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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
UNITED WAY OF THE PLAINS INC

Doing Business As

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

City or town, state or country, and ZIP + 4
WICHITA, KS 67202

D Employer identification number
48-0547688

E Telephone number
(316) 267-1321

G Gross receipts $ 22,583,267

F Name and address of principal officer
PATRICK J HANRAHAN
245 N WATER ST
WICHITA, KS 67202

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

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW UNITEDWAYPLAINS ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1957 | **M** State of legal domicile KS

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO MOBILIZE THE COMMUNITY TO IDENTIFY AND IMPACT CRITICAL HUMAN NEEDS

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	47
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	47
5	Total number of employees (Part V, line 2a)	5	53
6	Total number of volunteers (estimate if necessary)	6	2,012
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	16,928,281	17,011,152
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	35,507	-797,790
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	170,171	212,375
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,133,959	16,425,737
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	12,656,708	14,270,945
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)	2,293,625	2,436,681
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,347,632		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	2,511,526	1,594,396
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	17,461,859	18,302,022
19	Revenue less expenses Subtract line 18 from line 12	-327,900	-1,876,285

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	27,299,075	28,176,864
21	Total liabilities (Part X, line 26)	2,355,202	2,400,715
22	Net assets or fund balances Subtract line 21 from line 20	24,943,873	25,776,149

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

****** | 2010-08-31
Signature of officer | Date

PATRICK J HANRAHAN PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ NOELLE M TESTA	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BKD LLP 1551 N WATERFRONT PKWY STE 300 WICHITA, KS 672066601			EIN ▶ Phone no ▶ (316) 265-2811

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

TO MOBILIZE THE COMMUNITY TO IDENTIFY AND IMPACT CRITICAL HUMAN NEEDS

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 11,470,661 including grants of $ 11,313,921) (Revenue $)

ALLOCATIONS TO AGENCIES 156 VOLUNTEERS LOGGED 1,678 HOURS IN REVIEWING UNITED WAY AGENCY PROGRAMS AND COMMUNITY NEEDS TO DIRECT FUNDS WHERE THEY WILL DO THE MOST GOOD A TOTAL OF 93 PROGRAMS WERE RECOMMENDED FOR FUNDING WITH $11,313,921 PAID TO AGENCIES

4b (Code) (Expenses $ 2,141,857 including grants of $ 916,212) (Revenue $)

RESEARCH AND COMMUNITY RESOURCES PROGRAM PERFORM RESEARCH AND COLLABORATIONS WITH COMMUNITY GROUPS TOWARD SOLUTIONS TO COMMUNITY NEEDS, INCLUDING GRANT-FUNDED PROJECTS, DISASTER SERVICES, RESEARCH ACTIVITIES, AND VARIOUS PROJECTS THAT BENEFIT THE COMMUNITY SEE SCHEDULE O FOR A LISTING OF ACTUAL ACCOMPLISHMENTS

4c (Code) (Expenses $ 501,461 including grants of $ 497,944) (Revenue $)

LAID-OFF WORKERS' CENTER IN RESPONSE TO LOCAL ECONOMIC DOWNTURN, UNITED WAY OF THE PLAINS OPENED A CENTRALIZED CENTER IN JUNE 2009 TO ASSIST INDIVIDUALS WHO HAD RECENTLY BEEN LAID-OFF FROM THEIR JOBS SEE SCHEDULE O FOR A LISTING OF PROGRAM HIGHLIGHTS

4d Other program services (Describe in Schedule O)

(Expenses $ 1,940,018 including grants of $ 1,542,868) (Revenue $ 212,375)

4e **Total program service expenses** ▶ $ 16,053,997

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
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		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● 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.*			
	● 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.*			
	● 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.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** / **No**			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional **12A** [ ] No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
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*	17		No
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		No
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		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
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, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	119		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
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	53		
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 this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	47		
b	Enter the number of voting members that are independent	1b	47		
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line a or b, 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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

DARREN MINKS
245 N WATER ST
WICHITA, KS 67202
(316) 267-1321

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

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 Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
See add'l data										

1b Total . . . . . ▶	378,505	0	97,028

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

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

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

(A) Name and business address	(B) Description of services	(C) Compensation
COPP MEDIA SERVICES 3215 W KEYWEST CT WICHITA, KS 672042364	GENERAL ADVERTISING	180,399

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 VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a 426,190				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e 1,050,685				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 15,534,277				
	g	Noncash contributions included in lines 1a-1f $ 380,059				
	h	**Total.** Add lines 1a-1f . . . . . ▶	17,011,152			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	0			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	251,992			251,992
	4	Income from investment of tax-exempt bond proceeds . . ▶	0			
	5	Royalties . . . . . ▶	0			
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 5,107,685 / 63				
	b	Less cost or other basis and sales expenses: 6,157,530				
	c	Gain or (loss): -1,049,845 / 63				
	d	Net gain or (loss) . . . . . ▶	-1,049,782			-1,049,782
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶	0			
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶	0			
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶	0			
		Miscellaneous Revenue / Business Code				
	11a	MISCELLANEOUS 900,099	212,375	212,375		
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	212,375			
	12	**Total revenue.** See Instructions . . . ▶	16,425,737	212,375		-797,790

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	13,854,740	13,854,740		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	416,205	416,205		
3 Grants and other assistance to governments, organizations, and individuals outside the U S 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	475,533	238,144	132,228	105,161
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	1,520,250	624,874	280,951	614,425
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	169,120	72,529	39,230	57,361
9 Other employee benefits	137,354	59,148	17,821	60,385
10 Payroll taxes	134,424	57,739	26,827	49,858
11 Fees for services (non-employees)				
a Management	0			
b Legal	0			
c Accounting	39,832	3,000	31,785	5,047
d Lobbying	22,500	22,500		
e Professional fundraising *See Part IV, line 17*	0			
f Investment management fees	6,407		6,407	
g Other	133,715	108,345	21,994	3,376
12 Advertising and promotion	187,338	16,757	152,637	17,944
13 Office expenses	258,221	111,653	37,414	109,154
14 Information technology	69,266	35,156	10,193	23,917
15 Royalties	0			
16 Occupancy	94,130	32,929	22,751	38,450
17 Travel	67,253	31,232	7,179	28,842
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	48,919	12,939	26,583	9,397
20 Interest	0			
21 Payments to affiliates	158,535	71,635	30,525	56,375
22 Depreciation, depletion, and amortization	169,983	76,808	32,728	60,447
23 Insurance	29,459	13,429	5,632	10,398
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a REPORT & COUNCIL MEETINGS	84,956	4,031		80,925
b GIFT IN KIND EXPENSES	186,434	186,434		
c OUTCOME BASED SEMINARS	2,267	2,267		
d MISCELLANEOUS	35,181	1,503	17,508	16,170
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	18,302,022	16,053,997	900,393	1,347,632
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		3,627,832	1	2,945,191
	2	Savings and temporary cash investments		1,056,305	2	456,145
	3	Pledges and grants receivable, net		13,144,434	3	12,430,308
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		53,039	8	37,760
	9	Prepaid expenses and deferred charges		138,144	9	163,396
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 2,999,205			
	b	Less accumulated depreciation	10b 1,510,905	1,585,805	10c	1,488,300
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		7,693,516	12	10,655,764
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		27,299,075	16	28,176,864
Liabilities	17	Accounts payable and accrued expenses		2,126,020	17	2,217,676
	18	Grants payable			18	
	19	Deferred revenue		229,182	19	183,039
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		2,355,202	26	2,400,715
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		10,256,928	27	12,271,738
	28	Temporarily restricted net assets		14,065,272	28	12,866,738
	29	Permanently restricted net assets		621,673	29	637,673
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		24,943,873	33	25,776,149
	34	Total liabilities and net assets/fund balances		27,299,075	34	28,176,864

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
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?	3a	Yes	
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 in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

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.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

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 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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 organization that normally receives (1) more than 331/3% 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 331/3% 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)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		No
(ii) a family member of a person described in (i) above? **11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	14,820,892	16,074,770	18,395,176	16,928,281	17,011,152	83,230,271
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	14,820,892	16,074,770	18,395,176	16,928,281	17,011,152	83,230,271
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)						
6 **Public Support.** Subtract line 5 from line 4						83,230,271

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	14,820,892	309,835	18,395,176	16,928,281	17,011,152	83,230,271
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	278,902	309,835	456,972	267,142	251,992	1,564,843
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						84,795,114

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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	**14**	98 155 %
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	**15**	98 200 %

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV)						
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 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** 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—2008.** 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		22,500
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			22,500
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i
Also, complete this part for any additional information

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
UNITED WAY OF THE PLAINS INC

Employer identification number
48-0547688

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the 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 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

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" to 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 XIV 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	1,392,436	1,470,961			
b Contributions	301,186	232,383			
c Investment earnings or losses	310,367	-303,119			
d Grants or scholarships	19,465	7,789			
e Other expenditures for facilities and programs	0	0			
f Administrative expenses	0	0			
g End of year balance	1,984,524	1,392,436			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 67 870 % %
- b Permanent endowment ▶ 32 130 % %
- c Term endowment ▶ 0 % %

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)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		2,019,636	797,541	1,222,095
c Leasehold improvements				
d Equipment		979,569	713,364	266,205
e Other		0		0
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				1,488,300

Part VII Investments—Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other EQUITY SECURITIES	8,850,341	F
CORPORATE DEBT SECURITIES	0	F
U S GOVERNMENT OBLIGATIONS	981,766	F
COMMON STOCK	817,603	F
PREFERRED STOCK	6,054	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	10,655,764	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	16,425,737
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	18,302,022
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,876,285
4	Net unrealized gains (losses) on investments	4	2,708,561
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	2,708,561
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	832,276

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	17,855,624
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	2,708,561		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	2,708,561
3	Subtract line **2e** from line **1**			3	15,147,063
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 XIV)	4b	1,278,674		
c	Add lines **4a** and **4b**			4c	1,278,674
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	16,425,737

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	17,023,348
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	17,023,348
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 XIV)	4b	1,278,674		
c	Add lines **4a** and **4b**			4c	1,278,674
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	18,302,022

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
FORM 990, SCHEDULE D, PART V	INTENDED USE OF ENDOWMENT FUNDS	THE ENDOWMENT FUNDS WILL BE USED TO FUND BOARD-APPROVED SPECIAL PROJECTS AND YOUTH-RELATED GRANTS
RECONCILIATIONS	SCHEDULE D, PART XII, LINE 4B	DESIGNATED GIFTS $1,278,674
RECONCILIATIONS	SCHEDULE D, PART XIII, LINE 4B	DESIGNATED GIFTS $1,278,674

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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," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990**

OMB No 1545-0047

2009

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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 64

3 Enter total number of other organizations . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) 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
DISASTER RELIEF - HOUSING CONSTRUCTION	13	91,355			
GRANT TO PROVIDE HATS AND GLOVES TO NEEDY CHILDREN	1856	5,011			
HOUSING ASSISTANCE FOR "HOUSING FIRST"	33	14,560			
GRANT TO PROVIDE SHOES TO NEEDY CHILDREN	1856	24,850			
HOUSING ASSISTANCE - LAID OFF WORKERS CENTER	109	34,467			
UTILITY ASSISTANCE	1683	177,291			
DISASTER RELIEF - STORM SHELTER CONSTRUCTION	25	68,671			

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
MONITORING USE OF GRANT FUNDS	SCHEDULE I, PART I, LINE 2	LEVEL AND TYPE OF MONITORING PROCEDURES VARY, BASED UPON TYPE OF GRANT / ALLOCATION / DESIGNATION IN CASES OF ALLOCATION PANEL AWARDS, THE USAGE OF FUNDS IS MONITORED BY HAVING THE RECIPIENT SUBMIT REPORTS ON OUTCOME ACHIEVEMENTS ALONG WITH FINANCIAL DATA IN CASES OF GRANTS, AWARDEES ARE MONITORED AND MUST DEMONSTRATE CORRECT USAGE OF FUNDS IN CASES OF DISASTER RELIEF, AMOUNTS ARE PAID DIRECTLY TO SERVICE PROVIDERS AFTER APPROVAL BY A CASE-WORKER OR ASSIGNED REVIEWER

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 48-0547688
Name: UNITED WAY OF THE PLAINS INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY818 N EMPORIA ST STE 100 WICHITA,KS 67214	74-1185665	501(C)(3)	352,350				ALLOCATION FUNDING
AMERICAN HEART ASSOCIATION8630 E 32ND CT N WICHITA,KS 67226	13-5613797	501(C)(3)	351,100				ALLOCATION FUNDING
AMERICAN RED CROSSPO BOX 3726 WICHITA,KS 67201	48-0543701	501(C)(3)	1,372,246				ALLOCATION FUNDING
AMERICA'S CHARITIESPO BOX 79570 BALTIMORE,MD 21279	54-1517707	501(C)(3)	10,143				DONOR DESIGNATION
ANIMAL CHARITIES OF AMERICAPO BOX 45754 SAN FRANCISCO,CA 94145	94-3193389	501(C)(3)	14,088				DONOR DESIGNATION
ARC OF SEDGWICK COUNTY2919 W 2ND ST N WICHITA,KS 67203	48-0640559	501(C)(3)	263,611				ALLOCATION FUNDING
ARTHRITIS FOUNDATION 1999 N AMIDON AVE STE 105 WICHITA,KS 67203	48-0666622	501(C)(3)	147,015				ALLOCATION FUNDING
BOY SCOUTS QUIVIRA COUNCILPO BOX 48166 WICHITA,KS 67201	23-7147508	501(C)(3)	355,363				ALLOCATION FUNDING
BOYS & GIRLS CLUB OF SCKS2400 N OPPORTUNITY DR WICHITA,KS 67219	48-1071303	501(C)(3)	464,825				ALLOCATION FUNDING
CANCERCURE OF AMERICA PO BOX 45754 SAN FRANCISCO,CA 94145	81-0648432	501(C)(3)	10,348				DONOR DESIGNATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CATHOLIC CHARITIES INC 532 N BROADWAY ST WICHITA,KS 67214	48-0543703	501(C)(3)	689,091				ALLOCATION FUNDING
CENTER FOR HEALTH AND WELLNESS2707 E 21ST ST N WICHITA,KS 67214	48-1180078	501(C)(3)	134,439				ALLOCATION FUNDING
CENTER OF HOPE INC400 N EMPORIA ST WICHITA,KS 67202	48-1065835	501(C)(3)	318,731				ALLOCATION FUNDING
CENTRAL PLAINS REGIONAL HEALTH CARE FOUNDATION INC1102 S HILLSIDE ST WICHITA,KS 67211	48-1200868	501(C)(3)	332,032				ALLOCATION FUNDING
CEREBRAL PALSY RESEARCH FOUNDATION OF KANSAS INCPO BOX 8217 WICHITA,KS 67208	23-7314938	501(C)(3)	9,814				SMART-START GRANT
CHILD START INC1069 S GLENDALE ST WICHITA,KS 67218	48-0637922	501(C)(3)	235,224				ALLOCATION FUNDING
CHILDREN'S CHARITIES OF AMERICAPO BOX 45754 SAN FRANCISCO,CA 94145	94-3148588	501(C)(3)	7,729				Donor designation
CHRISTIAN SERVICE CHARITIES FEDERATION LOCKBOX 79704 BALTIMORE,MD 21279	94-1393374	501(C)(3)	20,019				Donor designation
COMMUNITY HEALTH CHARITIESPO BOX 75153 BALTIMORE,MD 21275	13-6167225	501(C)(3)	19,337				Donor designation
COMMUNITIES IN SCHOOLS OF WICHITASEDGWICK COUNTY412 S MAIN ST STE 212 WICHITA,KS 67202	48-1093130	501(C)(3)	343,585				ALLOCATION FUNDING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY HEALTH CHARITIES OF KS & MO INC6405 MELCALF SHAWNEE MISSION,KS 66202	43-1604240	501(C)(3)	16,825				Donor designation
CONSUMER CREDIT COUNSELING SERVICE INC 105 S BROADWAY STE 900 WICHITA,KS 67202	48-0995970	501(C)(3)	28,779				ALLOCATION FUNDING
EPISCOPAL SOCIAL SERVICE INC1005 E 2ND ST N WICHITA,KS 67214	48-0947896	501(C)(3)	85,067				ALLOCATION FUNDING
FAMILY SERVICES INSTITUTE1631 E 17TH ST WICHITA,KS 67214	48-1068318	501(C)(3)	45,575				Smart-Start Grant
GIRL SCOUTS KANSAS HEARTLAND INC360 LEXINGTON RD WICHITA,KS 67218	48-0556718	501(C)(3)	349,681				ALLOCATION FUNDING
GLOBAL IMPACTPO BOX 409616 ATLANTA,GA 30384	52-1273585	501(C)(3)	7,695				Donor designation
HARRY HYNES MEMORIAL HOSPICE INC313 S MARKET ST WICHITA,KS 67202	48-0952990	501(C)(3)	241,707				ALLOCATION FUNDING
HEALTH & MEDICAL RESEARCH CHARITIES OF AMERICAPO BOX 45754 SAN FRANCISCO,CA 94145	94-3217739	501(C)(3)	9,870				Donor designation
HEART OF FLORIDA UNITED WAY1940 TRAYLOR BLVD ORLANDO,FL 32804	59-0808854	501(C)(3)	8,613				donor designation
KANSAS ASSOCIATION OF CHILD CARE RESOURCES PO BOX 2294 SALINA,KS 67402	48-1102008	501(C)(3)	102,892				Smart-Start Grant

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KANSAS SCHOOL FOR EFFECTIVE LEARNING INC 2212 E CENTRAL AVE WICHITA,KS 67214	48-1072585	501(C)(3)	226,666				ALLOCATION FUNDING
KANSAS BIG BROTHERS BIG SISTERS INC310 E 2ND ST N WICHITA,KS 67202	23-7056717	501(C)(3)	444,727				ALLOCATION FUNDING
KANSAS CHILDREN'S SERVICE LEAGUEPO BOX 517 WICHITA,KS 67201	48-0543749	501(C)(3)	341,868				ALLOCATION FUNDING
MCCONNELL AFB YOUTH PROGRAM22 SVS/SVYY WICHITA,KS 67221	48-0774738	501(C)(3)	26,400				ALLOCATION FUNDING
MEDICAL SERVICE BUREAU INC1530 S OLIVER STE 110 WICHITA,KS 67211	48-0891620	501(C)(3)	344,470				ALLOCATION FUNDING
MENTAL HEALTH ASSOCIATION555 N WOODLAWN STE 3105 WICHITA,KS 67208	48-0990763	501(C)(3)	170,632				ALLOCATION FUNDING
MILITARY VETERAN & PATRIOTIC SERVICE ORG PO BOX 45754 SAN FRANCISCO,CA 94145	94-3193418	501(C)(3)	13,477				Donor designation
OPERATION SCHOOL BELL PO BOX 8072 WICHITA,KS 67208	48-0985922	501(C)(3)	10,000				Donor designation
RAINBOWS UNITED INC340 S BROADWAY ST WICHITA,KS 67202	48-0793004	501(C)(3)	804,064				ALLOCATION FUNDING
ROOTS & WINGS INC150 N MAIN ST STE 1010 WICHITA,KS 67202	48-0976868	501(C)(3)	83,642				ALLOCATION FUNDING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SALVATION ARMY350 N MARKET ST WICHITA,KS 67202	44-0545998	501(C)(3)	864,806				ALLOCATION FUNDING
SENIOR SERVICES INC OF WICHITA200 S WALNUT ST WICHITA,KS 67213	48-0757988	501(C)(3)	286,780				ALLOCATION FUNDING
SUNLIGHT CHILDREN'S ADVOCACY AND RIGHTS FOUNDATIONPO BOX 967 EL DORADO,KS 67042	84-1648274	501(C)(3)	85,500				ALLOCATION FUNDING
UNITED CEREBRAL PALSY OF KANSAS INCPO BOX 8217 WICHITA,KS 67208	48-0631254	501(C)(3)	455,019				ALLOCATION FUNDING
UNITED METHODIST OPEN DOORPO BOX 2756 WICHITA,KS 67201	48-0731995	501(C)(3)	332,250				ALLOCATION FUNDING
UNITED WAY CALIFORNIA CAPITAL REGION10389 OLD PLACERVILLE RD SACRAMENTO,CA 95827	94-1225382	501(C)(3)	6,166				DONOR DESIGNATION
UNITED WAY OF SAN ANTONIOPO BOX 898 SAN ANTONIO,TX 78293	74-1272384	501(C)(3)	6,483				DONOR DESIGNATION
URBAN LEAGUE OF KANSAS INC2418 E 9TH ST N WICHITA,KS 67214	48-0602109	501(C)(3)	401,100				ALLOCATION FUNDING
USD #259 FRIENDSHIP FUND201 N WATER ST WICHITA,KS 67202	48-6115936	501(C)(3)	56,365				Donor designation
WICHITA AREA SEXUAL ASSAULT CENTER INC355 N WACO ST STE 100 WICHITA,KS 67202	48-0861281	501(C)(3)	230,000				ALLOCATION FUNDING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WICHITA CHILD GUIDANCE CENTER415 N POPLAR AVE WICHITA,KS 67214	48-0547707	501(C)(3)	327,500				ALLOCATION FUNDING
WICHITA CHILDREN'S HOME810 N HOLYOKE ST WICHITA,KS 67208	48-0547706	501(C)(3)	468,512				ALLOCATION FUNDING
WICHITA EMPLOYEES EMERGENCY ASSISTANCE FUND455 N MAIN ST FL 2 WICHITA,KS 67202	48-0888954	501(C)(3)	7,026				Donor designation
WICHITA WOMEN'S INITIATIVE NETWORK INC 510 E 3RD ST N WICHITA,KS 67202	48-1189632	501(C)(3)	60,000				ALLOCATION FUNDING
THE YOUNG MEN'S CHRISTIAN ASSOCAITION OF WICHITA3330 N WOODLAWN BLVD WICHITA,KS 67220	48-0554440	501(C)(3)	383,323				ALLOCATION FUNDING
YOUTH FOR CHRISTPO BOX 3700 WICHITA,KS 67201	48-6084467	501(C)(3)	96,923				Smart-Start Grant
CITY OF GREENSBURG239 S MAIN GREENSBURG,KS 67054			260,138				DISASTER RELIEF
HEALTHY OPTIONS FOR PLANEVIEW3620 E SUNNYBROOK LN STE C WICHITA,KS 67210	48-1206863	501(C)(3)	95,000				ALLOCATION FUNDING
KIOWA COUNTY MEMORIAL HOSPITAL721 W KANSAS AVENUE GREENSBURG,KS 67054	48-1226833	501(C)(3)	75,000				GREENSBURG DISASTER RELIEF
KANSAS FOODBANK WAREHOUSE1919 E DOUGLAS WICHITA,KS 67211	48-0959213	501(C)(3)	9,127				DONOR DESIGNATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KANSAS UNIVERSITY ENDOWMENT ASSOCPO BOX 928 LAWRENCE,KS 66044	48-0547734	501(C)(3)	9,200				IMMUNIZATION GRANT
KANSAS CHILDREN'S SERVICE LEAGUE FOUNDATIONPO BOX 5268 TOPEKA,KS 66606	48-1199143	501(C)(3)	7,500				DONOR DESIGNATIONS
TOP CHILDREN'S FUND 4600 S CLIFTON AVE WICHITA,KS 67216	48-0959396	501(C)(3)	10,000				DONOR DESIGNATIONS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
UNITED WAY OF THE PLAINS INC

Employer identification number
48-0547688

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in 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**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in 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**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in 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**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
HANRAHAN PATRICK J	(i)	188,416	0	1,836	24,494	24,305	239,051	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

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	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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	7	211,995	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 ▶ (UWP "GIVE ITEMS OF VALUE" PROGRAM)	X	58	168,064	FAIR VALUE
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** 0

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

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
USE OF THIRD PARTIES	SCHEDULE M, PART 1, LINE 32B	THIRD PARTY STOCKBROKER LIQUIDATES ANY SECURITIES RECEIVED AS A CONTRIBUTION AND REMITS PROCEEDS TO THE ORGANIZATION

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
UNITED WAY OF THE PLAINS INC

Employer identification number
48-0547688

Identifier	Return Reference	Explanation
NEW SIGNIFICANT PROGRAM SERVICES	FORM 990, PART III, QUESTION 2	A LAID-OFF WORKERS' CENTER WAS ESTABLISHED TO PROVIDE A VARIETY OF SERVICES AT A CENTRALIZED LOCATION TO ASSIST EMPLOYEES WHO HAD RECENTLY BEEN LAID-OFF FROM THEIR EMPLOYER

Identifier	Return Reference	Explanation
PROGRAM SERVICES	FORM 990, PART III, QUESTION 4B	COMMUNITY PLANNING AND RESOURCES (GRANTS) COLLABORATE WITH COMMUNITY GROUPS TO STUDY CHALLENGES AND WORK TOWARD SOLUTIONS RESEARCHING AND PLANNING ACTIVITIES AROUND COMMUNITY NEEDS - PROCURED GRANT REVENUE FOR THE COMMUNITY IN EXCESS OF $3 MILLION ANNUALLY $1 78 MILLION IS ADMINISTERED BY UNITED WAY WITH THE REMAINDER GOING DIRECTLY TO OTHER ORGANIZATIONS IN THE COMMUNITY GRANTS FOCUS AROUND THE AREAS OF EARLY CHILDHOOD DEVELOPMENT AND EDUCATION, HOMELESSNESS AND FINANCIAL STABILITY AND HEALTH - OPERATION IMMUNIZATION - PARTNERSHIP WITH UNIVERSITY OF KANSAS SCHOOL OF PHARMACY TO PROVIDE FLU SHOTS TO 1,000 LOCAL LOW-INCOME RESIDENTS IN OCTOBER - KANSAS STATEWIDE HOMELESS POINT IN TIME COUNT - CONDUCTED THE FIRST STATEWIDE HOMELESS COUNT OF HOMELESS INDIVIDUALS A STRATIFIED SAMPLING OF THE 105 COUNTIES WAS CONDUCTED IN 36 COUNTIES ACROSS KANSAS RECRUITED & TRAINED VOLUNTEERS TO CONDUCT THE COUNT COMPILED RESULTS AND PUBLISHED DOCUMENT RESULTS REFLECTED THAT 7 OF EVERY 10,000 KANSANS WERE FOUND TO BE HOMELESS - COMPLETED THE HOUSING FIRST PILOT PROJECT DUE TO SUCCESSFUL PROGRAM OUTCOMES, THE PROJECT WAS EXPANDED BY THE CITY OF WICHITA AND SEDGWICK COUNTY CLIENTS PARTICIPATING IN THE PILOT PROGRAM WERE SUCCESSFULLY TRANSFERRED TO THE EXPANDED PROGRAM - STAFFED THE RAISING A READER PROGRAM WHICH ENCOURAGES PRESCHOOLERS TO DEVELOP A LIFE-LONG LOVE OF READING AND ENCOURAGES INTERACTION WITH FAMILY MEMBERS TO REINFORCE SUCH BEHAVIOR - VITA/EITC (VOLUNTEER INCOME TAX ASSISTANCE/EARNED INCOME TAX CREDIT)- TRAINED AND SCHEDULED VOLUNTEERS TO ASSIST LOW INCOME AND ELDERLY RESIDENTS IN APPLYING FOR FEDERAL EITC AND CHILD CARE ASSISTANCE BENEFITS 6,410 RETURNS FILED BRING IN $3,721,555 TO THE LOCAL ECONOMY - EMERGENCY FOOD AND SHELTER GRANT PROGRAM - ACTED AS FISCAL AGENT AND ADMINISTERED FUNDING RECOMMENDATIONS OF THE ADVISORY BOARD PROCESSED FUNDING FOR PHASE 27 FOR SEDGWICK COUNTY PROVIDED STAFF SUPPORT TO HARVEY AND SUMNER COUNTY IN ADMINISTERING THEIR DISTRIBUTION - OPERATE THE COMMUNITY INFORMATION SYSTEM (FORMERLY HOMELESS MANAGEMENT INFORMATION SYSTEM) - THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) REQUIRES COMMUNITIES RECEIVING FEDERAL DOLLARS TO PARTICIPATE IN A DATABASE THAT PROVIDES AGGREGATE INFORMATION RELATED TO THOSE EXPERIENCING HOMELESSNESS UNITED WAY STAFF PROVIDES TECHNICAL ASSISTANCE AND MAINTENANCE OF THE HARDWARE AND SOFTWARE SUPPORTING THE END USERS REQUIRES SOFTWARE MODIFICATIONS, TRAINING AND REPORTING BOTH LOCALLY AND NATIONALLY COMMUNITY PLANNING AND RESOURCES (DISASTERS) COORDINATE, NETWORK AND MARSHAL RESOURCES TO IMPROVE LIVES IN TIMES OF DISASTER DISASTER MAY TAKE THE FORM OF AN ACT OF NATURE SUCH AS A HURRICANE, TORNADO, BLIZZARD, FIRE, FLOOD, EARTHQUAKE OR PANDEMIC CRISES MAY ALSO RESULT FROM UNFORTUNATE INCIDENTS INCLUDING BUT NOT LIMITED TO LARGE TRAGIC ACCIDENTS, INDUSTRIAL ACCIDENTS AND ECOMONIC DISASTERS - PREPARATION - CONTINUE EDUCATION AND COORDINATION WITH OTHER DISASTER PROVIDERS IN PREPARATION FOR DISASTERS PARTICIPATED IN QUARTERLY KANSAS VOLUNTARY ORGANIZATIONS ACTIVE IN DISASTERS (KSVOAD), QUARTERLY SOUTH CENTRAL KANSAS VOLUNTEER ORGANIZATIONS ACTIVE IN DISASTERS (SCKVOAD), BI-MONTHLY SOUTH CENTRAL KANSAS EMERGENCY MANAGEMENT ASSOCIATION (SCKEMA) MEETINGS AND THE ANNUAL KANSAS EMERGENCY MANAGEMENT ASSOCIATION CONFERENCE - VOLUNTEER COORDINATION DURING DISASTERS - CONDUCTED "MANAGING VOLUNTEERS AFTER A DISASTER" TRAINING FOR CERT VOLUNTEERS IN BUTLER COUNTY ALSO CONDUCTED TRAINING ON MANAGING UNAFFILIATED VOLUNTEERS AND OPERATIONS OF A VOLUNTEER RECEPTION CENTER FOR RENO COUNTY - GREENSBURG TORNADO - ATTENDED BI-WEEKLY SOUTH CENTRAL KANSAS TORNADO RECOVERY ORGANIZATION (SCKTRO) MEETINGS THROUGH MARCH 31ST SCKTRO PROVIDED THE CASE MANAGEMENT AND DETERMINED FUNDING ASSISTANCE FOR THOSE IMPACTED BY THE GREENSBURG TORNADO CONTINUED INVOLVEMENT THROUGH CONFERENCE CALLS UNTIL ALL COMMITTED PAYOUTS WERE MADE, WHICH OCCURRED ON SEPTEMBER 30TH - CHAPMAN TORNADO - STAFF PROVIDED SUPPORT TO CHAPMAN AREA LONG-TERM RECOVERY TEAM (CALRT) PROVIDING FINANCIAL OVERSIGHT AND ADMINISTRATION OF COLLECTED FUNDS FOR THIS DISASTER COMMUNITY PLANNING AND RESOURCES (RESEARCH) PROVIDE RESEARCH-BASED, DATA DRIVEN EXAMINATION OF COMMUNITY AND ITS NEEDS, INCLUDING AREAS IN WHICH FUNDING WILL CREATE THE MOST POSITIVE IMPACT - REPORT KANSAS STATEWIDE HOMELESS COUNT - REPORT NON-PROFIT ECONOMIC SURVEY, APRIL 2009 AND OCTOBER 2009 - REPORT PACES GAP ANALYSIS OF ADULT BASIS EDUCATION, TRAINING AND/OR EMPLOYMENT PROGRAMS - COMPILED AND TRACKED QUARTERLY DATA ON BEHALF OF THE COALITION OF COMMUNITY HEALTH CLINICS REGARDING NUMBER OF COVERED AND UNINSURED PATIENT ENCOUNTERS FOR MEDICAL, DENTAL, MENTAL HEALTH AND SUBSTANCE ABUSE APPOINTMENTS, AS WELL AS THEIR TOTAL PHONE CALL VOLUME - COMPILED DATA REGARDING STUDENTS RECEIVING FREE AND REDUCED MEALS IN SELECTED WICHITA AND DERBY PUBLIC SCHOOLS FOR A LOCAL CORPORATION - EXAMINED INFORMATION CONTAINED IN THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) FOR KANSAS, ON BEHALF OF MENTAL HEALTH AMERICA OF RENO COUNTY - PARTICIPATED IN HUD CONTINUUM OF CARE (COC) E-SNAPS ELECTRONIC SUBMISSION FOCUS GROUP AS THE LEAD ENTITY FOR THE WICHITA/SEDGWICK COUNTY COC, UNITED WAY WAS ONE OF ONLY TWO CONTINUA OF CARE FROM KANSAS INVITED TO PARTICIPATE - INVITED TO SPEAK ON TWO PANELS AT THE ANNUAL CONFERENCE OF THE NATIONAL ALLIANCE TO END HOMELESSNESS IN WASHINGTON D C - PARTICIPATE IN THE KANSAS HOUSING RESOURCES CORP (KHRC)'S 2009 KANSAS HOUSING CONFERENCE BRINGING KANSAS HOME PRESENTED KANSAS POINT IN TIME INFORMATION AT THE CONFERENCE - PROVIDED FOLLOW-UP INFORMATION REQUESTED BY THE NATIONAL ALLIANCE TO END HOMELESSNESS AS A RESULT OF THE PRESENTATION MADE BY STAFF AT THE NATIONAL CONFERENCE - INVITED TO BE A PRESENTER AT NATIONAL TELECONFERENCE ON RURAL HOMELESSNESS - WORKED WITH THE NATIONAL ALLIANCE TO END HOMELESSNESS (NAEH) ON THE CREATION OF A NAEH "COMMUNITY SNAPSHOT" THAT WAS PRODUCED AND DISTRIBUTED BY NAEH TO FOCUS ON HOUSING ACHIEVEMENTS AND THE SUCCESS OF THE WICHITA-SEDGWICK COUNTY AREA IN ADDRESSING HOMELESSNESS - PRESENTED AT THE KANSAS STATEWIDE HOMELESS COALITION'S ANNUAL HOMELESSNESS AND HOUSING SUMMIT - RECEIVED AN HONORARY "LEADERSHIP INITIATIVE AWARD" FOR UNITED WAY OF THE PLAINS' ROLE IN THE 2009 KANSAS POINT IN TIME HOMELESS COUNT DURING THE GENERAL PLENARY AT THE HOMELESS SUMMIT

PROGRAM SERVICES FORM 990, PART III, QUESTION 4C LAID-OFF WORKERS' CENTER - ASSIST EMPLOYEES IN THE COMMUNITY WHO WERE RECENTLY LAID-OFF FROM THEIR EMPLOYER - ECONOMIC DISASTER - DUE TO THE ECONOMIC DOWNTURN THAT STARTED IN 2008, A LAID-OFF WORKERS CENTER (LOWC) WAS ESTABLISHED IN 2009 TO PROVIDE A VARIETY OF SERVICES AT A CONVENIENT LOCATION TO THOSE WHO HAVE BEEN LAID-OFF SOME OF THE SERVICES AT THE LOWC ARE FOOD DISTRIBUTION, ACCESS TO HEALTH BENEFITS, CREDIT COUNSELING, JOB SEARCH, RESUME WRITING ASSISTANCE, CHILD CARE WHILE AT THE CENTER, ACCESS TO STATE BENEFITS, FINANCIAL ASSISTANCE, ETC - LOCATED A DONATED FACILITY THAT IS CENTRALLY LOCATED AND ON A BUS ROUTE - PREPARED THE AREA FOR THE LOWC BY CLEANING WALLS, PAINTING, INSTALLING PARTITIONS AND MOVING IN FURNITURE - SET UP NEW PHONE LINES AND INTERNET ACCESS FOR A BANK OF EIGHT COMPUTERS USED BY CLIENTS FOR JOB SEARCHES AND TO SECURE PRINTOUTS FOR VERIFICATION OF UNEMPLOYMENT STATUS - CONDUCTED 7 CENTERS DURING 2009, DISTRIBUTING $495,444 IN HOUSING AND UTILITY COSTS ON BEHALF OF LAID-OFF WORKERS AND THEIR FAMILIES DESCRIPTION OF OTHER PROGRAM SERVICES FORM 990, PART III, QUESTION 4D UNITED WAY GIV (GIVE ITEMS OF VALUE) PROVIDE DONATED GOODS FREE OR AT A SUBSTANTIALLY REDUCED COST TO ANY 501(C)3 ORGANIZATION, THUS MOBILIZING DONATED GOODS TO MEET COMMUNITY NEEDS - $168,064 IN DONATED GOODS RECEIVED - $211,302 IN DONATED GOODS DISBURSED - 84 AGENCIES/ORGANIZATIONS RECEIVED GOODS - 72 6% NON-UNITED WAY FUNDED PARTNERS, 27 4% UNITED WAY FUNDED PARTNERS UNITED WAY VOLUNTEER CENTER MATCH INDIVIDUALS WITH VOLUNTEER OPPORTUNITIES THROUGHOUT THE COMMUNITY, THUS MOBILIZING LABOR RESOURCES TO MEET COMMUNITY NEEDS VOLUNTEER OPPORTUNITIES ARE AVAILABLE FOR ANY NON-PROFIT WHETHER OR NOT THEY RECEIVE UNITED WAY FUNDING SOME EXAMPLES ARE THE SEDGWICK COUNTY ZOO, WICHITA ART MUSEUM, HIS HELPING HANDS, ETC UNITED WAY 2-1-1 DIAL 2-1-1 TOLL FREE ACROSS KANSAS TO TALK WITH TRAINED SPECIALISTS (TO FIND HELP OR TO VOLUNTEER) ALL PHONE CALLS ARE CONFIDENTIAL UNITED WAY 2-1-1 OF KANSAS IS A CONFIDENTIAL INFORMATION AND REFERRAL SERVICE THAT IS AVAILABLE 24 HOURS A DAY, 7 DAYS A WEEK UNITED WAY 2-1-1 OF KANSAS INCLUDES INFORMATION ABOUT AGENCIES AND PROGRAMS THAT DO NOT RECEIVE UNITED WAY FUNDING PROCESS TO REVIEW THE FORM 990 FORM 990, PART VI, QUESTION 11B AN INDEPENDENT ACCOUNTING FIRM PREPARES THE FORM 990 A COPY OF THE 990 IS INITIALLY REVIEWED BY THE PRESIDENT AND VICE PRESIDENT OF FINANCE ANY QUESTIONS OR CONCERNS ARE ADDRESSED AND ANY NECESSARY CHANGES ARE MADE THE FINAL FORM 990 AND ALL RELATED SCHEDULES IS THEN DISTRIBUTED TO ALL BOARD MEMBERS PRIOR TO FILING VIA ACCESS TO A SECURED SECTION OF THE ORGANIZATION'S WEBSITE PROCESS FOR MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY FORM 990, PART VI, QUESTION 12C THE ORGANIZATION'S CODE OF ETHICS POLICY APPLIES TO ALL DIRECTORS, OFFICERS AND EMPLOYEES OF THE ORGANIZATION, AND IS REVIEWED ANNUALLY BY ALL PARTIES COVERED BY THE CODE UPON DISCLOSURE OF A POTENTIAL CONFLICT, THE EXECUTIVE COMMITTEE REVIEWS (FOR CONFLICTS PERTAINING TO DIRECTORS AND THE PRESIDENT), OR THE PRESIDENT 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 EXECUTIVE COMPENSATION FORM 990, PART VI, QUESTION 15A A COMPENSATION REVIEW WAS CONDUCTED IN 2009 BY THE PERFORMANCE REVIEW COMMITTEE THE COMMITTEE COMPLETES AN ANNUAL PERFORMANCE EVALUATION OF THE PRESIDENT AND RECOMMENDS ANY CHANGES TO THE SALARY THE COMMITTEE'S RECOMMENDATIONS ARE PROPOSED TO THE EXECUTIVE COMMITTEE IN AN EXECUTIVE SESSION FOR REVIEW/APPROVAL/MODIFICATION DISCLOSURE FORM 990, PART VI, QUESTION 19 THE GOVERNING DOCUMENTS AND AUDITED FINANCIAL STATEMETNS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST THE CONFLICT OF INTEREST POLICY IS PUBLISHED ON THE ORGANIZATION'S WEBSITE

Additional Data

Software ID:
Software Version:
EIN: 48-0547688
Name: UNITED WAY OF THE PLAINS INC

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
ANDERSON CRAIG L DIRECTOR	1 8	X						0	0	0
BABICH PAUL DIRECTOR	1 0	X						0	0	0
BLACK THERON DIRECTOR	1 3	X						0	0	0
BLAZER BRENDA DIRECTOR	1 0	X						0	0	0
BRANTNER LINDA DIRECTOR	1 0	X						0	0	0
CAMARENA YOLANDA DIRECTOR	1 0	X						0	0	0
CUNNINGHAM JOHN DAVID JR DIRECTOR	1 0	X						0	0	0
DENGLER PATTY M CHAIRPERSON	2 3	X		X				0	0	0
DENNIS RHONDA S DIRECTOR	1 2	X						0	0	0
DOCKING THOMAS R DIRECTOR	1 2	X						0	0	0
DOWNING LINDA K ASSISTANT TREASURER	1 3	X		X				0	0	0
EVANS HAROLD DIRECTOR	1 0	X						0	0	0
EVANS MARK DIRECTOR	1 0	X						0	0	0
FARHA FLENTJE GLORIA DIRECTOR	1 3	X						0	0	0
FOX CHARLES M DIRECTOR	1 8	X						0	0	0
HAIN ANTHONY M TREASURER	2 3	X		X				0	0	0
HOULIK STEVEN A DIRECTOR	1 0	X						0	0	0
HUBBARD JOAN DIRECTOR	1 0	X						0	0	0
HUDSPETH ARNOLD DIRECTOR	1 0	X						0	0	0
JOHNSON JANET DIRECTOR	1 5	X						0	0	0
KERSCHEN RICHARD M DIRECTOR	1 5	X						0	0	0
LANCELOT SHAWN W DIRECTOR	1 0	X						0	0	0
LANGSTON KAREN L DIRECTOR	1 0	X						0	0	0
LENTZ JIM DIRECTOR	1 0	X						0	0	0
LESH GREGG L DIRECTOR	1 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
MARTENS STEVEN J 1ST VICE CHAIRPERSON	1 0	X		X				0	0	0
MICHEL PHILLIP M DIRECTOR	1 3	X						0	0	0
MONTGOMERY MILDRED DIRECTOR	1 0	X						0	0	0
MOSES TERRI DIRECTOR	1 0	X						0	0	0
NELSON EDGAR R DIRECTOR	1 0	X						0	0	0
NORTON TIM DIRECTOR	1 0	X						0	0	0
O'BRIEN ROBERT J DIRECTOR	1 0	X						0	0	0
PAULY MARILYN B DIRECTOR	1 0	X						0	0	0
PIERCE JUDY DIRECTOR	1 0	X						0	0	0
RAY STUART L 2ND VICE CHAIRPERSON	1 4	X		X				0	0	0
REDMAN PETER DIRECTOR	1 1	X						0	0	0
RICHWINE MARILYN DIRECTOR	1 1	X						0	0	0
ROONEY STEVE DIRECTOR	1 0	X						0	0	0
RUPE ALAN L DIRECTOR	2 0	X						0	0	0
SEMLER MIKE DIRECTOR	1 0	X						0	0	0
SENSENEY J DENNY DIRECTOR	1 0	X						0	0	0
TAPPAN HUGH C DIRECTOR	1 0	X						0	0	0
TEDESCO TODD N DIRECTOR	1 0	X						0	0	0
UPDEGRAFF CHERI M DIRECTOR	1 0	X						0	0	0
VAN SICKLE JEFFREY T DIRECTOR	1 0	X						0	0	0
WARD JUDITH C DIRECTOR	1 0	X						0	0	0
WILLIAMS CAROLINE A DIRECTOR	1 2	X						0	0	0
HANRAHAN PATRICK J PRESIDENT/BOARD SECRETARY	55 0			X				190,252	0	48,799
MINKS DARREN S V P - FINANCE & ADMINISTRATIO	50 0			X				85,668	0	25,818
OAKS ELIZABETH A V P COMMUNITY P & R	50 0					X		102,585	0	22,411