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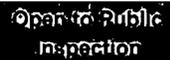
Return of Organization Exempt From Income Tax

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

2010

Department of the Treasury Internal Revenue Service

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



Header section A-M containing organization details: Name (UNITED WAY OF MCPHERSON COUNTY, INC), EIN (48-6091832), Address (P.O. BOX 55, MCPHERSON, KS 67460-0055), Principal Officer (TAMMY CURTRIGHT), and Website (UWMC@UNITEDWAYMCPHERSON.ORG).

Part I Summary table with columns for Activity, Revenue, Expenses, and Net Assets. Rows include mission statement, governance statistics, and financial data for 2010 and 2011.

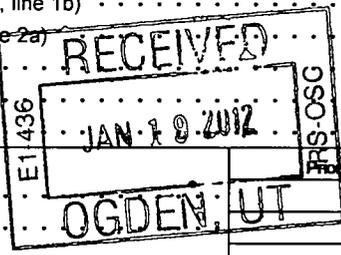
Part II Signature Block: Declaration of preparer (other than officer) based on all information of which preparer has any knowledge.

Sign Here: Signature of officer TAMMY CURTRIGHT, PRESIDENT, dated 01-09-2012.

Paid Preparer Use Only: Preparer David A O'Dell, CPA LLC, dated 01-12-2012, with firm address in McPherson, KS.

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [] No

SCANNED JAN 27 2012



gisa

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission

DISTRIBUTION TO CHARITABLE ORGANIZATIONS

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 \$ 174,829 including grants of \$ 174,829) (Revenue \$ _____)

DISTRIBUTIONS TO CHARITABLE ORGANIZATIONS

4b (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **174,829**

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-20b detailing various organizational requirements and their fulfillment status.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No response boxes. Rows include questions 21 through 38 regarding grants, tax-exempt bonds, excess benefit transactions, and related organizations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Form with questions 1a through 14a and 14b, including sub-questions like '1a Enter the number reported in Box 3 of Form 1096' and '14a Did the organization receive any payments for indoor tanning services during the tax year?'. Includes 'Yes' and 'No' columns.

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a-9 regarding governing body members, relationships, and documentation.

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 10a-16b regarding local chapters, conflict of interest, whistleblower policy, and compensation.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection
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
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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
		I	D	I	O	K	H	F			
		nd	nd	nd	nd	nd	nd	nd			
(1) ALLEN SENTS DIRECTOR	1.00	X							0	0	0
(2) CARMA WALL DIRECTOR	1.00	X							0	0	0
(3) CHARLOTTE PINKALL DIRECTOR	1.00	X							0	0	0
(4) CHRIS MCKEAN DIRECTOR	1.00	X							0	0	0
(5) CINDY GOLDSMITH TREASURER	1.00	X			X				0	0	0
(6) CRAIG DRUECKER DIRECTOR	1.00	X							0	0	0
(7) HELEN VOGEL DIRECTOR	1.00	X							0	0	0
(8) HOPE VONBORKENHAGEN DIRECTOR	1.00	X							0	0	0
(9) JASON CREED DIRECTOR	1.00	X							0	0	0
(10) JAY PAVLIK DIRECTOR	1.00	X							0	0	0
(11) JEFF HOUSTON DIRECTOR	1.00	X							0	0	0
(12) JIM NELSON DIRECTOR	1.00	X							0	0	0
(13) KELLY YOUNG CAMPAIGN CHAIR	1.00	X			X				0	0	0
(14) LAURA PETERS DIRECTOR	1.00	X							0	0	0
(15) LAURA VOGTS ALLOCATIONS CHAIR	1.00	X			X				0	0	0
(16) MARLA HAWKINSON DIRECTOR	1.00	X							0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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 director	Individual trustee	Officer	Key employee	Highest compensated employee	Former officer	Former director			
(17) MEGAN SPENCER DIRECTOR	1.00	X							0	0	0
(18) PAUL TALIAFERRO DIRECTOR	1.00	X							0	0	0
(19) RANDY MITCHELL DIRECTOR	1.00	X							0	0	0
(20) SHERYL DOSSETT DIRECTOR	1.00	X							0	0	0
(21) TAMMY CURTRIGHT PRESIDENT	1.00	X			X				0	0	0
(22) TODD RITCHA DIRECTOR	1.00	X							0	0	0
(23)											
(24)											
(25)											
(26)											
(27)											
(28)											
1b Sub-total											
c Total from continuation sheets to Part VII, Section A											
d Total (add lines 1b and 1c)									0	0	0
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											0

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

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

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

Part VIII Statement of Revenue

			(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				
	b	Membership dues	1b				
	c	Fundraising events	1c	10,237			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	290,209			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f ▶		300,446			
Program Service Revenue			Business Code				
	2a	_____					
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
g	Total. Add lines 2a-2f ▶						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		1,212	1,212		
	4	Income from investment of tax-exempt bond proceeds . . . ▶					
	5	Royalties ▶					
	6a			(i) Real	(ii) Personal		
		Gross Rents					
		b	Less rental expenses				
		c	Rental income or (loss)				
	d	Net rental income or (loss) ▶					
	7a			(i) Securities	(ii) Other		
		Gross amount from sales of assets other than inventory					
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)				
	d	Net gain or (loss) ▶					
	8a	Gross income from fundraising events (not including \$ 10,237 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 ▶						
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 ▶						
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 ▶						
Miscellaneous Revenue		Business Code					
11a	_____						
b	_____						
c	_____						
d	All other revenue						
e	Total. Add lines 11a-11d ▶						
12	Total revenue. See instructions ▶		301,658	1,212	0	0	

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	174,829	174,829		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	32,301		32,301	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,064		1,064	
9 Other employee benefits	159		159	
10 Payroll taxes	2,375		2,375	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	4,840		4,840	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	1,471		1,471	
g Other	134		134	
12 Advertising and promotion	1,326		363	963
13 Office expenses	4,532		2,728	1,804
14 Information technology				
15 Royalties				
16 Occupancy	3,681		3,681	
17 Travel	203		203	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	1,343		1,343	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a TRIATHLON EXPENSES	3,827			3,827
b NEWSLETTER	0			
c UNITED WAY DUES	1,990		1,990	
d COMMUNITY SERVICE EXPENSES	85		85	
e				
f All other expenses	2,883		1,000	1,883
25 Total functional expenses. Add lines 1 through 24f	237,043	174,829	53,737	8,477
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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)		(B)	
		Beginning of year		End of year	
A s s e t s	1	Cash - non-interest-bearing	245,628	1	303,960
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	33,317	3	48,421
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	3,362	
	b	Less accumulated depreciation	10b	3,362	10c
	11	Investments - publicly traded securities	189,321	11	181,068
	12	Investments - other securities See Part IV, line 11		12	
	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)	468,266	16	533,449	
L i a b i l i t i e s	17	Accounts payable and accrued expenses	145	17	620
	18	Grants payable		18	
	19	Deferred revenue		19	
	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	36,416	25	38,098
	26	Total liabilities. Add lines 17 through 25	36,561	26	38,718
N F u n d A s s e t s B a l a n c e s	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	289,799	27	312,262
	28	Temporarily restricted net assets	141,906	28	182,469
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	431,705	33	494,731
	34	Total liabilities and net assets/fund balances	468,266	34	533,449

Part XI

Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	301,658
2	Total expenses (must equal Part IX, column (A), line 25)	2	237,043
3	Revenue less expenses Subtract line 2 from line 1	3	64,615
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	431,705
5	Other changes in net assets or fund balances (explain in Schedule O)	5	(1,589)
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	494,731

Part XII

Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

- 1 Accounting method used to prepare the Form 990 Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 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 separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate 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?
- 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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF MCPHERSON COUNTY, INC

Employer identification number

48-6091832

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 described in 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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
- 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?
 - (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 supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part III

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under

Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 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.

Section B. Total Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2009 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2010; 16b 33 1/3% support test - 2009; 17a 10%-facts-and-circumstances test - 2010; 17b 10%-facts-and-circumstances test - 2009; 18 Private foundation.

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	219,399	227,790	224,108	222,177	225,386	1,118,860
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 bus under sec 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	219,399	227,790	224,108	222,177	225,386	1,118,860
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)						1,118,860

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	219,399	227,790	224,108	222,177	225,386	1,118,860
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,562	18,327	27,736	7,607	(1,979)	61,253
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	9,562	18,327	27,736	7,607	(1,979)	61,253
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)	228,961	246,117	251,844	229,784	223,407	1,180,113

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	94.81	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	93.74	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	5.19	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	6.26	%

19a 33 1/3% support tests - 2010. 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 - 2009. 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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

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

2010

Department of the Treasury Internal Revenue Service

Attach to Form 990. See separate instructions.



Name of the organization

Employer identification number

UNITED WAY OF MCPHERSON COUNTY, INC

48-6091832

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two questions about donor advisement.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land use, habitat, open space, historic area, historic structure). 2. Conservation contribution details (table with 2a-2d). 3-8. Monitoring and enforcement details. 9. Reporting requirements.

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

Form with 2 main sections: 1a-1b. Reporting requirements for art, historical treasures, or other similar assets held for public exhibition, education, or research. 2. Reporting requirements for art, historical treasures, or other similar assets held for financial gain.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a Public exhibition
 - 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 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	189,321	181,809			
b Contributions		919			
c Net investment earnings, gains, and losses	(2,623)	17,999			
d Grants or scholarships	4,114	10,103			
e Other expenditures for facilities and programs					
f Administrative expenses	1,471	1,303			
g End of year balance	181,113	189,321			

- 2 Provide the estimated percentage of the year end balance held as
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- 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 | X | |
| (ii) related organizations | | X |
| 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 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				
c Leasehold improvements				
d Equipment		3,362	3,362	
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total (Column (b) must equal Form 990, Part X col (B) line 12)		

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total (Column (b) must 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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must 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
(1) Federal income taxes	
(2) PAYROLL TAXES PAYABLE	643
(3) ACCRUED SALARIES PAYABLE	930
(4) AMOUNTS DUE TO RECIPIENT AGENCIES	36,525
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total (Column (b) must equal Form 990, Part X col (B) line 25)	38,098

2. FIN 48 (ASC 740) 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 (ASC 740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	301,658
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	237,043
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	64,615
4	Net unrealized gains (losses) on investments	4	(1,589)
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 through 8	9	(1,589)
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	63,026

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	300,069
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	(1,589)
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	(1,589)
3	Subtract line 2e from line 1	3	301,658
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	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	301,658

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

1	Total expenses and losses per audited financial statements	1	237,043
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	237,043
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	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	237,043

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, line 2, 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

**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.

OMB No 1545-0047

2010



Name of the organization

UNITED WAY OF MCPHERSON COUNTY, INC

Employer identification number

48-6091832

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 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 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AMERICAN RED CROSS 1023 S MAIN 67460	53-0196605	501C3	10,000				
(2) BIG BROTHERS BIG SISTERS 222 EAST KANSAS 67460	23-7056717	501C3	7,000				
(3) THE CHILDREN'S CENTER 308 NORTH 3RD 67456	48-1025192	501C3	4,000				
(4) HEART TO HEART CHILD ADVOCACY 201 E 6TH 67114	20-1539146	501C3	5,000				
(5) MCPHERSON COUNTY COUNCIL ON AG 112 EAST EUCLID 67460	48-0854819	501C3	17,500				
(6) MCPHERSON FAMILY LIFE CENTER 224 SOUTH MAPLE STRE 67460	48-0856455	501C3	11,500				
(7) MCPHERSON FAMILY YMCA 220 NORTH WALNUT 67460	48-0650061	501C3	30,500				
(8) MEALS ON WHEELS 915 N WALNUT MCPHERS 67460	48-0854403	501C3	12,500				
(9) SEXUAL ASSAULT - DOMESTIC VIOL 122 WEST MARLIN 67460	48-0936478	501C3	5,500				
(10)							
(11)							
(12)							

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

3 Enter total number of other organizations

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

EEA

Schedule I (Form 990) (2010)

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. Part III can be duplicated if additional space is needed

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

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

Monitoring procedures (Part I, line 2)

ORGANIZATION MAKES PERIODIC ENQUIRIES WITH RECIPIENTS RELATED TO COMPLIANCE WITH GRANTS

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF MCPHERSON COUNTY, INC

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Employer identification number

48-6091832

01. Form 990 governing body review (Part VI, line 11)

ORGANIZATION REVIEWS TAX RETURN BEFORE RETURN IS FILED

02. Conflict of interest policy compliance (Part VI, line 12c)

ORGANIZATION HAS A CONFLICT OF INTEREST POLICY

03. CEO, executive director, top management comp (Part VI, line 15a)

ORGANIZATION REVIEWS COMPENSATION OF DIRECTOR IN RELATION TO OTHER PERSONS IN SIMILAR
POSITIONS

04. Form 990 unavailable to public (Part VI, line 18)

FORM 990 IS AVAILABLE TO THE PUBLIC UPON REQUEST

05. Governing documents, etc, available to public (Part VI, line 19)

GOVERNING DOCUMENTS ETC ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST

06. Explanation of other changes in net assets or fund balances (Part XI, line 5)

THIS CHANGE OF \$1589 IN NET ASSETS IS THE NET OF UNREALIZED GAINS AND LOSSES FOR THE YEAR

Name(s) as shown on return

FEIN

UNITED WAY OF MCPHERSON COUNTY, INC

48-6091832

Description	Amount
CONTRIBUTIONS APPLICABLE TO CURRENT YEAR	\$ 146,989
	8,650
FUNDRAISING	6,670
OTHER CONTRIBUTIONS	1,357
NET CONTRIBUTIONS RECEIVED FOR NEXT YEAR'S ALLOCATIONS	61,720
Total:	\$ 225,386

Description	Amount
ALLOCATIONS TO RECIPIENT AGENCIES	\$ 143,005
	9,132
Total:	\$ 152,137

Description	Amount
SALARY	\$ 31,844
PAYROLL TAXES	2,949
EMPLOYEE BENEFITS	1,106
Total:	\$ 35,899

PART VIII LINE 1F

Description	Amount
CONTRIBUTIONS APPLICABLE TO CURRENT YEAR	\$ 155,098
CONTRIBUTIONS RECEIVED ALLOCATED TO NEXT YEAR	88,167
OTHER CONTRIBUTIONS	200
	58,746
LESS ALLOWANCE FOR UNCOLLECTIBLE PLEDGES	(12,002)
Total:	\$ 290,209

PART IX GRANTS AND OTHER ASSISTANCE TO US ORGANIZATIONS

Description	Amount
ALLOCATIONS TO RECIPIENT AGENCIES	\$ 151,242
	23,584
ROUNDING	3
Total:	\$ 174,829

Name(s) as shown on return

FEIN

UNITED WAY OF MCPHERSON COUNTY, INC

48-6091832

PART IX LINE 12 ADVERTISING AND PROMOTION FUNDRAISING

Description	Amount
KICK OFF EVENT	\$ 545
ADVERTISING	418
Total:	\$ 963

PART IX - OFFICE EXPENSES MANAGEMENT

Description	Amount
PRINTING AND COPYING	\$ 432
SUPPLIES	141
POSTAGE	640
REPAIRS	48
OFFICE EXPENSE	1,467
Total:	\$ 2,728

PART IX OFFICE EXPENSES FUNDRAISING

Description	Amount
OFFICE EXPENSE	\$ 1,538
POSTAGE	266
Total:	\$ 1,804

OCCUPANCY

Description	Amount
RENT	\$ 2,684
TELEPHONE AND INTERNET	997
Total:	\$ 3,681

Description	Amount
TRAVEL AND MILEAGE	\$ 122
MEETING EXPENSE AND MEALS	81
Total:	\$ 203

Name(s) as shown on return

FEIN

UNITED WAY OF MCPHERSON COUNTY, INC

48-6091832

SCHEDULE D PART V LINE 1C INVESTMENT EARNINGS

Description	Amount
DIVIDENDS AND CAPITAL GAINS	\$ (1,034)
UNREALIZED LOSS	(1,589)
Total:	\$ <u>-2,623</u>