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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

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

C Name of organization
UNITED WAY OF THE PLAINS INC

Doing Business As

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

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

D Employer identification number
48-0547688

E Telephone number
(316) 267-1321

G Gross receipts $ 18,928,884

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) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW UNITEDWAYPLAINS ORG

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

L Year of formation 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 individuals employed in calendar year 2011 (Part V, line 2a)	**5**	52
6	Total number of volunteers (estimate if necessary)	**6**	2,289
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	17,826,133	18,191,221
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	380,636	542,884
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	155,822	194,779
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,362,591	18,928,884
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	15,040,298	14,130,260
	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)	2,499,569	2,565,168
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶1,349,453		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,448,197	1,424,352
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	18,988,064	18,119,780
	19 Revenue less expenses Subtract line 18 from line 12	-625,473	809,104
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
	20 Total assets (Part X, line 16)	29,081,925	29,697,815
	21 Total liabilities (Part X, line 26)	2,938,354	3,358,917
	22 Net assets or fund balances Subtract line 21 from line 20	26,143,571	26,338,898

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

****** 2012-11-15
Signature of officer — Date

PATRICK J HANRAHAN PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: ELIZABETH S HOGAN | Date | Check if self-employed ▶☐ | Preparer's taxpayer identification 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**

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

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 11,370,731 including grants of $ 11,221,883) (Revenue $ 0)

ALLOCATIONS TO AGENCIES 189 VOLUNTEERS LOGGED A TOTAL OF 1,830 HOURS IN REVIEWING 97 LETTERS OF INTENT, 93 FULL APPLICATIONS, AND AGENCY PRESENTATIONS FOR CONSIDERATION OF FUNDING FROM THE ANNUAL CAMPAIGN THE FOCUS OF THE ALLOCATIONS PANEL REVIEWS ARE TO ENSURE UNITED WAY FUNDS PROGRAMS WHERE THEY WILL DO THE MOST GOOD IN THE COMMUNITY AND FUNDS ARE USED EFFICENTLY WITH DEMONSTRATED OUTCOMES AND ACCOUNTABLITY BASED UPON THE REVIEWS CONDUCTED BY THE ALLOCATION PANELS IN CALENDAR YEAR 2011, A TOTAL OF 88 PROGRAMS FROM 35 AGENCIES WERE RECOMMENDED TO RECEIVE FUNDING FROM THE FALL 2011 GENERAL CAMPAIGN

4b (Code) (Expenses $ 3,074,525 including grants of $ 2,162,349) (Revenue $ 0)

COMMUNITY PLANNING AND RESOURCES PROGRAMS 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 DETAILED ACCOMPLISHMENTS

4c (Code) (Expenses $ 629,126 including grants of $ 538,170) (Revenue $ 0)

GIVE ITEMS OF VALUE PROGRAM (GIV) WAREHOUSE LOCATION USED TO RECEIVE AND DISTRIBUTE DONATED PRODUCTS SUCH AS OFFICE FURNITURE/SUPPLIES, LINENS, PAPER GOODS, BABY FORMULA AND OTHER VARIOUS ITEMS FROM AREA BUSINESSES AND NATIONAL RETAILERS SEE SCHEDULE O FOR CONTINUATION

4d Other program services (Describe in Schedule O)

(Expenses $ 780,566 including grants of $ 207,858) (Revenue $ 28,750)

4e **Total program service expenses** ▶ $ 15,854,948

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* (see instructions)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		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 temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *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 and IV*	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 and IV*	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
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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 (or a family member thereof) 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
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		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

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	108		
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**	52			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**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 or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for 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?			**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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds 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**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	47		
b	Enter the number of voting members included in line 1a, above, who 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 governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		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	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

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

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, 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, 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, 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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

1b	**Sub-Total**			
c	**Total from continuation sheets to Part VII, Section A**			
d	**Total (add lines 1b and 1c)**	395,902	0	105,983

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 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 or individual 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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
COPP MEDIA SERVICES	GENERAL ADVERTISING	170,779

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 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 468,362				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d				
	e	Government grants (contributions) 1e 2,019,456				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 15,703,403				
	g	Noncash contributions included in lines 1a-1f $ 924,056				
	h	**Total.** Add lines 1a-1f	18,191,221			
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)	243,452			243,452
	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: 299,432				
	b	Less cost or other basis and sales expenses: 0				
	c	Gain or (loss): 299,432				
	d	Net gain or (loss)	299,432			299,432
	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			
Other Revenue		Miscellaneous Revenue / Business Code				
	11a	211 CALL CENTER/VOLUNTEER CENTER FEES 900099	28,750	28,750		
	b	LOANED EXECUTIVE SPONSORSHIP/REIMBURSEMENT 900099	75,693			75,693
	c	COMBINED FEDERAL CAMPAIGN REIMBURSEMENT 900099	58,090			58,090
	d	All other revenue	32,246			32,246
	e	**Total.** Add lines 11a–11d	194,779			
	12	**Total revenue.** See Instructions	18,928,884	28,750		708,913

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)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	13,646,097	13,646,097		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	484,163	484,163		
3	Grants and other assistance to governments, organizations, and individuals outside the United States 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	501,885	250,787	139,822	111,276
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	1,550,740	624,374	295,806	630,560
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	137,490	61,380	27,822	48,288
9	Other employee benefits	236,131	93,808	41,916	100,407
10	Payroll taxes	138,922	59,090	28,318	51,514
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	0			
c	Accounting	41,996	5,347	30,984	5,665
d	Lobbying	18,000	18,000		
e	Professional fundraising *See Part IV, line 17* . .	0			
f	Investment management fees	0			
g	Other	200,002	180,532	5,054	14,416
12	Advertising and promotion	189,833	33,099	152,239	4,495
13	Office expenses	225,168	83,571	51,012	90,585
14	Information technology	67,132	37,729	8,756	20,647
15	Royalties . .	0			
16	Occupancy	106,812	37,804	31,424	37,584
17	Travel	33,464	14,098	2,999	16,367
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	28,287	13,802	9,636	4,849
20	Interest	0			
21	Payments to affiliates	153,103	65,390	29,595	58,118
22	Depreciation, depletion, and amortization	205,445	110,094	32,203	63,148
23	Insurance	32,456	13,841	6,264	12,351
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	VOLUNTEER/DONOR APPRECIATION	78,889	4,247	6,464	68,178
b	MEMBERSHIP & SUBSCRIPTIONS	23,599	13,949	9,170	480
c	_				
d	_				
e					
f	All other expenses	20,166	3,746	5,895	10,525
25	**Total functional expenses.** Add lines 1 through 24f	18,119,780	15,854,948	915,379	1,349,453
26	**Joint costs.** Check here ▶ ☐ 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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		2,114,561	1	1,628,097
	2	Savings and temporary cash investments		526,958	2	138,498
	3	Pledges and grants receivable, net		12,358,843	3	13,538,034
	4	Accounts receivable, net		0	4	0
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	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		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		55,582	8	150,642
	9	Prepaid expenses and deferred charges		73,306	9	86,127
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 3,698,939			
	b	Less accumulated depreciation	10b 1,821,866	1,854,937	10c	1,877,073
	11	Investments—publicly traded securities		12,097,738	11	12,279,344
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		0	15	0
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		29,081,925	16	29,697,815
Liabilities	17	Accounts payable and accrued expenses		162,072	17	150,362
	18	Grants payable		2,616,419	18	2,989,236
	19	Deferred revenue		159,863	19	219,319
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		0	25	0
	26	**Total liabilities.** Add lines 17 through 25		2,938,354	26	3,358,917
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		13,389,147	27	13,427,845
	28	Temporarily restricted net assets		12,091,251	28	12,229,130
	29	Permanently restricted net assets		663,173	29	681,923
		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		26,143,571	33	26,338,898
	34	Total liabilities and net assets/fund balances		29,081,925	34	29,697,815

Part XI Reconcilliation 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	18,928,884
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,119,780
3	Revenue less expenses Subtract line 2 from line 1	3	809,104
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	26,143,571
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-613,777
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	26,338,898

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain 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 separate basis, consolidated 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

2011

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 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?

	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)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **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? 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	18,395,176	16,928,281	17,011,152	17,826,133	18,191,221	88,351,963
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	18,395,176	16,928,281	17,011,152	17,826,133	18,191,221	88,351,963
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)						0
6 **Public Support.** Subtract line 5 from line 4						88,351,963

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	18,395,176	16,928,281	17,011,152	17,826,133	18,191,221	88,351,963
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	456,972	267,142	251,992	199,609	243,452	1,419,167
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	208,749	170,171	212,375	155,822	194,779	941,896
11 **Total support** (Add lines 7 through 10)						90,713,026

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 2011 (line 6 column (f) divided by line 11 column (f))	**14**	97 397 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	**15**	97 192 %

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

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

Form 990, Special Condition Description:

Special Condition Description

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			
ADAMS MS JOANN K DIRECTOR	3	X						0	0	0
ALLEN MR PAUL S DIRECTOR	5	X						0	0	0
BABICH MR PAUL DIRECTOR	8	X						0	0	0
BLACK MR THERON DIRECTOR	6	X						0	0	0
BLAZER MS BRENDA DIRECTOR/ASSISTANT TREASURER	12	X		X				0	0	0
BRANTNER MS LINDA DIRECTOR	20	X						0	0	0
CUNNINGHAM JR MR JOHN DAVID DIRECTOR	5	X						0	0	0
DENGLER MS PATRICIA M DIRECTOR	6	X						0	0	0
DENNIS MS RHONDA S DIRECTOR/2ND VICE CHAIRPERSON	12	X		X				0	0	0
DOCKING MR THOMAS R DIRECTOR	8	X						0	0	0
DOWNING MS LINDA K DIRECTOR	4	X						0	0	0
EVANS MR HAROLD E DIRECTOR	2	X						0	0	0
EVANS MR MARK DIRECTOR	2	X						0	0	0
FARHA FLENTJE MRS GLORIA DIRECTOR/1ST VICE CHAIRPERSON	5	X		X				0	0	0
FOX MR CHARLES M DIRECTOR	18	X						0	0	0
HAIN MR ANTHONY M DIRECTOR/TREASURER	20	X		X				0	0	0
HOULIK MR STEVEN A DIRECTOR	3	X						0	0	0
HUDSPETH MR ARNOLD DIRECTOR	3	X						0	0	0
JOHNSON MS JANET S DIRECTOR	3	X						0	0	0
KERSCHEN MR RICHARD M DIRECTOR	6	X						0	0	0
LANCELOT MR SHAWN W DIRECTOR	2	X						0	0	0
LANGSTON MS KAREN L DIRECTOR	2	X						0	0	0
LAYTON MR ROBERT L DIRECTOR	10	X						0	0	0
LENTZ MR JIM DIRECTOR	2	X						0	0	0
LESH MR GREGG L DIRECTOR	8	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 MR STEVEN J DIRECTOR	5	X						0	0	0
MOSES MS TERRI DIRECTOR	4	X						0	0	0
NELSON MR EDGAR RANDY DIRECTOR	2	X						0	0	0
NORTON MR TIM DIRECTOR	4	X						0	0	0
O'BRIEN MR ROBERT J DIRECTOR	3	X						0	0	0
PAULY MRS MARILYN B DIRECTOR	2	X						0	0	0
PIERCE MS JUDY DIRECTOR	2	X						0	0	0
RAY MR STUART L DIRECTOR/CHAIRMAN OF THE BOARD	3 2	X		X				0	0	0
RICHWINE MRS MARILYN DIRECTOR	3	X						0	0	0
ROONEY MR STEVE DIRECTOR	2	X						0	0	0
RUPE MR ALAN L DIRECTOR	1 7	X						0	0	0
SEMLER MR MIKE DIRECTOR	4	X						0	0	0
SENSENEY MR J DENNY DIRECTOR	2	X						0	0	0
TAPPAN MR HUGH C DIRECTOR	2	X						0	0	0
TEDESCO MR TODD N DIRECTOR	8	X						0	0	0
VAN SICKLE MR JEFFREY T DIRECTOR	3	X						0	0	0
WALTERS MR JAMES H DIRECTOR	2	X						0	0	0
WARD MS JUDITH C DIRECTOR	2	X						0	0	0
WILLIAMS MS CAROLINE A DIRECTOR	5	X						0	0	0
WILSON MS GAYLE DIRECTOR	2	X						0	0	0
WISE MS JACKIE DIRECTOR	1 0	X						0	0	0
GRAY MR JERRY DIRECTOR	1 6	X						0	0	0
HANRAHAN MR PATRICK J PRESIDENT/BOARD SECRETARY	55 0			X				201,157	0	52,033
MINKS MR DARREN S VP FINANCE & ADMINISTRATION	50 0			X				88,746	0	28,984
OAKS MS ELIZABETH VP CMTY PLANNING & RESOURCES	50 0			X				105,999	0	24,966

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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

2011

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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 35c (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 on behalf of or in opposition to candidates for public office 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 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments 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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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) 2008	(b) 2009	(c) 2010	(d) 2011	(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		18,000
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			18,000
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
LOBBYING ACTIVITIES	SCHEDULE C, PART II-B, LINE 1G	The Organization utilizes the services of a lobbyist to the Kansas Legislator and the Kansas administrative and executive agencies to focus on the following activities 1) Stay informed of legislative items that may have a direct or indirect impact on United Way's operations and the not-for-profit industry 2) Promote United Way as a manager of state social service funds in local communities 3) Advocate for protection of Early Childhood Block Grant Funding

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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	2,239,161	1,984,524	1,392,436	1,470,961	
b	Contributions	45,254	29,442	301,186	232,383	
c	Investment earnings or losses	-45,673	231,645	310,367	-303,119	
d	Grants or scholarships	25,570	6,450	19,465	7,789	
e	Other expenditures for facilities and programs	0	0	0	0	
f	Administrative expenses	0	0	0	0	
g	End of year balance	2,213,172	2,239,161	1,984,524	1,392,436	

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

- a Board designated or quasi-endowment ▶ 69 188 %
- b Permanent endowment ▶ 30 812 %
- 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 Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		80,400		80,400
b Buildings		2,432,046	989,974	1,442,072
c Leasehold improvements				
d Equipment		1,186,493	831,892	354,601
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				1,877,073

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		
Other		
Total. *(Column (b) should 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
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	0
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	0

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 (ASC740)

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	18,928,884
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	18,119,780
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	809,104
4	Net unrealized gains (losses) on investments	4	-750,133
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	136,356
9	Total adjustments (net) Add lines 4 - 8	9	-613,777
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	195,327

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	16,732,830
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-750,133		
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	-750,133
3	Subtract line **2e** from line **1**			3	17,482,963
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	1,445,921		
c	Add lines **4a** and **4b**			4c	1,445,921
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	18,928,884

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

1	Total expenses and losses per audited financial statements			1	16,537,503
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	16,537,503
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	1,582,277		
c	Add lines **4a** and **4b**			4c	1,582,277
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	18,119,780

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
ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 4	THE ENDOWMENT FUNDS WILL BE USED TO FUND BOARD-APPROVED SPECIAL PROJECTS AND YOUTH-RELATED GRANTS
UNCERTAIN TAX POSITIONS	FORM 990, SCHEDULE D, PART X, LINE 2	MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740 BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS
OTHER CHANGES IN NET ASSETS	SCHEDULE D, PART XI, LINE 8	EXCESS ALLOWANCES FOR UNCOLLECTIBLE PLEDGES ON PRIOR CAMPAIGNS 136,356
RECONCILIATION OF REVENUE	SCHEDULE D, PART XII, LINE 4B	DESIGNATED GIFTS 1,582,277 EXCESS ALLOWANCES FOR UNCOLLECTIBLE PLEDGES ON PRIOR CAMPAIGNS (136,356) ---------- 1,445,921
RECONCILIATION OF EXPENSES	SCHEDULE D, PART XIII, LINE 4B	DESIGNATED GIFTS 1,582,277

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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

2011

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 listed in the line 1 table . . . ▶ 101

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 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
(1) CITY OF WICHITA HOMELESS PREVENTION GRANT/HOUSING	132	111,343			
(2) CITY OF WICHITA HOMELESS PREVENTION GRANT/UTILITY	150	54,953			
(3) HUD SAMARITAN HOUSING GRANT	101	43,513			
(4) LAID-OFF WORKERS CENTER/HOUSING	294	130,698			
(5) LAID-OFF WORKERS CENTER/UTILITY	559	77,160			
(6) BOEING SHOES & SOCKS GRANT	1692	36,372			

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	USAGE OF GRANT FUNDS ARE MONITORED IN VARIOUS METHODS, DEPENDING ON TYPE OF FUNDS DISTRIBUTED FOR ALLOCATION PANEL AWARDS, OUTCOME ACHIEVEMENT REPORTS ALONG WITH FINANCIAL REPORTS ARE REQUIRED FOR GRANT AWARDS, RECIPIENTS MUST DEMONSTRATE CORRECT USAGE OF FUNDS THROUGH GRANT REPORTS

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 SOCIETY330 S MAIN ST STE 100 WICHITA,KS 672023718	48-0547845	501(c)(3)	272,475				Allocation
AMERICAN HEART ASSOCIATION8630 E 32ND CT N WICHITA,KS 672264007	48-0543750	501(c)(3)	271,400				Allocation

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AMERICAN RED CROSS MIDWAY-KS CHAPTERPO BOX 73857 CHICAGO,IL 606737857	48-0543701	501(c)(3)	1,195,304				Allocation
ARC OF SEDGWICK COUNTY2919 W 2ND ST N WICHITA,KS 672035319	48-0640559	501(c)(3)	174,633				Allocation

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ARTHRITIS FOUNDATION HEARTLAND REGION INC1999 N AMIDON AVE STE 105 WICHITA,KS 672032122	26-4639290	501(c)(3)	112,863				Allocation
BOYS & GIRLS CLUB OF SOUTH CENTRAL KS INCPO BOX 2282 WICHITA,KS 672012282	48-1071303	501(c)(3)	431,920				Allocation

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CATHOLIC CHARITIES INC 532 N BROADWAY ST WICHITA,KS 672143504	48-0543703	501(c)(3)	569,009				Allocation
CENTER FOR HEALTH AND WELLNESS2707 E 21ST ST N WICHITA,KS 672142249	48-1180078	501(c)(3)	82,508				Allocation, Early Childhood

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CENTER OF HOPE INC400 N EMPORIA WICHITA,KS 672022514	48-1065835	501(c)(3)	310,803				Allocation
CENTRAL PLAINS REGIONAL HEALTH CARE FDN 1102 S HILLSIDE WICHITA,KS 672114004	48-1200868	501(c)(3)	261,793				Allocation

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CHILD START INC 1002 S OLIVER ST WICHITA,KS 672183218	48-0637922	501(c)(3)	505,136				Allocation, Early Childhood
COMMUNITIES IN SCHOOLS OF WICHITASG COUNTY412 S MAIN ST STE 212 WICHITA,KS 672023720	48-1093130	501(c)(3)	359,500				Allocation

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CONSUMER CREDIT COUNSELING SER 1201 W WALNUT SALINA,KS 67401	48-0995970	501(c)(3)	28,358				Allocation
EPISCOPAL SOCIAL SERVICE INC1005 E 2ND STREET N WICHITA,KS 672143908	48-0947896	501(c)(3)	63,017				Allocation

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GIRL SCOUTS OF THE KANSAS HEARTLAND360 LEXINGTON RD WICHITA,KS 672181700	48-0556718	501(c)(3)	293,302				Allocation
GREATER WICHITA YMCA340 S BROADWAY ST WICHITA,KS 67202	48-0559378	501(c)(3)	544,036				Allocation, Early Childhood

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HOSPICE INCORPORATED313 S MARKET ST WICHITA,KS 672023805	48-0952990	501(c)(3)	199,127				Allocation
KANSEL2212 E CENTRAL AVE WICHITA,KS 672144406	48-1072585	501(c)(3)	199,455				Allocation

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KS BIG BROTHERS BIG SISTERS310 E 2ND ST N WICHITA,KS 672022404	23-7056717	501(c)(3)	358,393				Allocation
KS CHILDREN'S SERVICE LEAGUE PO BOX 517 WICHITA,KS 672010517	48-0543749	501(c)(3)	669,066				Allocation, Early Childhood

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MEDICAL SERVICE BUREAU1530 S OLIVER ST STE 110 WICHITA,KS 67211	48-0891620	501(c)(3)	344,470				Allocation
MENTAL HEALTH ASSOC OF SOUTH CENTRAL KS555 N WOODLAWN ST STE 3105 WICHITA,KS 672083673	48-0990763	501(c)(3)	188,026				Allocation, Early Childhood

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QUIVIRA COUNCIL BOY SCOUTS OF AMERICA1555 E 2ND ST N WICHITA,KS 672144121	48-0544569	501(c)(3)	296,290				Allocation
RAINBOWS UNITED INC3223 N OLIVER ST WICHITA,KS 672202106	48-8793004	501(c)(3)	1,572,916				Allocation, Early Childhood

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ROOTS & WINGS FOR ABUSED CHILDREN220 W DOUGLAS AVE STE 15 WICHITA,KS 67202	48-0915548	501(c)(3)	68,091				Allocation,
SENIOR SERVICES 200 S WALNUT ST WICHITA,KS 672134777	48-0757988	501(c)(3)	259,017				Allocation

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SUNLIGHT CHILDREN'S ADVOCACY & RIGHTS FDNPO BOX 967 EL DORADO,KS 670420967	84-1648274	501(c)(3)	75,965				Allocation
THE SALVATION ARMY350 N MARKET WICHITA,KS 672022010	48-0544561	501(c)(3)	797,897				Allocation

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UNITED CEREBRAL PALSY OF KSPO BOX 8217 WICHITA,KS 672080217	48-0631254	501(c)(3)	423,294				Allocation
UNITED METHODIST OPEN DOORPO BOX 2756 WICHITA,KS 672012756	48-0731995	501(c)(3)	365,291				Allocation

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URBAN LEAGUE OF KANSAS2418 E 9TH ST N WICHITA,KS 672143150	48-0602109	501(c)(3)	278,592				Allocation
WICHITA AREA SEXUAL ASSAULT CENTER355 N WACO ST STE 100 WICHITA,KS 672021122	48-0861281	501(c)(3)	207,110				Allocation

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WICHITA CHILDREN'S HOME 810 N HOLYOKE WICHITA,KS 67208	48-0547706	501(c)(3)	486,128				Allocation
WICHITA WOMEN'S INITIATIVE NETWORK INC510 E 3RD ST N WICHITA,KS 672022618	48-1189632	501(c)(3)	60,000				Allocation

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ADVOCATES TO END CHRONIC HOMELESSNESSPO BOX 49014 WICHITA,KS 672019014	48-1022361	501(c)(3)	10,000				Donor Designation
AMERICA'S CHARITIES FEDERATION LOCKBOX 79570 BALTIMORE,MD 21279	54-1517707	501(c)(3)	12,537				Donor Designation

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ANIMAL CHARITIES OF AMERICA FEDERATIONPO BOX 45754 SAN FRANCISCO, CA 94145	94-3193389	501(c)(3)	16,327				Donor Designation
ASSISTANCE LEAGUE OF WICHITAPO BOX 8072 WICHITA,KS 672080072	48-0985922	501(c)(3)	9,251				Donor Designation

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CANCERCURE OF AMERICAPO BOX 45754 SAN FRANCISCO, CA 94145	81-0648432	501(c)(3)	8,076				Donor Designation
CEREBRAL PALSY RESEARCH FOUNDATIONPO BOX 8217 WICHITA,KS 672080217	23-7314938	501(c)(3)	20,511				DONOR DESIGNATION, EARLY CHILDHOOD

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

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CHILDREN'S CHARITIES OF AMERICAPO BOX 45754 SAN FRANCISCO, CA 94145	94-3148588	501(c)(3)	9,015				Donor Designation
CHILDREN'S MEDICAL CHARITIES OF AMERICAPO BOX 45754 SAN FRANCISCO, CA 94145	27-0093393	501(c)(3)	5,889				Donor Designation

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CHRISTIAN CHARITIES USA FEDERATIONPO BOX 45754 SAN FRANCISCO, CA 94145	94-3255961	501(c)(3)	8,400				Donor Designation
CHRISTIAN SERVICE CHARITIES FEDERATIONPO BOX 79704 BALTIMORE,MD 212799704	94-3193374	501(c)(3)	21,679				Donor Designation

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COMMUNITY HEALTH CHARITIES FEDERATIONPO BOX 75153 BALTIMORE,MD 212755153	13-6167225	501(c)(3)	30,142				Donor Designation
COMMUNITY HEALTH CHARITIES OF KS & MO6405 METCALF SHAWNEE MISSION,KS 662023931	43-1604240	501(c)(3)	27,840				Donor Designation

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EARTH SHARE FEDERATIONDEPT 4011 WASHINGTON,DC 200424011	52-1601960	501(c)(3)	6,190				Donor Designation
ENVISION610 N MAIN ST WICHITA,KS 67203	26-1392721	501(c)(3)	10,501				Donor Designation

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EXPLORATION PLACE INC300 N MCLEAN BLVD WICHITA,KS 67203	48-1000295	501(c)(3)	10,000				Donor Designation
FAMILY SERVICES INSTITUTE1631 E 17TH ST WICHITA,KS 67214	48-1068318	501(c)(3)	15,044				Early Childhood

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FUNDAMENTAL LEARNING CENTER 917 S GLENDALE ST WICHITA,KS 672183210	31-1693508	501(c)(3)	5,446				Donor Designation
FUTURES UNLIMITED INC 2410 N A ST WELLINGTON,KS 671529799	48-0869250	501(c)(3)	16,186				Early Childhood

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GLOBAL IMPACT FEDERATION66 CANAL CENTER PLAZA STE 310 ALEXANDRIA,VA 22314	52-1273585	501(c)(3)	8,249				Donor Designation
HARVEY COUNTY COMMUNITY PARTNERSHIPPO BOX 91 NEWTON,KS 67114	48-1150281	501(c)(3)	42,141				Early Childhood

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HARVEY COUNTY UNITED WAY816 OAK ST NEWTON,KS 67114	48-0603559	501(c)(3)	17,163				Early Childhood
HEALTH & MEDICAL RESEARCH CHARITIES OF AMERICAPO BOX 45754 SAN FRANCISCO, CA 94145	94-3217739	501(c)(3)	13,559				Donor Designation

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HEART OF ARKANSAS UNITED WAYPO BOX 3257 LITTLE ROCK,AR 722033257	71-0329790	501(c)(3)	7,219				Disaster Relief
HEART OF FLORIDA UNITED WAY1940 TRAYLOR BLVD ORLANDO,FL 328044714	59-0808854	501(c)(3)	7,031				Donor Designation

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HUMAN CARE CHARITIES OF AMERICAPO BOX 45754 SAN FRANCISCO, CA 94145	94-3067804	501(c)(3)	5,476				Donor Designation
KACCRA DBA CHILD CARE AWARE OF KANSAS PO BOX 2294 SALINA,KS 674022294	48-1102008	501(c)(3)	161,829				Early Childhood

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KANSAS FOODBANK WAREHOUSE INC 1919 E DOUGLAS WICHITA,KS 672111627	48-0959213	501(c)(3)	63,942				Donor Designation
KS HUMANE SOCIETY OF WICHITA3313 N HILLSIDE ST PARK CITY,KS 672193907	48-0554339	501(c)(3)	11,375				Donor Designation

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LORD'S DINER520 N BROADWAY ST WICHITA,KS 67214	48-0543780	501(c)(3)	7,025				Donor Designation
MEDICAL RESEARCH CHARITIES FEDERATIONPO BOX 79703 BALTIMORE,MD 212799703	94-3148591	501(c)(3)	5,152				Donor Designation

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MILITARY FAMILY AND VETERANS SERVICE ORGPO BOX 45754 SAN FRANCISCO, CA 94145	94-3193418	501(c)(3)	17,961				Donor Designation
NEWTON COMMUNITY CHILD CAREPO BOX D NEWTON,KS 671140896	26-2891315	501(c)(3)	22,656				Early Childhood

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SUMNER MENTAL HEALTH CENTER 1601 W 16TH ST WELLINGTON, KS 67152	48-0967075	501(c)(3)	63,013				Early Childhood
TOP CHILDREN'S FUND1625 N WATERFRONT PKWY 100 WICHITA, KS 672066622	48-0959396	501(c)(3)	10,000				Donor Designation

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UNITED WAY CALIFORNIA CAPITAL REGION 10389 OLD PLACERVILLE RD SACRAMENTO,CA 958272506	94-1225382	501(c)(3)	7,595				Donor Designation
UNITED WAY OF CENTRAL OKLAHOMAPO BOX 837 OKLAHOMA CITY, OK 731010837	73-0589829	501(c)(3)	24,304				Disaster Relief

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

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UNITED WAY OF GREATER TOPEKA PO BOX 4188 TOPEKA,KS 666040188	48-0561978	501(c)(3)	9,928				Donor Designation
UNITED WAY OF SAN ANTONIOPO BOX 898 SAN ANTONIO,TX 782930898	74-1272381	501(c)(3)	7,060				Donor Designation

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UNITED WAY OF SW MISSOURI & SE KANSAS3510 E 3RD ST JOPLIN,MO 64801	44-0556865	501(c)(3)	180,522				Disaster Relief
UNITED WAY OF THE FLINT HILLS 702 COMMERCIAL ST SUITE 2E EMPORIA,KS 668012972	48-0756002	501(c)(3)	83,473				Disaster Relief

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USD #259 FRIENDSHIP FUND 201 N WATER ST WICHITA,KS 672021292	48-6115936	501(c)(3)	48,846				Donor Designation
WICHITA EMPLOYEES FRIENDSHIP FUND 455 N MAIN ST FL 2 WICHITA,KS 67202	48-0888954	501(c)(3)	8,096				Donor Designation

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(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
YOUTH FOR CHRISTPO BOX 3700 WICHITA,KS 672013700	48-6084467	501(c)(3)	104,886				Early Childhood
SEDGWICK COUNTY HEALTH DEPARTMENT434 N OLIVER ST STE 110 WICHITA,KS 672084000	48-0547707	115	100,000				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
USD NO 259 PARENTS AS TEACHERS201 N WATER WICHITA,KS 67202	48-0547706	115	13,362				Early Childhood
COMMUNITIES IN SCHOOLS OF WICHITASG COUNTY412 S MAIN ST STE 212 WICHITA,KS 672023720	48-6121167	501(C)(3)		7,896	FMV	SUPPLIES	GIV Warehouse

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
HOSPICE INCORPORATED313 S MARKET ST WICHITA,KS 672023805	48-1093130	501(c)(3)		5,564	FMV	SUPPLIES	GIV Warehouse
RAINBOWS UNITED INC3223 N OLIVER ST WICHITA,KS 672202106	48-0952990	501(c)(3)		7,544	FMV	SUPPLIES	GIV Warehouse

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
THE SALVATION ARMY350 N MARKET WICHITA,KS 672022010	48-8793004	501(c)(3)		5,621	FMV	SUPPLIES	GIV Warehouse
UNITED METHODIST OPEN DOORPO BOX 2756 WICHITA,KS 672012756	48-0544561	501(c)(3)		50,626	FMV	SUPPLIES	GIV Warehouse

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
A BETTER CHOICE INC3007 E CENTRAL WICHITA,KS 67214	48-0731995	501(c)(3)		13,684	FMV	SUPPLIES	GIV Warehouse
AGAPE RESOURCE CENTER405 SW 3rd NEWTON,KS 67114	48-1133128	501(c)(3)		5,269	FMV	SUPPLIES	GIV Warehouse

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
ALTERNATIVE GIFTS INTERNATIONALPO BOX 3810 WICHITA,KS 672013810	26-2552691	501(c)(3)		7,827	FMV	SUPPLIES	GIV Warehouse
BIRTHLINE339 N SENECA WICHITA,KS 67203	95-4111142	501(c)(3)		13,244	FMV	SUPPLIES	GIV Warehouse

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 672143504	48-1146607	501(c)(3)		57,472	FMV	SUPPLIES	GIV Warehouse
CENTRAL CHRISTIAN CHURCH2900 N ROCK ROAD WICHITA,KS 67226	48-0543703	501(c)(3)		5,443	FMV	SUPPLIES	GIV Warehouse

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
CSJ DEAR NEIGHBOR MINISTRIES INC 1329 S BLUFFVIEW WICHITA,KS 67218	48-0576034	501(c)(3)		19,250	FMV	SUPPLIES	GIV Warehouse
HABITAT FOR HUMANITY420 E ENGLISH WICHITA,KS 67202	48-1251656	501(c)(3)		5,593	FMV	SUPPLIES	GIV Warehouse

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
HIS HELPING HANDS1441 E 37th St N WICHITA,KS 672193522	58-1735540	501(c)(3)		14,430	FMV	SUPPLIES	GIV Warehouse
KANSAS FOODBANK WAREHOUSE INC 1919 E DOUGLAS WICHITA,KS 672111627	48-0576034	501(c)(3)		19,896	FMV	SUPPLIES	GIV Warehouse

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
MENDED HEART MINISTRIES INC 1264 M50 ROAD EUREKA,KS 67045	48-0959213	501(c)(3)		7,342	FMV	SUPPLIES	GIV Warehouse
MIDWEST CRISIS PREGNANCY CENTER INCPO BOX 186 CHERRYVALE,KS 67335	27-2592948	501(c)(3)		15,851	FMV	SUPPLIES	GIV Warehouse

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
MULTI COMMUNITY DIVERSIFIED SERVICES INC2107 INDUSTRIAL DRIVE MCPHERSON,KS 67460	48-0968949	501(c)(3)		16,125	FMV	SUPPLIES	GIV Warehouse
ORTHODOX FAMILY MINISTRIES THE TREEHOUSE151 VOLUTSIA WICHITA,KS 67214	48-0788543	501(c)(3)		19,864	FMV	SUPPLIES	GIV Warehouse

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
PREGNANCY CARE CENTER415 STATE STREET AUGUSTA,KS 67010	48-1252307	501(c)(3)		6,956	FMV	SUPPLIES	GIV Warehouse
PREGNANCY CRISIS CENTER 1040 N WEST STREET WICHITA,KS 67203	48-1211844	501(c)(3)		9,757	FMV	SUPPLIES	GIV Warehouse

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
TOPEKA RESCUE MISSIONPO BOX 8350 TOPEKA,KS 666080350	48-1008621	501(c)(3)		24,357	FMV	SUPPLIES	GIV Warehouse

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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

2011

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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				
(1) HANRAHAN MR PATRICK J	(i)	188,106	0	13,051	25,235	26,798	253,190	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

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF THE PLAINS INC

Employer identification number
48-0547688

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	7	90,055	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	80	634,002	FAIR MARKET VALUE
26	Other ▶ (COMPUTER EQUIPMENT)	X	1	200,000	FAIR MARKET VALUE
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
THIRD PARTY USED TO SELL NONCASH CONTRIBUTIONS	SCHEDULE M, PART I, LINE 32B	A THIRD PARTY STOCKBROKER LIQUIDATES ANY SECURITIES RECEIVED AS A CONTRIBUTION THE THIRD PARTY STOCKBROKER THEN REMITS ALL PROCEEDS TO THE ORGANIZATION
CONTRIBUTIONS RECEIVED	SCHEDULE M, PART I, COLUMN B	THIS NUMBER REPRESENTS THE NUMBER OF CONTRIBUTIONS

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF THE PLAINS INC

Employer identification number
48-0547688

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4B	CONDUCTED RESEARCH AND PROCURED GRANT REVENUES IN EXCESS OF $4 8 MILLION FOR LOCAL COMMUNITY, OF WHICH $2 5 MILLION WAS ADMINISTERED BY UNITED WAY OF THE PLAINS AND THE BALANCE DISTRIBUTED AMONG OTHER AREA AGENCIES GRANTS AWARDED WERE PRIMARILY IN THE AREAS OF EARLY CHILDHOOD DEVELOPMENT & EDUCATION, FINANCIAL STABILITY, AND HOMELESSNESS EXAMPLES OF THESE ACCOMPLISHMENTS INCLUDE THE FOLLOWING ACTIVITIES EARLY CHILDHOOD DEVELOPMENT CONTINUED IMPLEMENTATION OF THE "RAISING-A-READER" PROGRAM WHICH ENCOURAGES PRE-SCHOOLERS TO DEVELOP A LIFE-LONG DESIRE OF READING AND ENCOURAGES INTERACTION WITH FAMILY MEMBERS TO REINFORCE SUCH BEHAVIOR THE PROGRAM EXPERIENCED 16% INCREASE IN THE NUMBER OF MINUTES A FAMILY MEMBER SPENT LOOKING AT BOOKS WITH CHILDREN EARLY CHILDHOOD DEVELOPMENT EXPANDED THE NUMBER OF HOUSEHOLDS SERVED WITH THE 'DOLLY PARTON IMAGINATION LIBRARY' PROGRAM IN BUTLER AND SEDGWICK COUNTIES THIS PROGRAM PROVIDES AN AGE-APPROPRIATE BOOK FOR CHILDREN AGING FROM BIRTH - FIVE YEARS OLD THE BOOK IS MAILED TO THE CHILD AT THE CHILD'S HOME, AND FOSTERS READING AWARENESS TO THE FAMILY VOLUNTEER INCOME TAX ASSISTANCE (VITA) RECRUITED AND TRAINED 203 VOLUNTEERS TO ASSIST LOW INCOME AND ELDERLY RESIDENTS IN FILING TAX RETURNS TO HELP CLAIM SUCH CREDITS AS THE EARNED INCOME TAX CREDIT, AND CHILD CARE ASSISTANCE BENEFITS VOLUNTEERS WERE ABLE TO FILE A TOTAL OF 6,197 FEDERAL RETURNS AND 8,181 STATE RETURNS, WHICH BROUGHT IN OVER $5 8 MILLION TO THE LOCAL RESIDENTS HOMELESSNESS ACTIVITIES MANAGED THE 'COMMUNITY INFORMATION MANAGEMENT SYSTEM' FOR THE LOCAL COMMUNITY, WHICH ENTAILS A DATABASE PROGRAM THAT CAPTURES/TRACKS AGGREGATE INFORMATION RELATING TO INDIVIDUALS EXPERIENCING HOMELESSNESS DATA IS USED TO MAXIMIZE SERVICES AVAILABLE TO THOSE IN NEED, AND IS UTILIZED BY VARIOUS AGENCIES PROVIDING THOSE SERVICES RESEARCH ACTIVITIES/PROJECTS COLLABORATED WITH COMMUNITY PARTNERS RESEARCHING VARIOUS PROJECTS IN THE AREA OF COMMUNITY HEALTH/WELLNESS AND HOMELESSNESS DISASTER RELIEF EFFORTS PROVIDED STATE-WIDE DISASTER RESPONSE BY COORDINATION OF VOLUNTEERS AND FUNDRAISING EFFORTS FOR TORNADOES EFFECTING THE COMMUNITIES OF READING, KS, CHAPMAN, KS, AND JOPLIN, MO

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4C	THE DONATED PRODUCTS ARE DISTRIBUTED TO ANY 501(C)(3) AGENCY AT NO CHARGE, THEREBY ALLOWING THE RECEIVING AGENCY TO HAVE ADDITIONAL DOLLARS AVAILABLE FOR THEIR RESPECTIVE MISSIONS DURING 2011, PRODUCT DONATIONS TO THE WAREHOUSE FROM 80 CORPORATE DONORS HAD AN ESTIMATED FAIR MARKET VALUE OF $634,000 AND PRODUCT DISTRIBUTIONS WERE MADE TO 179 NOT FOR PROFIT AGENCIES, WITH AN ESTIMATED FAIR MARKET VALUE OF OVER $538,000

Identifier	Return Reference	Explanation
OTHER PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4D	211 STATEWIDE INFORMATION/REFERRAL CALL CENTER AND WEBSITE PROVIDES A 24/7, 365 DAYS/YEAR CONFIDENTIAL INFORMATION AND REFERRAL CALL CENTER TO CONNECT PEOPLE NEEDING ASSISTANCE OR WANTING TO VOLUNTEER DURING 2011, CALL SPECIALISTS HANDLED 67,612 CALLS AND MADE 85,807 REFERRALS TO AGENCIES RESIDENTS IN ALL 105 COUNTIES SERVICED UTILIZED THE 2-1-1 CALL CENTER OVER 1,300 AGENCIES OFFERRING 3,018 VARIOUS PROGRAMS ARE REGISTERED IN THE DATABASE THE CALL CENTER ALSO COLLABORATED WITH ORGANIZATIONS SUCH AS THE MENTAL HEALTH ASSOCIATION, KANSAS EMERGENCY MANAGEMENT AND KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT FOR VARIOUS TARGETED PROJECTS, ALONG WITH SERVING AS A CRITICAL SOURCE OF INFORMATION IN DISASTER RESPONSES THE CALL CENTER ALSO PROCESSED OVER 1,200 CALLS FOR ASSISTANCE PROVIDED BY THE UNITED WAY OF THE PLAINS LAID OFF WORKERS CENTER PROGRAM VOLUNTEER CENTER PROVIDES COORDINATION OF VOLUNTEER PROJECTS BETWEEN AGENCIES AND INDIVIDUALS/GROUPS DURING 2011, THE VOLUNTEER CENTER REFERRED 3,904 VOLUNTEERS TO VOLUNTEER OPPORTUNITIES FOR 722 INDIVIDUALS AND 153 GROUPS THE VOLUNTEER CENTER ALSO COORDINATES TARGETED VOLUNTEER PROJECTS FOR YOUTH, INCLUDING 'YOUNITED TEENS', 'DWANE L WALLACE YOUTH VENTURE GRANT COMMITTEE', AND 'YOUTH DAYS OF CARING' THROUGH THESE TARGETED YOUTH PROJECTS, A TOTAL OF 441 TEENS VOLUNTEERED OVER 2,800 HOURS LAID OFF WORKERS CENTER CONTINUED OPERATION OF THE CENTER THAT HAS BEEN OPEN SINCE JUNE 2009 AND SERVES INDIVIDUALS THAT HAVE BEEN LAID-OFF FROM THEIR JOBS THROUGH A COLLABORATIVE EFFORT, SERVICES PROVIDED INCLUDE FOOD DISTRIBUTION, CREDIT COUNSELING, JOB SEARCH, RESUME WRITING ASSISTANCE, AND FINANCIAL ASSISTANCE FOR HOUSING-RELATED EXPENSES (RENT, MORTGAGE, AND/OR UTILITIES) DURING 2011, UNITED WAY OF THE PLAINS DISTRIBUTED A TOTAL OF $207,858 IN HOUSING AND UTILITY ASSISTANCE FOR 487 INSTANCES OF SERVICE

Identifier	Return Reference	Explanation
FORM 990 REVIEW PROCESS	FORM 990, PART VI, SECTION B, LINE 11B	AN INDEPENDENT ACCOUNTING FIRM PREPARES THE FORM 990 THE PRESIDENT AND VICE PRESIDENT OF FINANCE THEN REVIEW THE COMPLETE FORM 990 AND ALL REQUIRED SCHEDULES ANY QUESTIONS OR CONCERNS ARE ADDRESSED AND ANY NECESSARY CHANGES ARE MADE THE FORM 990 WITH ALL REQUIRED SCHEDULES IS THEN PROVIDED VIA EMAIL TO THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING WITH THE IRS

Identifier	Return Reference	Explanation
CONFLICT OF INTEREST POLICY	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION'S CODE OF ETHICS POLICY APPLIES TO ALL DIRECTORS, OFFICERS AND EMPLOYEES OF THE ORGANIZATION, AND IS REVIEWED ANNUALLY BY ALL PARTIES COVERED BY THE CODE. UPON DISCLOSURE OF A POTENTIAL CONFLICT, THE EXECUTIVE COMMITTEE REVIEWS (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

Identifier	Return Reference	Explanation
COMPENSATION REVIEW	FORM 990, PART VI, SECTION B, LINE 15A	A PERFORMANCE REVIEW OF THE PRESIDENT WAS CONDUCTED DURING 2011 BY THE PERFORMANCE REVIEW COMMITTEE. THE COMMITTEE USES COMPARISON DATA AND AN INTERNAL COMPENSATION STUDY TO RECOMMEND CHANGES TO THE PRESIDENT'S COMPENSATION. THE COMMITTEE'S RECOMMENDATIONS ARE PROPOSED TO THE EXECUTIVE COMMITTEE IN AN EXECUTIVE SESSION FOR DISCUSSION, REVIEW AND APPROVAL. THE COMMITTEE DOCUMENTS ITS DELIBERATIONS AND DECISIONS IN THE MINUTES

Identifier	Return Reference	Explanation
AVAILABILITY OF DOCUMENTS	FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS AND AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST THE CONFLICT OF INTEREST POLICY IS PUBLISHED ON THE ORGANIZATION'S WEBSITE

Identifier	Return Reference	Explanation
RECONCILIATION OF NET ASSETS	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSS ON INVESTMENTS 750,133 EXCESS ALLOWANCES FOR UNCOLLECTIBLE PLEDGES ON PRIOR CAMPAIGNS (136,356) --------- 613,777