

United Way of the Plains, Inc.

Return of Organization Exempt from Income Tax

December 31, 2019

**Public
Disclosure
Copy**



Form **990**

(Rev. January 2020)

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

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

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

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

OMB No. 1545-0047

2019**Open to Public
Inspection****A** For the 2019 calendar year, or tax year beginning

, 2019, and ending

, 20

B Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization

UNITED WAY OF THE PLAINS, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

245 N. WATER ST.

Room/suite

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

WICHITA, KS 67202

F Name and address of principal officer:

PETER F. NAJERA

245 N. WATER ST., WICHITA, KS 67202

D Employer identification number

48-0547688

E Telephone number

(316) 267-1321

G Gross receipts \$

25,398,188.

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: WE FIGHT FOR THE EDUCATION, INCOME AND HEALTH OF EVERY PERSON IN SOUTH CENTRAL KANSAS BY LEADING EFFORTS THAT CREATE POSITIVE AND PERMANENT CHANGE.

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

3 Number of voting members of the governing body (Part VI, line 1a) **3** 48.

4 Number of independent voting members of the governing body (Part VI, line 1b) **4** 48.

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) **5** 50.

6 Total number of volunteers (estimate if necessary) **6** 9,112.

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 39 **7b**

Revenue

8 Contributions and grants (Part VIII, line 1h) **Prior Year** 14,035,121. **Current Year** 15,165,411.

9 Program service revenue (Part VIII, line 2g) 0. 0.

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 657,177. 720,520.

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 122,557. 120,825.

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 14,814,855. 16,006,756.

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 12,021,368. 12,567,780.

14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,924,464. 2,991,351.

16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.

b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,333,856.

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,375,439. 1,389,871.

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 16,321,271. 16,949,002.

19 Revenue less expenses. Subtract line 18 from line 12 -1,506,416. -942,246.

Net Assets or Fund Balances

20 Total assets (Part X, line 16) **Beginning of Current Year** 23,634,821. **End of Year** 24,953,226.

21 Total liabilities (Part X, line 26) 2,073,429. 3,163,811.

22 Net assets or fund balances. Subtract line 21 from line 20. 21,561,392. 21,789,415.

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

Type or print name and title

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Paid Preparer Use Only

SHAWNELL LINOT

Shawnell Linot

11/05/2020

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** (2019)

JSA

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**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning 01/01, 2019, and ending 12/31, 20 19Department of the Treasury
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**
▶ Go to www.irs.gov/Form8879EO for the latest information.**2019**

Name of exempt organization

UNITED WAY OF THE PLAINS, INC.

Employer identification number

48-0547688

Name and title of officer

PETER F. NAJERA, PRESIDENT AND CEO**Part I Type of Return and Return Information (Whole Dollars Only)**

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

1a	Form 990 check here ▶ <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12).	1b	<u>16006756.</u>
2a	Form 990-EZ check here ▶ <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9).	2b	
3a	Form 1120-POL check here ▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here ▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5).	4b	
5a	Form 8868 check here ▶ <input type="checkbox"/>	b	Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize BKD, LLP to enter my PIN 6 7 2 0 2 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ 11/09/2020**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

4 8 0 1 0 2 1 8 3 1 2

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶ 11/05/2020**ERO Must Retain This Form - See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2019)

**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. 1545-0047

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

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

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

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

DARREN MINKS, CFO

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

Telephone No. ► 316 267-1321

Fax No. ►

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

- 1 I request an automatic 6-month extension of time until 11/16, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☒ calendar year 20 19 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. 1-2020)

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 \$ 9,110,221. including grants of \$ 8,954,524.) (Revenue \$ 18,082.)

GRANT AWARDS FROM THE COMMUNITY FUND ALONG WITH DONOR DESIGNATIONS
TO AGENCIES. FOR THE GRANT AWARDS FROM THE COMMUNITY FUND, 125
MEMBERS OF OUR COMMUNITY DONATED 873 HOURS TO EVALUATE NUMEROUS
PROGRAMS THAT APPLIED FOR GRANTS FROM THE COMMUNITY FUND, AND
RECOMMEND FUNDING FOR SELECTED PROGRAMS. THE STANDING GRANT
REVIEW COMMITTEE WHICH IS COMPRISED OF FIFTEEN VOLUNTEERS
MONITORED THE SEVENTY-TWO PROGRAMS DURING THE YEAR THAT WERE
APPROVED FOR FUNDING.

4b (Code:) (Expenses \$ 2,665,901. including grants of \$ 1,568,173.) (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 \$ 2,222,462. including grants of \$ 2,045,083.) (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 2019, LOCAL COMPANIES AND NATIONAL
RETAILERS DONATED ITEMS WITH AN ESTIMATED FAIR MARKET VALUE OF
OVER \$2.0 MILLION. THESE DONATIONS BENEFITED 325 AGENCIES IN OUR
COMMUNITY DURING THE YEAR.

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

(Expenses \$ 624,308. including grants of \$ 0.) (Revenue \$ 3,250.)

4e Total program service expenses ▶ 14,622,892.

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 donor-restricted endowments or in 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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J.</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
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? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		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		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c 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 50		
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 on 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 on 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

Form **990** (2019)

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

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 48	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent.	1b 48	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	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?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a X	
b Each committee with authority to act on behalf of the governing body?	8b 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 on Schedule O.	9	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?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . .	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a X	
b 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	12a X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c X	
13 Did the organization have a written whistleblower policy?	13 X	
14 Did the organization have a written document retention and destruction policy?	14 X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a X	
b Other officers or key employees of the organization	15b	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?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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

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

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 X**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HANRAHAN, MR. PATRICK PRESIDENT & CEO	55.00 0.			X				236,955.	0.	69,582.
(2) MINKS, MR. DARREN CFO	50.00 0.			X				111,198.	0.	45,736.
(3) OAKS, MRS. ELIZABETH VICE PRESIDENT	50.00 0.					X		128,583.	0.	27,587.
(4) ALLEN, MR. PAUL S. DIRECTOR	.40 0.	X						0.	0.	0.
(5) BABICH, MR. PAUL DIRECTOR	.70 0.	X						0.	0.	0.
(6) BEARD, MR. CORNELL DIRECTOR	.20 0.	X						0.	0.	0.
(7) BEASLEY, MR. JEFF DIRECTOR	.80 0.	X						0.	0.	0.
(8) BELL, MR. WAYNE DIRECTOR	.20 0.	X						0.	0.	0.
(9) BERRY, WALTER DIRECTOR	1.60 0.	X						0.	0.	0.
(10) BLAZER, MS. BRENDA DIRECTOR	.50 0.	X						0.	0.	0.
(11) BURNETT, BRIAN DIRECTOR	.20 0.	X						0.	0.	0.
(12) CLARK, MR. JEFF DIRECTOR	.20 0.	X						0.	0.	0.
(13) COOK, MR. MONTE DIRECTOR	.10 0.	X						0.	0.	0.
(14) DAVIS, MRS. RENEE ANTOINETTE DIRECTOR	.20 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) DENGLER, MS. PATRICIA M. DIRECTOR	.90 0.	X						0.	0.	0.
(16) DIXON, MR. STEVE DIRECTOR	1.20 0.	X						0.	0.	0.
(17) DUNN, MR. ADAM DIRECTOR	1.60 0.	X						0.	0.	0.
(18) FARHA FLENTJE, MRS. GLORIA DIRECTOR	.20 0.	X						0.	0.	0.
(19) FARNEY, MS. GINGER L. 1ST VICE CHAIR	.70 0.	X		X				0.	0.	0.
(20) FORD, JORDAN DIRECTOR	.70 0.	X						0.	0.	0.
(21) FOX, MR. CHARLES M. DIRECTOR	.90 0.	X						0.	0.	0.
(22) GEARHART, MS. JACKIE DIRECTOR	.60 0.	X						0.	0.	0.
(23) GOMEZ, MR. ANGEL CHAIRPERSON	1.30 0.	X		X				0.	0.	0.
(24) HARDIN, MS. PATRICIA L. DIRECTOR	.20 0.	X						0.	0.	0.
(25) HERBERT, MR. MICHAEL J. DIRECTOR	.80 0.	X						0.	0.	0.
1b Sub-total								476,736.	0.	142,905.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								476,736.	0.	142,905.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 3**

- 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 **▶ 1**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) HUDSPETH, MR. ARNOLD E. ASSISTANT TREASURER	1.40 0.	X		X				0.	0.	0.
(27) ISEMAN, MRS. DIANE M. DIRECTOR	.70 0.	X						0.	0.	0.
(28) JURESIC, MRS. LYNETTE J. DIRECTOR	.50 0.	X						0.	0.	0.
(29) KERSCHEN, MR. RICHARD M. DIRECTOR	1.20 0.	X						0.	0.	0.
(30) KIRKENDOLL, MS. FRANKIE DIRECTOR	.70 0.	X						0.	0.	0.
(31) KRULL, KIMBERLY DIRECTOR	.20 0.	X						0.	0.	0.
(32) LABARCA, MS. LAURIE DIRECTOR	.80 0.	X						0.	0.	0.
(33) LAYTON, MR. ROBERT L. DIRECTOR	.20 0.	X						0.	0.	0.
(34) LEHANE, MRS. DONNA M. DIRECTOR	.20 0.	X						0.	0.	0.
(35) MATTHIES, KEVIN DIRECTOR	.80 0.	X						0.	0.	0.
(36) MOSES, MS. TERRI S. DIRECTOR	.50 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
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 **▶** 3

- 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) NOAH, JODI DIRECTOR	.40 0.	X						0.	0.	0.
(38) O'LEARY, MR. JOHN F. DIRECTOR	.20 0.	X						0.	0.	0.
(39) PATRICK, JUSTIN DIRECTOR	.20 0.	X						0.	0.	0.
(40) RAY, MR. STUART L. TREASURER	2.00 0.	X		X				0.	0.	0.
(41) RUSSELL, MS. CAROL DIRECTOR	.20 0.	X						0.	0.	0.
(42) SCHAFER, MS. AMY DIRECTOR	.80 0.	X						0.	0.	0.
(43) SUDDUTH, TONYA DIRECTOR	.20 0.	X						0.	0.	0.
(44) TEDESCO, MR. TODD N. DIRECTOR	1.40 0.	X						0.	0.	0.
(45) THOMPSON, MS. ALICIA DIRECTOR	.20 0.	X						0.	0.	0.
(46) THOMPSON, SUSAN K. DIRECTOR	.20 0.	X						0.	0.	0.
(47) THRESS, MR. BRADLEY D. DIRECTOR	.80 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
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 **▶** 3

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) VAN SICKLE, MR. JEFFREY T. DIRECTOR	.80 0.	X						0.	0.	0.
(49) WEIFORD, MR. JEFF DIRECTOR	.80 0.	X						0.	0.	0.
(50) WILLIAMS, MS. LAVONTA DIRECTOR	.20 0.	X						0.	0.	0.
(51) WISE, MRS. JACKIE DIRECTOR	.20 0.	X						0.	0.	0.
(52) WUNDERLICH, MS. CARIEE DIRECTOR	.80 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
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 **▶** 3

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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

Part VIII Statement of 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	1,117,454.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	14,047,957.			
	g	Noncash contributions included in lines 1a-1f.	1g	\$ 2,428,788.			
	h	Total. Add lines 1a-1f		15,165,411.			
	Program Service Revenue				Business Code		
2a							
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).		179,042.			179,042.
	4	Income from investment of tax-exempt bond proceeds .		0.			
	5	Royalties		0.			
	6a	Gross rents	6a	(i) Real	(ii) Personal		
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)		0.			
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other		
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c				
	d	Net gain or (loss)		541,478.			541,478.
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a	0.			
	b	Less: direct expenses	8b	0.			
	c	Net income or (loss) from fundraising events.		0.			
	9a	Gross income from gaming activities. See Part IV, line 19	9a	0.			
	b	Less: direct expenses	9b	0.			
	c	Net income or (loss) from gaming activities.		0.			
10a	Gross sales of inventory, less returns and allowances	10a	0.				
b	Less: cost of goods sold	10b	0.				
c	Net income or (loss) from sales of inventory.		0.				
Miscellaneous Revenue				Business Code			
	11a	211 CALL CENTER/VOLUNTEER CENTER FEES		900099	3,250.	3,250.	
	b	LOANED EXECUTIVE PROGRAM REIMBURSEMENT		900099	33,043.		33,043.
	c	=					
	d	All other revenue			84,532.	18,082.	66,450.
	e	Total. Add lines 11a-11d			120,825.		
12	Total revenue. See instructions			16,006,756.	21,332.	820,013.	

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	12,215,617.	12,215,617.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	352,163.	352,163.		
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	463,471.	145,789.	178,641.	139,041.
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	1,982,321.	938,887.	349,816.	693,618.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	179,331.	99,817.	35,868.	43,646.
9 Other employee benefits	199,599.	112,985.	35,242.	51,372.
10 Payroll taxes	166,629.	74,954.	33,859.	57,816.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	0.			
c Accounting	38,327.		38,327.	
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.)	100,393.	72,729.	16,457.	11,207.
12 Advertising and promotion	242,075.	112,955.	115,951.	13,169.
13 Office expenses	173,644.	76,736.	35,552.	61,356.
14 Information technology	154,808.	108,909.	21,395.	24,504.
15 Royalties	0.			
16 Occupancy	139,539.	49,732.	43,793.	46,014.
17 Travel	38,306.	15,232.	4,290.	18,784.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	25,662.	9,371.	7,465.	8,826.
20 Interest	0.			
21 Payments to affiliates	138,499.	69,455.	26,597.	42,447.
22 Depreciation, depletion, and amortization	140,857.	83,490.	22,099.	35,268.
23 Insurance	53,378.	29,200.	9,313.	14,865.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a VOLUNTEER/DONOR APPRECIATION	72,053.	230.	1,492.	70,331.
b MEMBERSHIPS & SUBSCRIPTIONS	43,734.	31,924.	10,914.	896.
c —				
d —				
e All other expenses	28,596.	22,717.	5,183.	696.
25 Total functional expenses. Add lines 1 through 24e	16,949,002.	14,622,892.	992,254.	1,333,856.
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	796,173.	1	2,163,913.
	2 Savings and temporary cash investments.	0.	2	0.
	3 Pledges and grants receivable, net	9,580,275.	3	8,824,093.
	4 Accounts receivable, net.	0.	4	0.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	212,493.	8	345,011.
	9 Prepaid expenses and deferred charges	195,454.	9	359,792.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,929,490.		
	b Less: accumulated depreciation.	10b 2,879,232.		
		1,178,213.	10c	1,050,258.
	11 Investments - publicly traded securities.	11,672,213.	11	12,210,159.
	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 33)	23,634,821.	16	24,953,226.	
Liabilities	17 Accounts payable and accrued expenses.	249,589.	17	254,815.
	18 Grants payable	1,714,449.	18	1,414,393.
	19 Deferred revenue.	109,391.	19	1,494,603.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	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.	2,073,429.	26	3,163,811.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	9,951,459.	27	10,610,866.
	28 Net assets with donor restrictions.	11,609,933.	28	11,178,549.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.		30	
	31 Retained earnings, endowment, accumulated income, or other funds.		31	
	32 Total net assets or fund balances	21,561,392.	32	21,789,415.
	33 Total liabilities and net assets/fund balances.	23,634,821.	33	24,953,226.

Form **990** (2019)

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	16,006,756.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,949,002.
3	Revenue less expenses. Subtract line 2 from line 1	3	-942,246.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	21,561,392.
5	Net unrealized gains (losses) on investments	5	1,170,269.
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 on Schedule O).	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	21,789,415.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☐

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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2019)

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

2019

**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) 2019

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15,364,237.	14,852,475.	14,166,885.	14,459,383.	15,165,411.	74,008,391.
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.	15,364,237.	14,852,475.	14,166,885.	14,459,383.	15,165,411.	74,008,391.
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).						1,335,126.
6 Public support. Subtract line 5 from line 4						72,673,265.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4.	15,364,237.	14,852,475.	14,166,885.	14,459,383.	15,165,411.	74,008,391.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	149,689.	215,608.	228,157.	199,723.	179,042.	972,219.
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.)	164,213.	96,749.	169,162.	119,341.	120,825.	670,290.
11 Total support. Add lines 7 through 10						75,650,900.
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 2019 (line 6, column (f) divided by line 11, column (f)).	14	96.06 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	96.70 %
16a 33 1/3% support test - 2019. 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 - 2018. 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 - 2019. 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 - 2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
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?	11a	
b A family member of a person described in (a) above?	11b	
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 .	11c	

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.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <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.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described 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.	2b		
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 .	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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

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

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

Schedule A (Form 990 or 990-EZ) 2019

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 2019 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-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
c	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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	2015	2016	2017	2018	2019	TOTAL
MISCELLANEOUS INCOME	164,213.	96,749.	169,162.	119,341.	120,825.	670,290.
TOTALS	<u>164,213.</u>	<u>96,749.</u>	<u>169,162.</u>	<u>119,341.</u>	<u>120,825.</u>	<u>670,290.</u>

Schedule of Contributors

OMB No. 1545-0047

2019

▶ **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 foundation

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

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

General Rule

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

Special Rules

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

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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		\$ 733,262.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 502,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 301,510.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 347,152.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 316,506.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 667,073.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 658,302.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 618,907.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF THE PLAINS, INC.

Employer identification number

48-0547688

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	INSULATED COOLERS	\$ 667,073.	12/31/2019
7	VARIOUS CONSUMER GOODS	\$ 658,302.	12/31/2019
8	VARIOUS CONSUMER GOODS	\$ 618,907.	12/31/2019
		\$	
		\$	
		\$	

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF THE PLAINS, INC.

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Employer identification number

48-0547688

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

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

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

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

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

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

Schedule D (Form 990) 2019

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| 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 | 3,970,086. | 4,223,108. | 3,746,260. | 3,545,010. | 3,717,015. |
| b Contributions | 219,507. | 52,969. | 48,703. | 32,491. | 34,058. |
| c Net investment earnings, gains, and losses | 611,850. | -255,971. | 466,652. | 189,759. | -73,238. |
| d Grants or scholarships | 320,301. | 50,020. | 38,507. | 21,000. | 132,825. |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 4,481,142. | 3,970,086. | 4,223,108. | 3,746,260. | 3,545,010. |
- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 54.9976 %
- b** Permanent endowment ▶ 34.5674 %
- c** Term endowment ▶ 10.4350 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) Unrelated organizations | 3a(i) | X |
| (ii) Related organizations | 3a(ii) | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		80,400.		80,400.
b Buildings		2,568,804.	1,771,469.	797,335.
c Leasehold improvements				
d Equipment		1,280,286.	1,107,763.	172,523.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,050,258.

Schedule D (Form 990) 2019

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☐

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

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

1	Total revenue, gains, and other support per audited financial statements	1	16,406,898.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,170,269.
b	Donated services and use of facilities	2b	63,830.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	1,234,099.
3	Subtract line 2e from line 1	3	15,172,799.
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	833,957.
c	Add lines 4a and 4b	4c	833,957.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	16,006,756.

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	16,178,875.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	63,830.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	63,830.
3	Subtract line 2e from line 1	3	16,115,045.
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	833,957.
c	Add lines 4a and 4b	4c	833,957.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	16,949,002.

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 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	833,957
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SCHEDULE D, PART XII, LINE 4B

DESIGNATED GIFTS	833,957
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SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

UNITED WAY OF THE PLAINS, INC.

Employer identification number

48-0547688

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ALZHEIMER'S ASSOCIATION 1820 E DOUGLAS WICHITA, KS 67214	13-3039601	501(C)(3)		6,452.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(2) AMERICAN DIABETES ASSOCIATION 6505 E. CENTRAL AVE. STE. 299	13-1623888	501(C)(3)	5,200.				DONOR DESIGNATIONS
(3) AMERICAN HEART ASSOCIATION 8630 E. 32ND CT. N. WICHITA, KS 67226-4007	13-5613797	501(C)(3)	80,938.				GRANT AWARDS/ DESIGNATIONS
(4) AMERICAN RED CROSS 707 N. MAIN ST WICHITA, KS 67203	53-0196605	501(C)(3)	171,157.				GRANT AWARDS/ DESIGNATIONS
(5) ARC OF SEDGWICK COUNTY 2919 W. 2ND ST. N. WICHITA, KS 67203-5319	48-0640559	501(C)(3)	106,035.				GRANT AWARDS/ DESIGNATIONS
(6) ARC OF SEDGWICK COUNTY 2919 W. 2ND ST. N. WICHITA, KS 67203-5319	48-0640559	501(C)(3)		7,412.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(7) ASSISTANCE LEAGUE OF WICHITA PO BOX 8072 WICHITA, KS 67208-0072	48-0985922	501(C)(3)	8,000.				DONOR DESIGNATIONS
(8) BOYS & GIRLS CLUB OF SOUTH CENTRAL KANSAS, PO BOX 2282 WICHITA, KS 67201-2282	48-1071303	501(C)(3)	430,146.				GRANT AWARDS/ DESIGNATIONS
(9) CAIRIN HEALTH, INC. 1530 S. OLIVER ST., STE. 110	48-0891620	501(C)(3)	382,447.				GRANT AWARDS/ DESIGNATIONS
(10) CAIRIN HEALTH, INC. 1530 S. OLIVER ST., STE. 110	48-0891620	501(C)(3)		12,398.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(11) CATHOLIC CHARITIES INC 437 N. TOPEKA ST. WICHITA, KS 67202-2413	48-0543703	501(C)(3)	433,559.				GRANT AWARDS/ DESIGNATIONS
(12) CATHOLIC CHARITIES INC 437 N. TOPEKA ST. WICHITA, KS 67202-2413	48-0543703	501(C)(3)		112,233.	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) (2019)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

UNITED WAY OF THE PLAINS, INC.

Employer identification number

48-0547688

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CATHOLIC DIOCESE OF WICHITA 520 N. BROADWAY ST. WICHITA, KS 67214	48-0543780	501(C)(3)	9,257.				DONOR DESIGNATIONS
(2) CENTER OF HOPE INC 400 N EMPORIA WICHITA, KS 67202-2514	48-0578624	501(C)(3)	948,583.				GRANT AWARDS/ DESIGNATIONS
(3) CENTER FOR BEHAVIORIAL AND ACADEMIC RESEARC 2821 E 24TH ST N WICHITA, KS 67219	82-3617152	501(C)(3)		8,470.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(4) CENTRAL PLAINS HEALTHCARE PARTNERSHIP 1102 S HILLSIDE WICHITA, KS 67211-4004	48-1200868	501(C)(3)	231,667.				GRANT AWARDS/ DESIGNATIONS
(5) CEREBRAL PALSY RESEARCH FOUNDATION OF KANSA PO BOX 8217 WICHITA, KS 67208-0217	23-7314938	501(C)(3)	480,120.				GRANT AWARDS/ DESIGNATIONS
(6) CEREBRAL PALSY RESEARCH FOUNDATION OF KANSA PO BOX 8217 WICHITA, KS 67208-0217	23-7314938	501(C)(3)		17,919.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(7) CHILD ADVOCACY CENTER OF SEDGWICK COUNTY 1211 S. EMPORIA AVE. WICHITA, KS 67211-3211	26-2090660	501(C)(3)	13,734.				DONOR DESIGNATIONS
(8) CHILD START, INC. 1002 S. OLIVER ST. WICHITA, KS 67218-3218	48-0637922	501(C)(3)	227,095.				GRANT AWARDS/ DESIGNATIONS
(9) CHILD START, INC. 1002 S. OLIVER ST. WICHITA, KS 67218-3218	48-0637922	501(C)(3)		64,247.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(10) CHILDREN FIRST CEO KANSAS INC PO BOX 2385 WICHITA, KS 67201	48-1235279	501(C)(3)		6,108.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(11) CITY OF WICHITA 455 N MAIN WICHITA, KS 67202	48-6000653	501(C)(3)		14,428.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(12) CONSUMER CREDIT COUNSELING SERVICE 1201 W. WALNUT SALINA, KS 67401	48-0995970	501(C)(3)	60,568.				GRANT AWARDS/ DESIGNATIONS

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Schedule I (Form 990) (2019)

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UNITED WAY OF THE PLAINS, INC.

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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 noncash assistance	(h) Purpose of grant or assistance
(1) CORNERSTONES OF CARE 2606 E CENTRAL WICHITA, KS 67214	43-1689138	501(C)(3)		7,540.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(2) DCCCA, INC. 1319 W. MAY WICHITA, KS 67213	23-7368880	501(C)(3)		46,593.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(3) EPISCOPAL SOCIAL SERVICE INC PO BOX 670 WICHITA, KS 67201	48-0947896	501(C)(3)	45,548.				GRANT AWARDS/ DESIGNATIONS
(4) EPISCOPAL SOCIAL SERVICE INC PO BOX 670 WICHITA, KS 67201	48-0947896	501(C)(3)		9,412.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(5) FIRST BAPTIST CHURCH OF MULVANE: CLEANING F 1020 N 2ND AVE MULVANE, KS 67110	48-0821298	501(C)(3)		27,314.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(6) FIRST METROPOLITAN COMMUNITY CHURCH 156 S KANSAS WICHITA, KS 67211	48-1068460	501(C)(3)		6,369.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(7) FRIENDSHIP FUND BOARD OF EDUCATION EMPLOYEE 201 N. WATER ST WICHITA, KS 67202-1292	48-6115936	501(C)(3)	31,680.				DONOR DESIGNATIONS
(8) FUNDAMENTAL LEARNING CENTER 2220 E. 21ST ST. N. WICHITA, KS 67214	31-1693508	501(C)(3)	37,550.				DONOR DESIGNATIONS
(9) GENERAL ASSEMBLY OF THE CHRISTIAN CHURCH DI 1600 STATE ST. AUGUSTA, KS 67010	35-0868116	501(C)(3)		13,584.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(10) GIRL SCOUTS OF THE KANSAS HEARTLAND 360 LEXINGTON RD WICHITA, KS 67218-1700	48-0556718	501(C)(3)	154,493.				GRANT AWARDS/ DESIGNATIONS
(11) GIRL SCOUTS OF THE KANSAS HEARTLAND 360 LEXINGTON RD WICHITA, KS 67218-1700	48-0556718	501(C)(3)		87,277.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(12) GOODWILL INDUSTRIES OF KANSAS PO BOX 8169 WICHITA, KS 67208-0169	48-0673284	501(C)(3)	5,250.				DONOR DESIGNATIONS

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Schedule I (Form 990) (2019)

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Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2019

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Employer identification number

48-0547688

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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? ☒ **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) GRACEMED HEALTH CLINIC 1122 N. TOPEKA WICHITA, KS 67214	48-1159633	501(C)(3)		34,306.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(2) GREATER WICHITA PARTNERSHIP INC 501 E. DOUGLAS AVE WICHITA, KS 67202	47-4134110	501(C)(3)	10,000.				GRANT AWARDS/ DESIGNATIONS
(3) GREATER WICHITA YMCA 402 N. MARKET ST. WICHITA, KS 67202-2012	48-0554440	501(C)(3)	412,346.				GRANT AWARDS/ DESIGNATIONS
(4) GREATER WICHITA YMCA 402 N. MARKET ST. WICHITA, KS 67202-2012	48-0554440	501(C)(3)		27,180.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(5) H.O.P.E., INC. 2137 N. BATTIN WICHITA, KS 67208	48-0873340	501(C)(3)		15,676.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(6) HABITAT FOR HUMANITY 130 E MURDOCK WICHITA, KS 67214	58-1735540	501(C)(3)		6,486.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(7) HANNAH'S HOUSE MINISTRIES, INC. PO BOX 176 INDEPENDENCE, KS 67301	47-4149725	501(C)(3)		8,999.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(8) HEART OF FLORIDA UNITED WAY 1940 TRAYLOR BLVD. ORLANDO, FL 32804-4714	59-0808854	501(C)(3)	15,000.				DONOR DESIGNATIONS
(9) HEARTSPRING 8700 E 29TH ST N WICHITA, KS 67226	48-0561969	501(C)(3)		11,234.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(10) HOSPICE INC., 313 S. MARKET ST. WICHITA, KS 67202-3805	48-0952990	501(C)(3)	208,595.				GRANT AWARDS/ DESIGNATIONS
(11) HUMANKIND MINISTRIES 829 N. MARKET WICHITA, KS 67214	48-0559085	501(C)(3)		11,683.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(12) HUTCHINSON STUDENT HEALTH SERVICE 1018 N PLUM HUTCHINSON, KS 67501	48-1085539	501(C)(3)		7,388.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT

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Schedule I (Form 990) (2019)

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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OMB No. 1545-0047

2019

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Name of the organization

UNITED WAY OF THE PLAINS, INC.

Employer identification number

48-0547688

Part I General Information on Grants and Assistance

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

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) INDEPENDENT LIVING RESOURCE CENTER 3033 W 2ND N WICHITA, KS 67203	48-0955879	501(C)(3)		8,583.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(2) IT TAKES A VILLAGE ITAV INC. 2358 N. RIDGEWOOD CT WICHITA, KS 67220	82-1263508	501(C)(3)		6,155.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(3) JEDA MASE SUPPORT SERVICE INSTITUTE 1616 S GEORGE WASHINGTON BLVD	20-0933412	501(C)(3)		6,826.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(4) JEHOVAH JIREH FOOD AND CLOTHING CENTER 627 N. ASH WICHITA, KS 67214	48-1053404	501(C)(3)		23,564.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(5) KANSAS BIG BROTHERS BIG SISTERS INC. 310 E. 2ND ST. N. WICHITA, KS 67202-2404	23-7056717	501(C)(3)	258,640.				GRANT AWARDS/ DESIGNATIONS
(6) KANSAS CHILDREN'S SERVICE LEAGUE, INC. 1365 N. CUSTER ST. WICHITA, KS 67203	48-0543749	501(C)(3)	306,468.				GRANT AWARDS/ DESIGNATIONS
(7) KANSAS ELKS TRAINING CENTER FOR THE HANDICA 1006 E. WATERMAN WICHITA, KS 67211	48-0683499	501(C)(3)		10,864.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(8) KANSAS FAMILY ADVOCACY NETWORK 333 E ENGLISH ST, SUITE 215	33-1213403	501(C)(3)		20,091.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(9) KANSAS FOODBANK WAREHOUSE 1919 E DOUGLAS WICHITA, KS 67211-1627	48-0959213	501(C)(3)	5,662.				DONOR DESIGNATIONS
(10) KANSAS FOODBANK WAREHOUSE 1919 E DOUGLAS WICHITA, KS 67211-1627	48-0959213	501(C)(3)		6,319.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(11) KANSAS SCHOOL FOR EFFECTIVE LEARNING 2212 E. CENTRAL AVE. WICHITA, KS 67214-4406	48-1072585	501(C)(3)	196,889.				GRANT AWARDS/ DESIGNATIONS
(12) MAIN PLACE YOUTH INC. 1111 N. MAIN KINGMAN, KS 67068	48-0864629	501(C)(3)		5,590.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT

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Schedule I (Form 990) (2019)

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

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OMB No. 1545-0047

2019

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Inspection**

Name of the organization

UNITED WAY OF THE PLAINS, INC.

Employer identification number

48-0547688

Part I General Information on Grants and Assistance

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MAKING A DIFFERENCE CENTER INC 1626 N MINNEAPOLIS WICHITA, KS 67214	83-1423829	501(C)(3)		11,149.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(2) MEDICAL LOAN CLOSET OF WICHITA INC 1726 W. DRIFTWOOD CT. WICHITA, KS 67204	90-0753211	501(C)(3)		16,337.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(3) MENTAL HEALTH ASSOCIATION OF SOUTH CENTRAL 555 N. WOODLAWN ST. STE. 3105	48-0990763	501(C)(3)	138,960.				GRANT AWARDS/ DESIGNATIONS
(4) MENTAL HEALTH ASSOCIATION OF SOUTH CENTRAL 555 N. WOODLAWN ST. STE. 3105	48-0990763	501(C)(3)		12,881.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(5) MESA UNITED WAY 303 N. CENTENNIAL WAY MESA, AZ 85201	86-0198599	501(C)(3)	8,766.				DONOR DESIGNATIONS
(6) MID-AMERICAN ALL INDIAN CENTER INC 650 N SENECA WICHITA, KS 67203	23-7098527	501(C)(3)		8,715.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(7) MIDWEST CRISIS PREGNANCY CARE CENTER 213 E MAIN ST INDEPENDENCE, KS 67301	48-0968949	501(C)(3)		9,150.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(8) MIRACLES, INC. 1015 E. 2ND STREET N. WICHITA, KS 67214	48-1113859	501(C)(3)	81,944.				GRANT AWARDS/ DESIGNATIONS
(9) NEVER ALONE CRISIS MINISTRIES INC 2719 MEADOW OAKS WICHITA, KS 67220	31-1662813	501(C)(3)		10,827.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(10) NEW BEGINNINGS 7TH DAY ADVENTISTS CHURCH 209 W. 21 ST N. WICHITA, KS 67203	52-0643036	501(C)(3)		17,122.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(11) PARADISE MISSIONARY BAPTIST CHURCH INC 4401 E 17TH N WICHITA, KS 67208	48-0832396	501(C)(3)		5,861.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(12) PEACE CONNECTION 612 N MAIN NEWTON, KS 67114	48-0986867	501(C)(3)		10,613.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT

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(1) PRAIRIE INDEPENDENT LIVING RESOURCE CENTER 17 S. MAIN HUTCHINSON, KS 67501	48-1202540	501(C)(3)		10,469.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(2) QUIVIRA COUNCIL, BOY SCOUTS OF AMERICA 3247 N. OLIVER ST. WICHITA, KS 67220-1532	23-7147508	501(C)(3)	98,088.				GRANT AWARDS/ DESIGNATIONS
(3) QUIVIRA COUNCIL, BOY SCOUTS OF AMERICA 3247 N. OLIVER ST. WICHITA, KS 67220-1532	23-7147508	501(C)(3)		21,750.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(4) RAINBOWS UNITED INC 3223 N. OLIVER ST. WICHITA, KS 67220-2106	48-0793004	501(C)(3)	831,190.				GRANT AWARDS/ DESIGNATIONS
(5) RAINBOWS UNITED INC 3223 N. OLIVER ST. WICHITA, KS 67220-2106	48-0793004	501(C)(3)		6,451.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(6) RESOURCE CTR FOR INDEPENDENT LIVING INC 615 1/2 N MAIN EL DORDAO, KS 67042	48-0999139	501(C)(3)		6,158.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(7) RISE UP FOR YOUTH INC PO BOX 1256 WICHITA, KS 67201-1256	47-1381305	501(C)(3)	274,134.				GRANT AWARDS/ DESIGNATIONS
(8) ROOTS & WINGS, INC. 220 W. DOUGLAS AVE. STE. 15	48-0915548	501(C)(3)	58,785.				GRANT AWARDS/ DESIGNATIONS
(9) SAINT FRANCIS COMMUNITY SERVICES INC 4155 E. HARRY ST WICHITA, KS 67218	48-0543809	501(C)(3)		23,018.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(10) SEDGWICK COUNTY HEALTH DEPARTMENT 1900 E. 9TH ST. N. WICHITA, KS 67214-3115	48-6000798	501(C)(3)	145,646.				FISCAL AGENT PAYMENT
(11) SENIOR SERVICES INC OF WICHITA 200 S. WALNUT ST. WICHITA, KS 67213-4777	48-0757988	501(C)(3)	238,636.				GRANT AWARDS/ DESIGNATIONS
(12) SENIOR SERVICES INC OF WICHITA 200 S. WALNUT ST. WICHITA, KS 67213-4777	48-0757988	501(C)(3)		46,370.	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) (2019)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF THE PLAINS, INC.

Employer identification number

48-0547688

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SOUTH CENTRAL MENTAL HEALTH ASSOCIATION 2365 W. CENTRAL EL DORADO, KS 67042	48-0678363	501(C)(3)		10,346.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(2) ST MARK UNITED METHODIST CHURCH OF WICHITA 1525 N LORRAINE WICHITA, KS 67214	48-0918365	501(C)(3)		10,853.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(3) STARKEY 4500 W. MAPLE WICHITA, KS 67209	48-0630180	501(C)(3)		29,045.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(4) STEPSTONE 1329 S. BLUFFVIEW WICHITA, KS 67218-3031	48-1177617	501(C)(3)	258,531.				GRANT AWARDS/ DESIGNATIONS
(5) STEPSTONE 1329 S. BLUFFVIEW WICHITA, KS 67218-3031	48-1177617	501(C)(3)		11,168.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(6) SUBSTANCE ABUSE ASSESSMENT CENTER OF KANSAS 731 N. WATER ST. WICHITA, KS 67203	48-1171220	501(C)(3)		5,629.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(7) SUNLIGHT CHILDREN'S ADVOCACY & RIGHTS FOUND 1918 N. PRAIRIE CREEK RD ANDOVER, KS 67002	84-1648274	501(C)(3)	83,205.				GRANT AWARDS/ DESIGNATIONS
(8) THE KANSAS UNIVERSITY ENDOWMENT ASSOCIATION PO BOX 928 LAWRENCE, KS 66044-0928	48-0547734	501(C)(3)	20,000.				GRANT AWARDS/ DESIGNATIONS
(9) THE PANDO INITIATIVE, INC. 412 S. MAIN ST. STE. 212	48-1093130	501(C)(3)	694,829.				GRANT AWARDS/ DESIGNATIONS
(10) THE PANDO INITIATIVE, INC. 412 S. MAIN ST. STE. 212	48-1093130	501(C)(3)		27,130.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(11) THE SALVATION ARMY 350 N MARKET WICHITA, KS 67202-2010	44-0545998	501(C)(3)	559,887.				GRANT AWARDS/ DESIGNATIONS
(12) THE SALVATION ARMY 350 N MARKET WICHITA, KS 67202-2010	44-0545998	501(C)(3)		53,219.	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) (2019)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

UNITED WAY OF THE PLAINS, INC.

Employer identification number

48-0547688

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THE TREEHOUSE 151 N. VOLUTSIA WICHITA, KS 67214	48-1252307	501(C)(3)	5,773.				GRANT AWARDS/ DESIGNATIONS
(2) TIYOSPAYE INC D/B/A HIGHER GROUND 247 N MARKET WICHITA, KS 67202	48-1125182	501(C)(3)		7,529.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(3) TRI-COUNTY CASA, INC. PO BOX 926 EL DORADO, KS 67042-0926	48-1242980	501(C)(3)	25,896.				GRANT AWARDS/ DESIGNATIONS
(4) UNION RESCUE MISSION 2800 N. HILLSIDE WICHITA, KS 67219	48-0625837	501(C)(3)		18,833.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(5) UNITED METHODIST OPEN DOOR PO BOX 2756 WICHITA, KS 67201-2756	48-0731995	501(C)(3)	469,326.				GRANT AWARDS/ DESIGNATIONS
(6) UNITED METHODIST OPEN DOOR PO BOX 2756 WICHITA, KS 67201-2756	48-0731995	501(C)(3)		256,997.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(7) UNITED WAY OF GREATER GREENSBORO PO BOX 14998 GREENSBORO, NC 27415-4998	56-0668555	501(C)(3)	6,257.				DONOR DESIGNATIONS
(8) UNITED WAY OF GREATER KANSAS CITY 801 W. 47TH ST STE 500	44-0545812	501(C)(3)	12,073.				DONOR DESIGNATIONS
(9) UNITED WAY OF SAN ANTONIO PO BOX 898 SAN ANTONIO, TX 78293-0898	74-1272381	501(C)(3)	8,212.				DONOR DESIGNATIONS
(10) UNITED WAY SUNCOAST 5201 W. KENNEDY BLVD., STE 600	59-3725701	501(C)(3)	11,645.				DONOR DESIGNATIONS
(11) USD 259 WICHITA PUBLIC SCHOOLS 903 S EDGEMOOR WICHITA, KS 67218	48-6000351	501(C)(3)		74,952.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(12) USD 260 DERBY PUBLIC SCHOOLS 120 E WASHINGTON DERBY, KS 67037	48-0727674	501(C)(3)		28,746.	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) (2019)

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF THE PLAINS, INC.

Employer identification number

48-0547688

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) USD 261 HAYSVILLE PUBLIC SCHOOLS 1745 W GRAND HAYSVILLE, KS 67060	48-0697340	501(C)(3)		24,868.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(2) USD 265 GODDARD PUBLIC SCHOOLS 201 S MAIN GODDARD, KS 67052	48-0735657	501(C)(3)		22,040.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(3) WICHITA AREA SEXUAL ASSAULT CENTER 355 N. WACO ST. STE. 100	48-0861281	501(C)(3)	242,948.				GRANT AWARDS/ DESIGNATIONS
(4) WICHITA CATHOLIC SCHOOLS 424 N BROADWAY WICHITA, KS 67202	48-0543780	501(C)(3)		13,616.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(5) WICHITA CHILDREN'S HOME 7271 E 37TH ST N WICHITA, KS 67226-3202	48-0547706	501(C)(3)	482,861.				GRANT AWARDS/ DESIGNATIONS
(6) WICHITA CHILDREN'S HOME 7271 E 37TH ST N WICHITA, KS 67226-3202	48-0547706	501(C)(3)		20,237.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(7) WICHITA FELLOWSHIP CLUB INC 204 W 18TH ST N WICHITA, KS 67203	48-0731455	501(C)(3)		10,820.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(8) WICHITA INDEPENDENT NEIGHBORHOODS INC 2755 E. 19TH ST. N. WICHITA, KS 67214	48-1161750	501(C)(3)		8,808.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(9) WICHITA STATE UNIVERSITY: OFFICE OF DISABI 1845 N FAIRMOUNT WICHITA, KS 67214	48-6029925	501(C)(3)		10,887.	FMV	SUPPLIES	OFFICE SUPPLIES/ EQUIPMENT
(10) WICHITA TOP CHILDREN'S FUND 1625 N. WATERFRONT PKWY. #100	48-0959396	501(C)(3)	19,000.				DONOR DESIGNATIONS
(11) WICHITA WOMEN'S INITIATIVE NETWORK INC. 510 E. 3RD ST. N. WICHITA, KS 67202-2618	48-1189632	501(C)(3)	64,183.				GRANT AWARDS/ DESIGNATIONS
(12) WICHITA INDEPENDENT NEIGHBORHHODS INC. D/B/ 1158 N. VOLUTSIA WICHITA, KS 67214	48-1161750	501(C)(3)		11,009.	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) (2019)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

UNITED WAY OF THE PLAINS, INC.

Employer identification number

48-0547688

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WORKFORCE ALLIANCE OF SOUTH CENTRAL KANSAS, 300 W DOUGLAS ST STE 850	48-1246563	501(C)(3)	126,223.				GRANT AWARDS/ DESIGNATIONS
(2) YOUNG LIFE WICHITA 6505 E. CENTRAL AVE. STE. 318	84-0385934	501(C)(3)	18,824.				DONOR DESIGNATIONS
(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 104.

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) (2019)

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	100,560.		206,652.	FMV	BOOKS FOR CHILDREN
2 DELTA DENTAL COMMUNITY BENEFIT PLAN	469.	133,711.			
3 AARON JOEL SMITH COLLEGE SCHOLARSHIPS	3.	10,000.			
4 SPIRIT OF SKIPPY COLLEGE SCHOLARSHIPS	4.	1,800.			
5					
6					
7					

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

SCHEDULE I, PART I, LINE 2

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

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 8,380.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF THE PLAINS, INC.

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

48-0547688

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- 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**
- b** Any related organization? **5b**
- 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**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 HANRAHAN, MR. PATRICK PRESIDENT & CEO	(i)	216,508.	0.	20,447.	29,120.	40,462.	306,537.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 MINKS, MR. DARREN CFO	(i)	110,589.	0.	609.	15,630.	30,106.	156,934.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 OAKS, MRS. ELIZABETH VICE PRESIDENT	(i)	125,068.	0.	3,515.	16,746.	10,841.	156,170.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Schedule J (Form 990) 2019

**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

2019

**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.	215,759.	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)		109.	2,213,029.	
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) 2019

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PAGE 50

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>
VENUE SPACE FOR EVENT	X	1.	1,500.	FAIR MARKET VALUE
UWP GIVE ITEMS OF VALUE	X	105.	2,198,469.	FAIR MARKET VALUE
GIFT CERTIFICATES	X	1.	100.	FAIR MARKET VALUE
SUPPLIES FOR VOLUNTEER EV	X	1.	1,960.	FAIR MARKET VALUE
CRUISE CERTIFICATES	X	1.	11,000.	FAIR MARKET VALUE
TOTALS		<u>109.</u>	<u>2,213,029.</u>	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF THE PLAINS, INC.

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

48-0547688

FORM 990, PART III, LINE 4B

UNITED WAY'S LEAD ROLE IN COMMUNITY GRANTS RESULTED IN GRANT REVENUES IN
EXCESS OF \$8.9 MILLION FOR THE LOCAL COMMUNITY, OF WHICH ALOMOST \$1.4
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 2019
WAS OVER 8,800 CHILDREN. THROUGHOUT THE YEAR 100,560 BOOKS WERE
DISTRIBUTED TO CHILDREN IN OUR COMMUNITY.

IN ADDITION, OUR "WOMEN UNITED" GROUP OF VOLUNTEERS CONTINUED A
READ-TO-SUCCEED PROGRAM WHICH WAS PRESENT IN TWENTY ELEMENTARY SCHOOLS,
WITH 427 READING COACHES PROVIDING 12,383 VOLUNTEER HOURS READING WITH
THIRD GRADE STUDENTS. READING COACHES DEVOTED 30 MINUTES ONCE A WEEK
WITH A STUDENT TO HELP DEVELOP READING SKILLS. AS A RESULT, CHILDREN
ENROLLED IN THIS PROGRAM EXPERIENCED SIGNIFICANT INCREASED READING
ABILITY, AS EVIDENCED BY READING TEST SCORES. STUDENTS IN THE PROGRAM
AVERAGED AN INCREASE IN READING ABILITY OF 1.3 WORDS PER MINUTE, COMPARED
TO STUDENTS NOT IN THE PROGRAM THAT AVERAGED AN INCREASE OF 0.9 WORDS PER
MINUTE.

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

HOMELESS INITIATIVES:

UNITED WAY OF THE PLAINS SERVES AS THE LEAD AGENCY FOR THE WICHITA/SEDGWICK COUNTY CONTINUUM OF CARE COMMITTEE, WHICH IS COMPRISED OF 186 MEMBERS AT 85 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 15 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 2019, 79% OF STUDENTS PARTICIPATING IN THE PROGRAM WERE NO LONGER CHRONICALLY ABSENT.

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

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

PRESCRIPTION MEDICINES: THROUGH A PARTNERSHIP WITH FAMILYWIZE - PROVIDED A DISCOUNTED PRESCRIPTION DRUG PLAN, WHICH SAVED AREA RESIDENTS OVER \$433,000 ON 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 THROUGHOUT THE STATE OF KANSAS. THROUGH THIS PROGRAM, 469 CLAIMS AND ALMOST \$134,000 OF DENTAL CARE BENEFITS WERE PROVIDED TO INDIVIDUALS, WITH PLANS FOR EXPANDED GROWTH IN THE NEXT 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 7,600 VOLUNTEER HOURS FOR ASSISTANCE IN FILING FEDERAL RETURNS FOR THE ELDERLY AND LOW INCOME RESIDENTS RESULTING IN APPROXIMATELY \$5.5 MILLION DOLLARS BEING RETURNED TO THESE INDIVIDUALS.

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

FORM 990, PART III, LINE 4D

UNITED WAY'S 2-1-1 STATEWIDE CALL CENTER AND WEBSITE: THIS PROGRAM PROVIDES A 24/7, 365 DAYS/YEAR CONFIDENTIAL INFORMATION AND REFERRAL CALL CENTER THAT CONNECTS PEOPLE NEEDING ASSISTANCE OR WANTING TO VOLUNTEER WITH ORGANIZATIONS THAT CAN ADDRESS THEIR NEED. DURING 2019, CALL SPECIALISTS HANDLED OVER 50,000 CALLS.

UNITED WAY'S VOLUNTEER CENTER: THIS PROGRAM PROVIDES COORDINATION OF VOLUNTEER PROJECTS BETWEEN AGENCIES NEEDING VOLUNTEERS AND INDIVIDUALS/GROUPS WANTING TO VOLUNTEER. DURING 2019, THE CENTER COORDINATED ACTIVITIES FOR 549 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 413 LOCAL YOUTH VOLUNTEERING FOR 38 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

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

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

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

A PERFORMANCE REVIEW OF THE PRESIDENT WAS CONDUCTED IN 2020 -FOR THE PERFORMANCE OF 2019 - 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

Name of the organization UNITED WAY OF THE PLAINS, INC.	Employer identification number 48-0547688
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AVAILABLE TO THE PUBLIC UPON REQUEST. THE CONFLICT OF INTEREST POLICY
IS PUBLISHED ON THE ORGANIZATION'S WEBSITE.

ATTACHMENT 1

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
COPP MEDIA SERVICES 322 S MOSLEY ST STE 15 WICHITA, KS 67202	GENERAL ADVERTISING	113,422.

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No. 1545-0047

For calendar year 2019 or other tax year beginning 01/01, 2019, and ending 12/31, 2019.**2019**Department of the Treasury
Internal Revenue Service▶ 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).

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

A <input type="checkbox"/> Check box if address changed	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number (Employees' trust, see instructions.)
B Exempt under section		UNITED WAY OF THE PLAINS, INC.	48-0547688
<input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 220(e) <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		Number, street, and room or suite no. If a P.O. box, see instructions.	E Unrelated business activity code (See instructions.)
C Book value of all assets at end of year		245 N. WATER ST.	
24,953,226.		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. ▶ 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.

I 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				(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales						
b Less returns and allowances		c Balance ▶	1c			
2 Cost of goods sold (Schedule A, line 7)			2			
3 Gross profit. Subtract line 2 from line 1c			3			
4a Capital gain net income (attach Schedule D)			4a			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			4b			
c Capital loss deduction for trusts			4c			
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.) (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	
20 Depreciation (attach Form 4562)	20	
21 Less depreciation claimed on Schedule A and elsewhere on return	21a	21b
22 Depletion	22	
23 Contributions to deferred compensation plans	23	
24 Employee benefit programs	24	
25 Excess exempt expenses (Schedule I)	25	
26 Excess readership costs (Schedule J)	26	
27 Other deductions (attach schedule)	27	
28 Total deductions. Add lines 14 through 27	28	
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	
31 Unrelated business taxable income. Subtract line 30 from line 29	31	

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2019)

Part III Total Unrelated Business Taxable Income

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	0.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	0.

Part IV Tax Computation

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	

Part V Tax and Payments

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800 (see instructions)	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	
48	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)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	
51a	Payments: A 2018 overpayment credited to 2019	51a	2,934.
b	2019 estimated tax payments	51b	2,200.
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other	51g	
52	Total payments. Add lines 51a through 51g	52	5,134.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	5,134.
56	Enter the amount of line 55 you want: <input checked="" type="checkbox"/> Credited to 2020 estimated tax <input type="checkbox"/> Refunded	56	5,134.

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

57	At any time during the 2019 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
58	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
59	Enter the amount of tax-exempt interest received or accrued during the tax year	\$	

Sign Here	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.				
	Signature of officer	Title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	SHAWNELL LINOT	Shawnell Linot	11/05/2020		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. 1545-0047

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

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

Enter the Return Code for the return that this application is for (file a separate application for each return) **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 TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until 11/16, 20 20, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☒ calendar year 20 19 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. 1-2020)

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		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs (attach schedule)	4a				
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				X

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)		%		
Totals ►			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 ►				

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)						
		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 25.

Totals**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))						

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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. ▶						
Totals, Part II (lines 1-5) ▶	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 26.

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 ▶			

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