK CITY 205 E. 42ND ST., 12TH FL NEW YORK, NY 10017 13-2617681	13-2617681	501(C)(3)	7,845.				DESIGNATIONS
(12) UNITED WAY OF SAN ANTONIO PO BOX 898 SAN ANTONIO, TX 78293-0898 74-1272391	74-1272391	501(C)(3)	8,748.				DESIGNATIONS

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(Form 990)

Grants and Other Assistance to Organizations,
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Department of the Treasury
Internal Revenue Service

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(1) UNITED WAY OF THE FLINT HILLS 702 COMMERCIAL ST. STE 2E	48-0756002	501(C)(3)	6,507.				DESIGNATIONS
(2) UNITED WAY SUNCOST 5201 W. KENNEDY BLVD., STE 600	59-3725701	501(C)(3)	12,189.				DESIGNATIONS
(3) UNIVERSITY CONGREGATIONAL CHURCH DBA HEAD T 2130 E. 21ST ST. N. WICHITA, KS 67217	48-0954936	501(C)(3)		11,426.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(4) WICHITA AREA SEXUAL ASSAULT CENTER 355 N. WACO ST. STE. 100	48-0861261	501(C)(3)	234,364.				GRANT AWARDS/ DESIGNATIONS
(5) WICHITA CHILDREN'S HOME 7271 E 37TH ST N WICHITA, KS 67226-3202	48-0547706	501(C)(3)	502,901.				GRANT AWARDS/ DESIGNATIONS
(6) WICHITA CHILDREN'S HOME 7271 E 37TH ST N WICHITA, KS 67226-3202	48-0547706	501(C)(3)		10,060.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(7) WICHITA INDEPENDENT NEIGHBORHOODS INC 2755 E. 19TH ST. N. WICHITA, KS 67214	48-1161750	501(C)(3)		13,581.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(8) WICHITA TOP CHILDREN'S FUND 1625 N. WATERFRONT PKWY. #100	48-0959396	501(C)(3)	12,000.				DESIGNATIONS
(9) WICHITA TOP CHILDREN'S FUND 1625 N. WATERFRONT PKWY. #100	48-0959396	501(C)(3)		5,294.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(10) WICHITA WOMEN'S INITIATIVE NETWORK INC. 510 E. 3RD ST. N. WICHITA, KS 67202-2618	48-1189632	501(C)(3)	78,209.				GRANT AWARDS/ DESIGNATIONS
(11) WORKFORCE ALLIANCE OF SOUTH CENTRAL KANSAS, 300 W DOUGLAS STREET STE 850	48-1246563	501(C)(3)	219,972.				GRANT AWARDS/ DESIGNATIONS
(12) YOUNG LIFE WICHITA 6505 E. CENTRAL AVE. STE. 318	84-0385934	501(C)(3)	6,917.				DESIGNATIONS

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

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

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

Schedule I (Form 990) (2018)

SCHEDULE I
(Form 990)

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

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF THE PLAINS, INC.

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) YOUTH ENTREPRENEURS 4111 E. 37ST ST. N., STE D101	48-1187886	501(C)(3)	7,000.				DESIGNATIONS
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 92.
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2018)

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	DOLLY PARTON IMAGINATION LIBRARY	109,997.		236,291.	FMV	BOOKS FOR CHILDREN
2	BOEING CLOTHING FOR CHILDREN	2,486.		7,756.	FMV	HATS AND GLOVES
3	DELTA DENTAL COMMUNITY BENEFIT PLAN	256.	80,377.			
4	AARON JOEL SMITH COLLEGE SCHOLARSHIPS	3.	10,000.			
5	SPIRIT OF SKIPPY COLLEGE SCHOLARSHIPS	4.	1,300.			
6						
7						-

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

SCHEDULE I, PART I, LINE 2

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

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

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

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

SCHEDULE I, PART III, LINE 1, COLUMN B

THE NUMBER OF RECIPIENTS LISTED ON LINE 1, COLUMN B IS THE NUMBER OF

BOOKS DISTRIBUTED. CHILDREN ENROLLED IN THE PROGRAM RECEIVE ONE BOOK PER

MONTH, AND AVERAGE MONTHLY ENROLLMENT IN THE PROGRAM WAS 9,166.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF THE PLAINS, INC.

Employer identification number

48-0547688

Part I Questions Regarding Compensation

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

☐
☐
☐
☐

First-class or charter travel
Travel for companions
Tax indemnification and gross-up payments
Discretionary spending account

☐
☐
☐
☐

Housing allowance or residence for personal use
Payments for business use of personal residence
Health or social club dues or initiation fees
Personal services (such as maid, chauffeur, chef)

Yes No

1b

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

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

2

3 Indicate which, if any, of the following the filing 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
Independent compensation consultant
Form 990 of other organizations

☐
☒
☒

Written employment contract
Compensation survey or study
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

X

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4b

X

c Participate in, or receive payment from, an equity-based compensation arrangement?

4c

X

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

a The organization?

5a

X

b Any related organization?

5b

X

If "Yes" on line 5a or 5b, describe in Part III.

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

a The organization?

6a

X

b Any related organization?

6b

X

If "Yes" on line 6a or 6b, describe in Part III.

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

7

X

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

X

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

9

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
HANRAHAN, MR. PATRICK	(i)	216,739.	0.	15,133.	29,120.	39,029.	0.
1PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.
MINKS, MR. DARREN	(i)	109,062.	0.	595.	15,324.	29,021.	0.
2CFO	(ii)	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)						

Schedule J (Form 990) 2018

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2018

**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	X	5.	198,424.	AVG PRICE DATE RECD
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ATCH 1)		134.	1,194,985.	
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 IV, Donee Acknowledgement

29

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

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

Schedule M (Form 990) 2018

JSA

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155-0085408-0085408

PAGE 48

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

SCHEDULE M, PART I, COLUMN B

THIS NUMBER REPRESENTS THE NUMBER OF CONTRIBUTIONS.

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
GIFT CERTIFICATES	X	4.	290.	FAIR MARKET VALUE
UWP GIVE ITEMS OF VALUE	X	130.	1,194,695.	FAIR MARKET VALUE
TOTALS		<u>134.</u>	<u>1,194,985.</u>	

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

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

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF THE PLAINS, INC.

Employer identification number

48-0547688

FORM 990, PART III, LINE 4B

UNITED WAY'S LEAD ROLE IN COMMUNITY GRANTS RESULTED IN GRANT REVENUES IN
EXCESS OF \$6.5 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 EARLY CHILDHOOD DEVELOPMENT, EDUCATION,
FINANCIAL STABILITY, HEALTH, AND HOMELESSNESS. EXAMPLES OF THESE
ACCOMPLISHMENTS INCLUDE THE FOLLOWING:

EARLY CHILDHOOD DEVELOPMENT INITIATIVES:

CONTINUED OPERATION OF THE DOLLY PARTON IMAGINATION LIBRARY PROGRAM WHICH
PROVIDES A FREE AGE-APPROPRIATE BOOK TO PRESCHOOL CHILDREN ONCE PER
MONTH, UNTIL THE CHILD REACHES AGE FIVE. ENROLLMENT AT THE END OF 2018
WAS OVER 8,700 CHILDREN. THROUGHOUT THE YEAR, 109,997 BOOKS WERE
DISTRIBUTED TO CHILDREN.

IN ADDITION, OUR "WOMEN UNITED" GROUP OF VOLUNTEERS CONTINUED A
READ-TO-SUCCEED PROGRAM WHICH HAS GROWN TO HAVING 444 READING COACHES
THAT PROVIDED 12,724 VOLUNTEER HOURS TO THIRD GRADE STUDENTS IN TWENTY
ELEMENTARY SCHOOLS. READING COACHES DEVOTED 30 MINUTES ONCE A WEEK WITH
A STUDENT TO HELP DEVELOP READING SKILLS. AS A RESULT, CHILDREN ENROLLED
IN THIS PROGRAM EXPERIENCED SIGNIFICANT INCREASED READING ABILITY, AS
EVIDENCED BY READING TEST SCORES.

HOMELESS INITIATIVES:

UNITED WAY OF THE PLAINS SERVES AS THE LEAD AGENCY FOR THE

Name of the organization

UNITED WAY OF THE PLAINS, INC.

Employer identification number

48-0547688

WICHITA/SEDGWICK COUNTY CONTINUUM OF CARE COMMITTEE, WHICH IS COMPRISED OF 246 MEMBERS AT 76 ORGANIZATIONS THAT COLLABORATE ON THE PLANNING OF THE SERVICES NEEDED FOR HOMELESS INDIVIDUALS AND FAMILIES IN OUR COMMUNITY.

UNITED WAY OF THE PLAINS ALSO PARTNERED WITH 17 HOUSING AND HOMELESS SERVICE PROVIDERS TO BE THE LEAD ROLE IN COORDINATION OF HOMELESSNESS SERVICES THROUGH THE ADMINISTRATION OF SCREENING TOOLS, AND INFORMATION MANAGEMENT SYSTEMS.

IN ADDITION, UNITED WAY OF THE PLAINS ALSO COORDINATED THE ANNUAL HOMELESS POINT-IN-TIME COUNT WHICH PROVIDES THE FEDERAL GOVERNMENT WITH A CONSISTENT METHODOLOGY TO PHYSICALLY COUNT THE HOMELESS POPULATION IN OUR COMMUNITY.

EDUCATION INITIATIVES:

UNITED WAY OF THE PLAINS CONTINUED THE "BE THERE" SCHOOL ATTENDANCE INITIATIVE WHICH FOCUSES ON ELEMENTARY STUDENT SCHOOL ATTENDANCE FOR A TARGETED AREA OF THE COMMUNITY. PARTNERING WITH THE SCHOOL DISTRICT AND ANOTHER AGENCY TO PROVIDE SITE-BASED SERVICES, SELECTED ELEMENTARY SCHOOLS WERE IMPLEMENTED WITH EVIDENCE-BASED PROGRAMS FOCUSED ON INCREASING ATTENDANCE. FOR THE SCHOOL YEAR ENDING 2018, 63% OF STUDENTS PARTICIPATING IN THE PROGRAM WERE NO LONGER CHRONICALLY ABSENT.

HEALTH INITIATIVES:

FLU SHOTS: PARTNERED WITH THE UNIVERSITY OF KANSAS SCHOOL OF PHARMACY TO PROVIDE FLU SHOTS TO 1,000 LOCAL LOW-INCOME RESIDENTS AT NO COST, THROUGH

Name of the organization

UNITED WAY OF THE PLAINS, INC.

Employer identification number

48-0547688

THE OPERATION IMMUNIZATION PROJECT, WHICH SERVES INDIVIDUALS ARE
UNEMPLOYED, UNINSURED, OR UNABLE TO PAY.

PRESCRIPTION MEDICINES: THROUGH A PARTNERSHIP WITH FAMILYWIZE - PROVIDED
A DISCOUNTED PRESCRIPTION DRUG PLAN, WHICH SAVED AREA RESIDENTS OVER
\$352,000 IN PRESCRIPTION COSTS.

DENTAL CARE: THROUGH A PARTNERSHIP WITH DELTA DENTAL OF KANSAS, PROVIDED
DENTAL INSURANCE COVERAGE FOR WORKING INDIVIDUALS THAT ARE NOT ABLE TO
AFFORD TRADITIONAL DENTAL INSURANCE COVERAGE. THROUGH THIS PROGRAM, OVER
256 CLAIMS AND \$80,000 OF DENTAL CARE BENEFITS WERE PROVIDED TO AREA
RESIDENTS, WITH PLANS TO EXPAND TO STATEWIDE RESIDENTS IN THE FOLLOWING
YEAR.

INCOME INITIATIVES:

VITA/EITC ACTIVITY: AS A PARTNER IN THE BUILDING ECONOMIC STABILITY
TOGETHER (BEST) COALITION, A TOTAL OF 198 VOLUNTEERS WERE
RECRUITED, TRAINED AND PROVIDED OVER 6,000 VOLUNTEER HOURS FOR ASSISTANCE
IN FILING FEDERAL RETURNS FOR THE ELDERLY AND LOW INCOME RESIDENTS
RESULTING IN APPROXIMATELY \$4.2 MILLION DOLLARS BEING RETURNED TO THESE
INDIVIDUALS.

FORM 990, PART III, LINE 4D

2-1-1 STATEWIDE CALL CENTER AND WEBSITE: THIS UNITED WAY PROGRAM PROVIDES
A 24/7, 365 DAYS/YEAR CONFIDENTIAL INFORMATION AND REFERRAL CALL CENTER

Name of the organization

UNITED WAY OF THE PLAINS, INC.

Employer identification number

48-0547688

TO CONNECT PEOPLE NEEDING ASSISTANCE OR WANTING TO VOLUNTEER. DURING 2018, CALL SPECIALISTS HANDLED OVER 51,000 CALLS AND TEXTS.

VOLUNTEER CENTER: THIS UNITED WAY PROGRAM PROVIDES COORDINATION OF VOLUNTEER PROJECTS BETWEEN AGENCIES NEEDING VOLUNTEERS, AND INDIVIDUALS/GROUPS WANTING TO VOLUNTEER. DURING 2018, THE CENTER COORDINATED ACTIVITIES FOR 414 GROUP PROJECTS. IN ADDITION, OUR "YOUTH DAYS OF CARING" EVENT, WHICH PROVIDES HIGH SCHOOL STUDENTS WITH OPPORTUNITIES TO VOLUNTEER DURING THEIR SPRING-BREAK RESULTED IN 289 LOCAL YOUTH VOLUNTEERING 2,479 VOLUNTEER HOURS FOR 35 AGENCIES IN OUR COMMUNITY.

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

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

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

THE ORGANIZATION'S CODE OF ETHICS POLICY APPLIES TO ALL DIRECTORS, OFFICERS AND EMPLOYEES OF THE ORGANIZATION, AND IS REVIEWED ANNUALLY BY ALL PARTIES COVERED BY THE CODE. UPON DISCLOSURE OF A POTENTIAL CONFLICT, THE EXECUTIVE COMMITTEE REVIEWS THE CONFLICT (FOR CONFLICTS

Name of the organization

UNITED WAY OF THE PLAINS, INC.

Employer identification number

48-0547688

PERTAINING TO DIRECTORS AND THE PRESIDENT/CEO), AND THE PRESIDENT/CEO
REVIEWS (FOR CONFLICTS PERTAINING TO EMPLOYEES). COMPLIANCE ACTIVITY
FOR VOTING MEMBERS OF THE BOARD INCLUDES AN OPPORTUNITY FOR BOARD
MEMBERS TO ABSTAIN FROM A VOTE IF A CONFLICT IS PRESENT.

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

A PERFORMANCE REVIEW OF THE PRESIDENT WAS CONDUCTED IN 2019 -FOR THE
PERFORMANCE OF 2018 - BY THE PERFORMANCE REVIEW COMMITTEE. THE
COMMITTEE USES COMPARISON DATA AND AN INTERNAL COMPENSATION STUDY TO
RECOMMEND CHANGES TO THE PRESIDENT'S COMPENSATION. THE COMMITTEE'S
RECOMMENDATIONS ARE PROPOSED TO THE EXECUTIVE COMMITTEE IN AN
EXECUTIVE SESSION FOR DISCUSSION, REVIEW AND APPROVAL. THE COMMITTEE
DOCUMENTS ITS DELIBERATIONS AND DECISIONS IN THE MINUTES.

FORM 990, PART VI, SECTION C, LINE 18

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

FORM 990, PART VI, SECTION C, LINE 19

THE GOVERNING DOCUMENTS AND AUDITED FINANCIAL STATEMENTS ARE MADE
AVAILABLE TO THE PUBLIC UPON REQUEST. THE CONFLICT OF INTEREST POLICY IS
PUBLISHED ON THE ORGANIZATION'S WEBSITE.

Name of the organization

UNITED WAY OF THE PLAINS, INC.

Employer identification number

48-0547688

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORSNAME AND ADDRESSDESCRIPTION OF SERVICESCOMPENSATION

COPP MEDIA SERVICES
322 S MOSLEY ST. STE 15
WICHITA, KS 67202-4702

GENERAL ADVERTISING

221,146.

Form **990-T**

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No. 1545-0687

Department of the Treasury
Internal Revenue Service

For calendar year 2018 or other tax year beginning 01/01, 2018, and ending 12/31, 2018

► Go to www.irs.gov/Form990T for instructions and the latest information.

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

2018

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

A <input type="checkbox"/> Check box if address changed		Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) UNITED WAY OF THE PLAINS, INC.		D Employer identification number (Employees' trust, see instructions.) 48-0547688	
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		Print or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 245 N. WATER ST.		E Unrelated business activity code (See instructions.)
C Book value of all assets at end of year 23,634,821.			City or town, state or province, country, and ZIP or foreign postal code WICHITA, KS 67202		
			F Group exemption number (See instructions.) ▶		
		G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation	<input type="checkbox"/> 501(c) trust	<input type="checkbox"/> 401(a) trust	<input type="checkbox"/> Other trust

H Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ _____. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

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

J The books are in care of ► DARREN MINKS, CFO Telephone number ► 316-267-1321

Part I Unrelated Trade or Business Income

Part I Unrelated Trade or Business Income				(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales					
b	Less returns and allowances					
		c Balance ▶	1 c			
2	Cost of goods sold (Schedule A, line 7)		2			
3	Gross profit. Subtract line 2 from line 1c		3			
4 a	Capital gain net income (attach Schedule D)		4 a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4 b			
c	Capital loss deduction for trusts		4 c			
5	Income (loss) from a partnership or an S corporation (attach statement)		5			
6	Rent income (Schedule C)		6			
7	Unrelated debt-financed income (Schedule E)		7			
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9			
10	Exploited exempt activity income (Schedule I)		10			
11	Advertising income (Schedule J)		11			
12	Other income (See instructions; attach schedule)		12			
13	Total. Combine lines 3 through 12		13	0.		

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	707.
20	Charitable contributions (See instructions for limitation rules)	20	2,076.
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	Total deductions. Add lines 14 through 28	29	2,783.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-2,783.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
32	Unrelated business taxable income. Subtract line 31 from line 30	32	-2,783.

For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2018)

Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions).	33	-2,783.
34	Amounts paid for disallowed fringes	34	20,763.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions).	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34.	36	17,980.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36.	38	16,980.

Part IV Tax Computation

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21).	39	3,566.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041).	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only).	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	3,566.

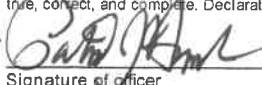
Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116).	45a	
b	Other credits (see instructions).	45b	
c	General business credit. Attach Form 3800 (see instructions)	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827).	45d	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44.	46	3,566.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule).	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	3,566.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2.	49	
50a	Payments: A 2017 overpayment credited to 2018	50a	
b	2018 estimated tax payments	50b	
c	Tax deposited with Form 8868.	50c	6,500.
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g	
51	Total payments. Add lines 50a through 50g	51	6,500.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached.	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	2,934.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax <input checked="" type="checkbox"/> 2,934. Refunded <input type="checkbox"/>	55	

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

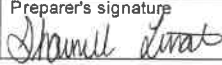
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
			X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year		\$

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

Sign Here  Date 11/14/19 Title PRESIDENT/CEO

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
SHAWNELL LINOT		11/12/2019		P01663908
Firm's name	Firm's EIN		Phone no.	
BKD, LLP	44-0160260		316-265-2811	
Firm's address	1551 N WATERFRONT PKWY, STE 300, WICHITA, KS 67206-6601			

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

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

OMB No. 1545-1709

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

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

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

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

Enter the Return Code for the return that this application is for (file a separate application for each return) **07**

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

DARREN MINKS, CFO

- The books are in the care of ► 245 N. WATER ST WICHITA KS 67202

Telephone No. ► 316 267-1321

Fax No. ► _____

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

- 1 I request an automatic 6-month extension of time until 11/15, 20 19, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☒ calendar year 20 18 or
► ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

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

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	6,500.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	6,500.

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

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

Form **8868** (Rev. 1-2019)

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ►

1 Inventory at beginning of year	1	6 Inventory at end of year	6
2 Purchases	2	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2,	7
3 Cost of labor	3		
4a Additional section 263A costs (attach schedule)	4a	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes No X
b Other costs (attach schedule)	4b		
5 Total. Add lines 1 through 4b	5		

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►**(b) Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ►**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals				
Total dividends-received deductions included in column 8				

Form **990-T** (2018)

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals				

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
Totals ▶				

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals ▶	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.

Schedule J—Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I. ▶						
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) ▶						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			

Form **990-T** (2018)

FORM 990T - PART II - LINE 20 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME	0.
ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)	0.
LESS: DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD & NOL CARRYOVER	707.
	<u>0.</u>
	* 10%
CHARITABLE CONTRIBUTION LIMITATION (10%)	
CHARITABLE CONTRIBUTION	0.
<u>CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)</u>	<u>2,076.</u>