

HAYES & ASSOCIATES, LLC
1015 NORTH 98TH STREET; SUITE 200
OMAHA, NE 68114

UNITED WAY OF THE MIDLANDS
1805 HARNEY STREET
OMAHA, NE 68102



Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY

HAYES & ASSOCIATES, LLC
1015 NORTH 98TH STREET; SUITE 200
OMAHA, NE 68114
(402) 390-2480

JANUARY 23, 2014

UNITED WAY OF THE MIDLANDS
1805 HARNEY STREET
OMAHA, NE 68102

UNITED WAY OF THE MIDLANDS:

ENCLOSED IS THE ORGANIZATION'S 2012 EXEMPT ORGANIZATION
RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU
WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE
SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL
THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A
PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO
US BY FEBRUARY 18, 2014.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST
THAT YOU RETAIN THIS COPY INDEFINITELY.

SINCERELY,

HAYES & ASSOCIATES, LLC

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)

Department of the Treasury
 Internal Revenue Service

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

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning JUL 1, 2012 and ending JUN 30, 2013

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF THE MIDLANDS Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1805 HARNEY STREET City, town, or post office, state, and ZIP code OMAHA, NE 68102	D Employer identification number 47-0376605 E Telephone number 402-522-7944
F Name and address of principal officer: KAREN BRICKLEMYER SAME AS C ABOVE		G Gross receipts \$ 24,092,271. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.UWMIDLANDS.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1923 M State of legal domicile: NE

Part I Summary			
	1	Briefly describe the organization's mission or most significant activities: UNITED WAY OF THE MIDLANDS ENGAGES THE PASSION AND RESOURCES OF OUR NEIGHBORS AND COMMUNITY	
Activities & Governance	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 17
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 17
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5 74
	6	Total number of volunteers (estimate if necessary)	6 6000
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 8,812,109. Current Year: 22,775,628.
	9	Program service revenue (Part VIII, line 2g)	108,940. 212,772.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	90,810. 164,143.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	405,676. 559,743.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,417,535. 23,712,286.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
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)	1,756,054. 3,630,200.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,479,091.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	868,457. 1,381,119.
Net Assets or Fund Balances	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18,419,734. 23,193,113.
	19	Revenue less expenses. Subtract line 18 from line 12	-9,002,199. 519,173.
	20	Total assets (Part X, line 16)	Beginning of Current Year: 23,866,420. End of Year: 26,360,643.
	21	Total liabilities (Part X, line 26)	14,634,048. 16,029,378.
	22	Net assets or fund balances. Subtract line 21 from line 20	9,232,372. 10,331,265.

Part II Signature Block					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.					
Sign Here	▶ Signature of officer	Date			
	▶ KAREN BRICKLEMYER, CEO				
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	FRANK HAYES	FRANK HAYES			P00139616
	Firm's name ▶ HAYES & ASSOCIATES, LLC	Firm's EIN ▶ 47-0716239			
	Firm's address ▶ 1015 NORTH 98TH STREET; SUITE 200 OMAHA, NE 68114	Phone no. 402-390-2480			

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 [X]

1 Briefly describe the organization's mission: UNITED WAY OF THE MIDLANDS ENGAGES THE PASSION AND RESOURCES OF OUR NEIGHBORS AND COMMUNITY PARTNERS TO IMPROVE PEOPLES LIVES. WE HELP THOSE WHO NEED IT MOST, AND CREATE POSITIVE CHANGE FOR THE GENERATIONS TO COME.

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [X] Yes [] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 18,945,260. including grants of \$ 18,181,794.) (Revenue \$ 559,743.) COMMUNITY ENGAGEMENT AND VISION

THIS FUNCTION IS DEDICATED TO IMPLEMENTATION AND ACTION ON COMMUNITY IMPACT INITIATIVES. ACTIVITIES INCLUDE PRIORITIZATION AND RESEARCH FOR INITIATIVE DEVELOPMENT, OUTCOME MEASURE DEVELOPMENT AND ASSESSMENT, MOBILIZING PARTNERS TO PROVIDE SERVICES, PARTICIPATING IN AND SUPPORTING SELECTED OUTSIDE COMMUNITY ACTIVITIES, SERVICE IMPLEMENTATION THROUGH: FUND DISTRIBUTION, TECHNOLOGY, PUBLIC EDUCATION, ECONOMIC DEVELOPMENT STRATEGIES, AND AGENCY DESIGNATION MANAGEMENT, COMMUNICATION OF OUTCOMES AND EVALUATION, AND STAFF SUPPORT AND DEVELOPMENT.

4b (Code:) (Expenses \$ 1,201,778. including grants of \$) (Revenue \$ 212,772.) INFORMATION AND REFERRAL

WHEN A CALLER DIALS 2-1-1, THEY FIND EASY ACCESS TO HEALTH AND HUMAN SERVICE PROGRAMS IN ALL COUNTIES IN NEBRASKA AND 8 COUNTIES IN IOWA. CERTIFIED RESOURCE SPECIALISTS DEVELOP AND MAINTAIN A COMPUTERIZED COMPREHENSIVE DATABASE OF NEARLY 4,000 HEALTH AND HUMAN SERVICE PROGRAMS. INDIVIDUALS WHO NEED HELP, OFTEN IN CRISIS SITUATIONS, ARE CONNECTED WITH THE RIGHT COMMUNITY RESOURCES BY CERTIFIED INFORMATION AND REFERRAL SPECIALISTS WHO USE THE VAST DATABASE. AS WELL, INDIVIDUALS AND GROUPS THAT WANT TO VOLUNTEER TO HELP OTHERS CAN ALSO BE LINKED WITH WORTHY LOCAL NONPROFIT GROUPS. THE 2-1-1 COMMUNITY RESOURCE DIRECTORY IS AVAILABLE IN HARD COPY, ON THE ORGANIZATION

4c (Code:) (Expenses \$ 89,141. including grants of \$) (Revenue \$) COMPREHENSIVE VOLUNTEERISM

FOCUSES ON COMMUNITY IMPACT FOR IMPROVING LIVES AND CREATING COMMUNITY CHANGE THROUGH MOBILIZATION OF HUMAN RESOURCES FOR SUSTAINED CHANGE IN COMMUNITY CONDITIONS. THE UNITED WAY VOLUNTEER RESOURCE CENTER LINKS PROSPECTIVE VOLUNTEERS WITH LOCAL NONPROFIT ORGANIZATIONS THAT NEED THE HELP. THESE CAN BE ONE-TIME, MONTHLY OR MORE REGULAR VOLUNTEER PROJECTS THAT MEET THE SKILLS AND SCHEDULE OF THE VOLUNTEERING INDIVIDUAL OR GROUP. ALSO, VOLUNTEER LEADERSHIP AND MANAGEMENT SKILLS ARE DEVELOPED AND IMPLEMENTED THROUGH REFERRAL, TRAINING, RECOGNITION AND CONSULTATION FOR BOTH PROGRAM SERVICE VOLUNTEERS AND THOSE WHO WISH TO SERVE ON POLICY-MAKING BOARDS AT LOCAL NONPROFITS. THE CENTER ALSO

4d Other program services (Describe in Schedule O.) (Expenses \$ 348,917. including grants of \$) (Revenue \$)

4e Total program service expenses 20,585,096.

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O response

Main table with columns for question number, description, sub-questions, and Yes/No columns. Includes rows for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 720, Form 709, Form 706, Form 706-A, Form 706-B, Form 706-C, Form 706-D, Form 706-E, Form 706-F, Form 706-G, Form 706-H, Form 706-I, Form 706-J, Form 706-K, Form 706-L, Form 706-M, Form 706-N, Form 706-O, Form 706-P, Form 706-Q, Form 706-R, Form 706-S, Form 706-T, Form 706-U, Form 706-V, Form 706-W, Form 706-X, Form 706-Y, Form 706-Z.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (17); 1b Enter the number of voting members included in line 1a, above, who are independent (17); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (X); 8b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (X); 15b Other officers or key employees of the organization (X); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: MIKE ALFIERI - 402-522-7944 1805 HARNEY ST, OMAHA, NE 68102

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANDY FLETCHER MEMBER	1.00	X						0.	0.	0.
(2) BRIAN KECK MEMBER	1.00	X						0.	0.	0.
(3) CRAIG MARTIN SECRETARY	1.00	X		X				0.	0.	0.
(4) GEORGE LITTLE MEMBER	1.00	X						0.	0.	0.
(5) JESSICA PATE MEMBER	1.00	X						0.	0.	0.
(6) JOHN NELSON EX OFFICIO	1.00	X						0.	0.	0.
(7) KATHLEEN GERBER MEMBER	1.00	X						0.	0.	0.
(8) LANCE FRITZ INCOMING BOARD CHAIR	1.00	X		X				0.	0.	0.
(9) MARY HAWKINS MEMBER	1.00	X						0.	0.	0.
(10) MARY LOPEZ MEMBER	1.00	X						0.	0.	0.
(11) MICHAEL GEARY MEMBER	1.00	X						0.	0.	0.
(12) MICHELE STROMP TREASURER	1.00	X		X				0.	0.	0.
(13) OTHELLO MEADOWS MEMBER	1.00	X						0.	0.	0.
(14) RODRIGO LOPEZ BOARD CHAIR	1.00	X		X				0.	0.	0.
(15) SARA BOYD MEMBER	1.00	X						0.	0.	0.
(16) STEVE GRANDFIELD MEMBER	1.00	X						0.	0.	0.
(17) TERRY KROEGER MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KAREN BRICKLEMYER PRESIDENT&CEO	45.00			X				233,544.	0.	31,867.
(19) DONNA GARST FORMER SVP (BRAND MGMT&STRATEGIC	40.00						X	171,814.	0.	34,662.
(20) LINDA KEMP FORMER SVP (ADMINISTRATION&FINANC	45.00						X	116,492.	0.	19,515.
1b Sub-total								521,850.	0.	86,044.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								521,850.	0.	86,044.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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 **0**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 1,242,880.					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d 239,059.					
	e Government grants (contributions)	1e 411,983.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 20,881,706.					
	g Noncash contributions included in lines 1a-1f: \$	1,410,623.					
	h Total. Add lines 1a-1f		22,775,628.				
	Program Service Revenue	2 a CONTRACT FEES	Business Code 561000	212,772.	212,772.		
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			212,772.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		87,209.			87,209.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	456,919.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	379,985.				
		c Gain or (loss)	76,934.				
	d Net gain or (loss)		76,934.			76,934.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a DONOR DESIGNATION FEES		561000	508,258.	508,258.			
	b MISCELLANEOUS INCOME	900099	51,485.	51,485.			
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		559,743.				
12 Total revenue. See instructions.			23,712,286.	772,515.	0.	164,143.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response 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	18,181,794.	18,181,794.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	521,849.	93,417.	209,909.	218,523.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,210,967.	1,337,685.	271,471.	601,811.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	695,880.	343,119.	130,453.	222,308.
10 Payroll taxes	201,504.	104,009.	36,054.	61,441.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	166,992.	56,209.	30,836.	79,947.
13 Office expenses	96,839.	12,466.	51,794.	32,579.
14 Information technology				
15 Royalties				
16 Occupancy	94,983.	50,892.	14,447.	29,644.
17 Travel	44,915.	19,059.	14,030.	11,826.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	42,976.	21,899.	4,236.	16,841.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	103,113.	55,248.	15,683.	32,182.
23 Insurance	39,951.	23,314.	5,451.	11,186.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROF. FEES & CONTRACTS	407,899.	86,142.	287,348.	34,409.
b ORGANIZATIONAL DUES	227,148.	120,298.	37,164.	69,686.
c EQUIPMENT LEASING & MAI	72,239.	38,705.	10,988.	22,546.
d TELEPHONE	55,327.	40,402.	4,890.	10,035.
e All other expenses	28,737.	438.	4,172.	24,127.
25 Total functional expenses. Add lines 1 through 24e	23,193,113.	20,585,096.	1,128,926.	1,479,091.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year		
Assets	1 Cash - non-interest-bearing	4,471,516.	1	7,420,636.		
	2 Savings and temporary cash investments	532,981.	2	4,402.		
	3 Pledges and grants receivable, net	6,793,662.	3	6,595,841.		
	4 Accounts receivable, net		4			
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5			
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6			
	7 Notes and loans receivable, net		7			
	8 Inventories for sale or use		8			
	9 Prepaid expenses and deferred charges		9			
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,443,264.				
	b Less: accumulated depreciation	10b 2,239,281.	1,284,687.	10c	1,203,983.	
	11 Investments - publicly traded securities	4,766,344.	11		4,593,822.	
	12 Investments - other securities. See Part IV, line 11	5,569,829.	12		5,999,155.	
	13 Investments - program-related. See Part IV, line 11		13			
	14 Intangible assets		14			
	15 Other assets. See Part IV, line 11	447,401.	15		542,804.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	23,866,420.	16		26,360,643.		
Liabilities	17 Accounts payable and accrued expenses	640,823.	17	437,289.		
	18 Grants payable	13,993,225.	18	15,592,089.		
	19 Deferred revenue		19			
	20 Tax-exempt bond liabilities		20			
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21			
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22			
	23 Secured mortgages and notes payable to unrelated third parties		23			
	24 Unsecured notes and loans payable to unrelated third parties		24			
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25			
	26 Total liabilities. Add lines 17 through 25	14,634,048.	26		16,029,378.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27 Unrestricted net assets	4,951,482.	27	6,090,125.		
	28 Temporarily restricted net assets	961,312.	28	862,018.		
	29 Permanently restricted net assets	3,319,578.	29	3,379,122.		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30 Capital stock or trust principal, or current funds		30			
	31 Paid-in or capital surplus, or land, building, or equipment fund		31			
	32 Retained earnings, endowment, accumulated income, or other funds		32			
	33 Total net assets or fund balances	9,232,372.	33		10,331,265.	
34 Total liabilities and net assets/fund balances	23,866,420.	34		26,360,643.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,712,286.
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,193,113.
3	Revenue less expenses. Subtract line 2 from line 1	3	519,173.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,232,372.
5	Net unrealized gains (losses) on investments	5	120,254.
6	Donated services and use of facilities	6	30,140.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	429,326.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,331,265.

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

Form 990 (2012)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

UNITED WAY OF THE MIDLANDS

Employer identification number

47-0376605

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- 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 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?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2012

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	20573408.	16058768.	20908356.	30188712.	22775628.	110504872
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	20573408.	16058768.	20908356.	30188712.	22775628.	110504872
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						110504872

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	20573408.	16058768.	20908356.	30188712.	22775628.	110504872
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	172,405.	57,778.	55,750.	147,441.	87,209.	520,583.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	393,888.	564,104.	537,401.	1252131.	772,515.	3520039.
11 Total support. Add lines 7 through 10						114545494
12 Gross receipts from related activities, etc. (see instructions)					12	449,771.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	96.47	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	96.54	%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2012. 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	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2011. 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	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

UNITED WAY OF THE MIDLANDS

Employer identification number

47-0376605

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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" 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 education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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	5,569,829.	2,972,876.	3,113,499.	2,974,281.	2,450,841.
b Contributions	324,684.	2,499,856.	41,878.	48,120.	235,613.
c Net investment earnings, gains, and losses	416,571.	157,195.	12,803.	296,911.	460,747.
d Grants or scholarships	239,059.	41,731.	86,289.	91,104.	81,927.
e Other expenditures for facilities and programs	72,870.	18,367.	109,015.	114,709.	90,993.
f Administrative expenses					
g End of year balance	5,999,155.	5,569,829.	2,972,876.	3,113,499.	2,974,281.

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

- a Board designated or quasi-endowment 59.00 %
- b Permanent endowment 33.00 %
- c Temporarily restricted endowment 8.00 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations **3a(i)** Yes No
- (ii) related organizations **3a(ii)** Yes No

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

4 Describe in Part XIII 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		197,001.		197,001.
b Buildings		2,393,866.	1,404,604.	989,262.
c Leasehold improvements				
d Equipment		852,397.	834,677.	17,720.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,203,983.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) BENEFICIAL INTEREST IN		
(B) UMWF	5,999,155.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	5,999,155.	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

1	Total revenue, gains, and other support per audited financial statements	1	18,906,147.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	120,254.
b	Donated services and use of facilities	2b	30,140.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	429,326.
e	Add lines 2a through 2d	2e	579,720.
3	Subtract line 2e from line 1	3	18,326,427.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	5,385,859.
c	Add lines 4a and 4b	4c	5,385,859.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	23,712,286.

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

1	Total expenses and losses per audited financial statements	1	17,807,254.
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 XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	17,807,254.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	5,385,859.
c	Add lines 4a and 4b	4c	5,385,859.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	23,193,113.

Part XIII Supplemental Information

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

PART V, LINE 4: RELATED ORGANIZATION ENDOWMENT FUND USE IS TO SUPPORT

UNITED WAY OF THE MIDLANDS

PART X, LINE 2: THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION

EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE

CODE. THE ORGANIZATION IS NOT IDENTIFIED BY THE INTERNAL REVENUE SERVICE

AS A PRIVATE FOUNDATION. THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME

TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING

Part XIII Supplemental Information (continued)

SUSTAINED. AT JUNE 30, 2013, THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

GAIN FROM BENEFICIAL INTEREST IN NET ASSETS HELD BY RELATED FOUNDATION

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS

PART XII LINE 4 B AND PART XIII LINE 4 B - DONOR DESIGNATED FUNDS

\$5,385,859

**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

2012

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF THE MIDLANDS

**Employer identification number
47-0376605**

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. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A WOMAN'S TOUCH PREGNANCY COUNSELIN - 6220 MAPLE ST - OMAHA, NE 68104	237300162	501(C)3	35,436.	0.			GENERAL SUPPORT
ACCIDENT FUND INSURANCE CO. OF AMERICA - PO BOX 77000, DEPT 77125 - DETROIT, MI 48277-0125	383207001	501(C)3	8,133.	0.			GENERAL SUPPORT
ALEGENT HEALTH FOUNDATION 12809 W DODGE RD OMAHA, NE 68154	470648586	501(C)3	58,087.	0.			GENERAL SUPPORT
ALS ASSOC-KEITH WORTHINGTON CHPT-NE - 10730 PACIFIC STE 103 - OMAHA, NE 68114	481021611	501(C)3	5,384.	0.			GENERAL SUPPORT
ALZHEIMER'S ASSOCIATION GREAT PLAINS - 1500 S 70TH ST, SUITE 201S - LINCOLN, NE 68506	480931989	501(C)3	7,138.	0.			GENERAL SUPPORT
ALZHEIMER'S ASSOCIATION MIDLANDS CHAPTER - 1941 S. 42ND STREET, STE 205 - OMAHA, NE 68105	470648438	501(C)3	33,429.	0.			GENERAL SUPPORT

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

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

Schedule I (Form 990) (2012)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICA'S CHARITIES 14150 NEWBROOK DR, STE 110 CHANTILLY, VA 20151	541517707	501(C)3	21,016.	0.			GENERAL SUPPORT
AMERICAN CANCER SOCIETY-OMAHA 9850 NICHOLAS ST STE 200 OMAHA, NE 68114-2159	741185665	501(C)3	86,561.	0.			GENERAL SUPPORT
AMERICAN DIABETES 14216 DAYON CIR., STE 6 OMAHA, NE 68137	131623888	501(C)3	12,847.	0.			GENERAL SUPPORT
AMERICAN HEART ASSOCIATION - NEBRASKA AFFILIATE - 10100 J ST STE A - OMAHA, NE 68127	135613797	501(C)3	136,451.	0.			GENERAL SUPPORT
AMERICAN LUNG ASSOCIATION OF NE 8990 W DODGE RD STE 226 OMAHA, NE 68114	430662525	501(C)3	9,364.	0.			GENERAL SUPPORT
AMERICAN NATIONAL RED CROSS PO BOX 73857 CHICAGO, IL 60673	530196605	501(C)3	20,967.	0.			GENERAL SUPPORT
AMERICAN RED CROSS HEARTLAND CHAPT - 2912 SO 80TH AVE - OMAHA, NE 68124	470376593	501(C)3	759,352.	0.			GENERAL SUPPORT
AMERICAN RED CROSS LOESS HILLS CHAPTER - 705 N 16TH ST - COUNCIL BLUFFS, IA 51501	420736174	501(C)3	213,121.	0.			GENERAL SUPPORT
AMERICAN RED CROSS, SIOUXLAND 4200 WAR EAGLE DR SIOUX CITY, IA 51109	530196605	501(C)3	6,506.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANIMAL CHARITIES OF AMERICA PO BOX 45754 SAN FRANCISCO, CA 94145	943193389	501(C)3	30,315.	0.			GENERAL SUPPORT
ARCHDIOCESE FOR THE MILITARY SERV U PO BOX 4469 WASHINGTON, DC 20017	131624090	501(C)3	6,108.	0.			GENERAL SUPPORT
ARTHRITIS FOUNDATION - NE CHAPTER 600 N 93RD STREET, STE 206 OMAHA, NE 68114	470483544	501(C)3	5,783.	0.			GENERAL SUPPORT
BETHANY CHRISTIAN SERVICES 901 EASTERN AVE NE GRAND RAPIDS, MI 49503	381405282	501(C)3	8,733.	0.			GENERAL SUPPORT
BIG BROTHERS-BIG SISTERS OF THE MID - 10831 OLD MILL ROAD STE 400 - OMAHA, NE 68154	470466144	501(C)3	218,116.	0.			GENERAL SUPPORT
BLAIR FAMILY YMCA 1278 WILBUR STREET BLAIR, NE 68008-2373	470782711	501(C)3	5,945.	0.			GENERAL SUPPORT
BOY SCOUTS MID AMERICA COUNCIL 12401 W MAPLE RD OMAHA, NE 68164	470376545	501(C)3	308,733.	0.			GENERAL SUPPORT
BOYS AND GIRLS CLUBS OF THE MIDLANDS - 2610 HAMILTON - OMAHA, NE 68131-1675	470467350	501(C)3	769,861.	0.			GENERAL SUPPORT
CAMP COHOLO PO BOX 24466 OMAHA, NE 68124	470786778	501(C)3	13,531.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANCERCURE OF AMERICA PO BOX 45754 SAN FRANCISCO, CA 94145	810648432	501(C)3	23,141.	0.			GENERAL SUPPORT
CATHOLIC CHARITIES 3300 N 60TH ST OMAHA, NE 68104	470376612	501(C)3	836,596.	0.			GENERAL SUPPORT
CATHOLIC CHARITIES - DIOCESE OF DES MOINES - 601 GRAND AVE - DES MOINES, IA 50309	530196617	501(C)3	163,231.	0.			GENERAL SUPPORT
CATHOLIC CHARITIES OF OMAHA 3300 N 60 ST OMAHA, NE 68104	470376612	501(C)3	335,577.	0.			GENERAL SUPPORT
CATHOLIC SOCIAL SERVICES-LINCOLN 2241 O ST LINCOLN, NE 68510	470751554	501(C)3	5,614.	0.			GENERAL SUPPORT
CHARITIES UNDER 5% OVERHEAD PO BOX 45754 SAN FRANCISCO, CA 94145	273132492	501(C)3	5,200.	0.			GENERAL SUPPORT
CHARITIES UNDER 1% OVERHEAD PO BOX 45754 SAN FRANCISCO, CA 94145	273132554	501(C)3	5,507.	0.			GENERAL SUPPORT
CHARLES DREW HEALTH CENTER 2915 GRANT ST. OMAHA, NE 68111	470666715	501(C)3	46,437.	0.			GENERAL SUPPORT
CHILD SAVING INSTITUTE 4545 DODGE ST OMAHA, NE 68132-3251	450489204	501(C)3	316,615.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN FIRST-AMERICA'S CHARITIES 14150 NEWBROOK DRIVE, STE 110 CHANTILLY, VA 20151	300186795	501(C)3	10,977.	0.			GENERAL SUPPORT
CHILDREN'S CHARITIES OF AMERICA PO BOX 45754 SAN FRANCISCO, CA 94145	943148588	501(C)3	22,437.	0.			GENERAL SUPPORT
CHILDREN'S MEDICAL CHARITIES OF AME - PO BOX 45754 - SAN FRANCISCO, CA 94145	270093393	501(C)3	13,637.	0.			GENERAL SUPPORT
CHILDREN'S RESPITE CARE CENTER INC 13336 INDUSTRIAL RD STE 101 OMAHA, NE 68137	470718409	501(C)3	5,273.	0.			GENERAL SUPPORT
CHRISTIAN CHARITIES USA PO BOX 45754 SAN FRANCISCO, CA 94145	943255961	501(C)3	21,388.	0.			GENERAL SUPPORT
CHRISTIAN SERVICE CHARITIES PO BOX 79704 BALTIMORE, MD 21279-9704	943193374	501(C)3	37,699.	0.			GENERAL SUPPORT
CHRISTIAN URBAN EDUCATION SERVICES 2207 WIRT ST OMAHA, NE 68110	470818922	501(C)3	55,045.	0.			GENERAL SUPPORT
COLUMBUS AREA UNITED WAY PO BOX 1372 COLUMBUS, NE 68602	476029411	501(C)3	7,306.	0.			GENERAL SUPPORT
COMMUNITY FOOD PANTY OF SHENANDOAH 411 WEST CLARINDA SHENANDOAH, IA 51601	421381037	501(C)3	8,702.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH CHARITIES 1240 N PITT STREET, FLOOR 3 ALEXANDRIA, VA 22314	136167225	501(C)3	67,819.	0.			GENERAL SUPPORT
COMMUNITY HEALTH CHARITIES NEBRASKA - 212 S 74TH ST, STE 205 - OMAHA, NE 68114	237162972	501(C)3	1,311,387.	0.			GENERAL SUPPORT
COMMUNITY HEALTH CHARITIES OF IOWA 1111 9TH ST STE 275 DES MOINES, IA 50314-2593	421484988	501(C)3	6,525.	0.			GENERAL SUPPORT
COMPLETELY KIDS 2566 ST MARYS AVE OMAHA, NE 68105	275111197	501(C)3	247,955.	0.			GENERAL SUPPORT
CONSERVATION & PRESERVATION CHARITITIES AMERICA - PO BOX 45754 - SAN FRANCISCO, CA 94145	943217738	501(C)3	8,191.	0.			GENERAL SUPPORT
CROHNS & COLLITIS OF AMERICA 1941 S 42ND ST STE 543 OMAHA, NE 68105	136193105	501(C)3	5,600.	0.			GENERAL SUPPORT
CYSTIC FIBROSIS FOUNDATION NEBRASKA - 11917 PIERCE PLZ - OMAHA, NE 68144	470527737	501(C)3	12,125.	0.			GENERAL SUPPORT
DEAN FRICKE MEMORIAL FOOD PANTRY 113 N 18TH ST OMAHA, NE 68102	911854582	501(C)3	12,764.	0.			GENERAL SUPPORT
DO UNTO OTHERS PO BOX 45754 SAN FRANCISCO, CA 94145	943148590	501(C)3	6,535.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EARTH SHARE DEPT 4011 CAMPAIGN 0552 WASHINGTON, DC 20042-4011	521601960	501(C)3	11,822.	0.			GENERAL SUPPORT
ELKHORN KIDS CAMPUS 20214 VETERANS DRIVE, STE 400 ELKHORN, NE 68022	900780704	501(C)3	11,941.	0.			GENERAL SUPPORT
FAMILY HOUSING ADVISORY SERVICES 2401 LAKE ST. STE 201 OMAHA, NE 68111	470526720	501(C)3	289,684.	0.			GENERAL SUPPORT
FOOD BANK FOR THE HEARTLAND 6824 J ST OMAHA, NE 68117-1016	470637701	501(C)3	34,285.	0.			GENERAL SUPPORT
FOX VALLEY UNITED WAY 44 E GALENA BLVD AURORA, IL 60505-3314	362195467	501(C)3	8,705.	0.			GENERAL SUPPORT
FREMONT AREA UNITED WAY 605 N BROAD ST FREMONT, NE 68025-4932	476000166	501(C)3	30,168.	0.			GENERAL SUPPORT
GIRL SCOUTS - SPIRIT OF NEBRASKA 2121 SO 44TH ST OMAHA, NE 68105-2800	470432299	501(C)3	157,460.	0.			GENERAL SUPPORT
GIRL SCOUTS OF GREATER IOWA 10715 HICKMAN RD DES MOINES, IA 50322	420698218	501(C)3	68,284.	0.			GENERAL SUPPORT
GIRLS INCORPORATED OF OMAHA 2811 NO 45TH ST OMAHA, NE 68104-4596	470562184	501(C)3	554,789.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLOBAL IMPACT 66 CANAL CENTER PLAZA ALEXANDRIA, VA 22304	521273585	501(C)3	23,162.	0.			GENERAL SUPPORT
GREATER SUSQUEHANNA VALLEY UNITED W 335 MARKET ST STE 2A SUNBURY, PA 17801	231697631	501(C)3	10,464.	0.			GENERAL SUPPORT
GREATER TWIN CITIES UNITED WAY 404 S 8 ST MINNEAPOLIS, MN 55404	411973442	501(C)3	14,176.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY OF OMAHA INC. - 1701 NO 24TH STREET - OMAHA, NE 68110	363283625	501(C)3	16,469.	0.			GENERAL SUPPORT
HEALTH AND MEDICAL RESEARCH CHARITIES AMERICA - PO BOX 45754 - SAN FRANCISCO, CA 94145	943217739	501(C)3	29,194.	0.			GENERAL SUPPORT
HEALTH FIRST - AMERICA'S CHARITIES 14150 NEWBROOK DR, SUITE 110 CHANTILLY, VA 20151	300186796	501(C)3	6,999.	0.			GENERAL SUPPORT
HEART OF ARKANSAS UNITED WAY PO BOX 3257 LITTLE ROCK, AR 72203-3257	710329790	501(C)3	5,315.	0.			GENERAL SUPPORT
HEART OF FLORIDA UNITED WAY 1940 TRAYLOR BLVD ORLANDO, FL 32804	590808854	501(C)3	7,909.	0.			GENERAL SUPPORT
HEARTLAND EQUINE THERAPEUTIC RIDING ACADEMY - PO BOX 260 - VALLEY, NE 68064	363713040	501(C)3	20,353.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEARTLAND FAMILY SERVICE 2101 S 42ND ST OMAHA, NE 68105-2911	470390618	501(C)3	1,402,119.	0.			GENERAL SUPPORT
HEARTLAND WORKFORCE SOLUTIONS, INC 4383 NICHOLAS ST, STE 203 OMAHA, NE 68131	273845112	501(C)3	112,613.	0.			GENERAL SUPPORT
HELP ADULT SERVICES 1941 S 42ND ST, STE 200 OMAHA, NE 68105	363412688	501(C)3	25,043.	0.			GENERAL SUPPORT
HOPE CENTER FOR KIDS INC. 2200 NO. 20TH ST OMAHA, NE 68110	470826512	501(C)3	9,395.	0.			GENERAL SUPPORT
HUMAN CARE CHARITIES OF AMERICA PO BOX 45765 SAN FRANCISCO, CA 94145	943067804	501(C)3	7,116.	0.			GENERAL SUPPORT
INLAND EMPIRE UNITED WAY 9644 HERMOSA AVE. RANCHO CUCAMONGA, CA 91730	330502676	501(C)3	5,513.	0.			GENERAL SUPPORT
JDRF 9202 W. DODGE RD., STE 304 OMAHA, NE 68114	231907729	501(C)3	26,424.	0.			GENERAL SUPPORT
JEWISH COMMUNITY SERVICES 333 S 132ND ST OMAHA, NE 68154-2106	470384659	501(C)3	134,827.	0.			GENERAL SUPPORT
KICKS FOR A CURE PO BOX 241603 OMAHA, NE 68124	208105379	501(C)3	7,541.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIDS CAN! COMMUNITY CENTER 4860 Q ST OMAHA, NE 68117	470376597	501(C)3	275,795.	0.			GENERAL SUPPORT
LATINO CENTER OF THE MIDLANDS 4821 SO 24TH ST OMAHA, NE 68107	237208431	501(C)3	204,902.	0.			GENERAL SUPPORT
LDS CHURCH 50 EAST SOUTH TEMPLE ST, STE2E SALT LAKE CITY, UT 84150	237300405	501(C)3	8,137.	0.			GENERAL SUPPORT
LEGAL AID OF NEBRASKA 1904 FARNAM ST STE 500 OMAHA, NE 68102	470483506	501(C)3	5,236.	0.			GENERAL SUPPORT
LEGAL AID SOCIETY OF NEBRASKA 1904 FARNAM ST #500 OMAHA, NE 68102	470483506	501(C)3	40,400.	0.			GENERAL SUPPORT
LUTHERAN FAMILY SERVICES OF NE INC 124 S 24 ST, STE 230 OMAHA, NE 68102-1246	237267972	501(C)3	689,037.	0.			GENERAL SUPPORT
LUTHERAN SERVICE CORPS OF OMAHA 6220 N 30 ST OMAHA, NE 68111-1298	470754771	501(C)3	11,178.	0.			GENERAL SUPPORT
MADONNA SCHOOL 6402 NO. 71ST PLAZA OMAHA, NE 68104-4674	470491332	501(C)3	82,343.	0.			GENERAL SUPPORT
MAKE A WISH FOUNDATION NEBRASKA 11926 ARBOR ST #102 OMAHA, NE 68144	470671096	501(C)3	7,342.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MALY EXECUTIVE SEARCH 3787-102 PALM VALLEY ROAD, SUITE 34 PONTE VERDA BEACH, FL 32082	204530353	501(C)3	27,957.	0.			GENERAL SUPPORT
MARCH OF DIMES NEBRASKA CHAPTER 11840 NICHOLAS ST STE 220 OMAHA, NE 68154	131846366	501(C)3	16,384.	0.			GENERAL SUPPORT
MEDICAL RESEARCH CHARITIES PO BOX 79703 BALTIMORE, MD 21279-9703	943148591	501(C)3	10,930.	0.			GENERAL SUPPORT
METROPOLITAN UTILITIES DISTRICT PO BOX 3600 OMAHA, NE 68103-0600	476000269	501(C)3	9,813.	0.			GENERAL SUPPORT
MICAH HOUSE 1415 AVE J COUNCIL BLUFFS, IA 51501	421292393	501(C)3	57,759.	0.			GENERAL SUPPORT
MICAH HOUSE 1415 AVE J COUNCIL BLUFFS, IA 51501	421292393	501(C)3	18,961.	0.			GENERAL SUPPORT
MID-PLAINS UNITED WAY PO BOX 172 NORTH PLATTE, NE 69103-0172	470525576	501(C)3	18,036.	0.			GENERAL SUPPORT
MILE HIGH UNITED WAY INC 2505 18TH ST DENVER, CO 80211-3939	840404235	501(C)3	61,073.	0.			GENERAL SUPPORT
MILITARY VETERANS & PATRIOTIC SERV. ORG. OF AMERICA - PO BOX 45754 - SAN FRANCISCO, CA 94145	943193418	501(C)3	46,134.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTGOMERY COUNTY UNITED WAY 1600 LAKE FRONT CIR #248 THE WOODLANDS, TX 77380	237282537	501(C)3	11,173.	0.			GENERAL SUPPORT
NATIONAL MULTIPLE SCLEROSIS SOCIETY - 328 S 72ND ST. - OMAHA, NE 68114	470439079	501(C)3	15,243.	0.			GENERAL SUPPORT
NEBRASKA A.I.D.S. PROJECT 250 S 77 ST, STE A OMAHA, NE 68114	470786622	501(C)3	7,855.	0.			GENERAL SUPPORT
NEBRASKA CHILDREN'S HOME SOCIETY 4939 SO 118 ST OMAHA, NE 68137	470378995	501(C)3	14,742.	0.			GENERAL SUPPORT
NEBRASKA HOSPICE AND PALLIATIVE CARE PARTNERSHIP - 3900 N W 12TH ST STE 100 - LINCOLN, NE 68521	470673727	501(C)3	5,400.	0.			GENERAL SUPPORT
NEBRASKA HUMANE SOCIETY 8929 FORT ST OMAHA, NE 68134-2843	470378997	501(C)3	22,981.	0.			GENERAL SUPPORT
NEBRASKA KIDNEY ASSOCIATION 11725 ARBOR ST STE 210 OMAHA, NE 68144	237225449	501(C)3	6,908.	0.			GENERAL SUPPORT
NORTHWEST SUBURBAN UNITED WAY 231200 MOMENTUM PLACE CHICAGO, IL 60689-5311	237116020	501(C)3	7,405.	0.			GENERAL SUPPORT
OFFUTT AFB - OFFUTT YOUTH PROGRAMS 106 PEACEKEEPER DR STE 320 OFFUTT AFB, NE 68113-4022	470538754	501(C)3	24,326.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OLLIE WEBB CENTER THE ARC CENTER 1941 S 42ND ST STE 122 OMAHA, NE 68105-2942	470399179	501(C)3	123,821.	0.			GENERAL SUPPORT
OMAHA HOME FOR BOYS 4343 N 52ND ST OMAHA, NE 68104-2895	470376529	501(C)3	12,701.	0.			GENERAL SUPPORT
ONEWORLD COMMUNITY HEALTH CENTERS 4920 SO 30TH ST STE 103 OMAHA, NE 68107	470548990	501(C)3	322,773.	0.			GENERAL SUPPORT
OPEN DOOR MISSION 2828 N 23 ST EAST OMAHA, NE 68110	470411375	501(C)3	22,720.	0.			GENERAL SUPPORT
OPEN DOOR MISSION DBA RESCUE MISSI - 2828 N 23 ST E - OMAHA, NE 68110	470411375	501(C)3	19,917.	0.			GENERAL SUPPORT
OPERATION SANTA - ATTN: LINDA BURKE - 1616 CAPITL AVE - OMAHA, NE 68102-4901	470666545	501(C)3	11,918.	0.			GENERAL SUPPORT
ORANGE COUNTY UNITED WAY 18012 MITCHELL AVE S IRVINE, CA 92614	330047994	501(C)3	5,544.	0.			GENERAL SUPPORT
PLANNED PARENTHOOD OF THE HEARTLAND - PO BOX 4557 - DES MOINES, IA 50305-4557	420727488	501(C)3	16,164.	0.			GENERAL SUPPORT
PONCA TRIBE OF NEBRASKA PO BOX 288 NIOBRARA, NE 68760	470744117	501(C)3	40,719.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RECONNAISSANCE CREWS BOOSTER CLUB 301 LOOKING GLASS AVE OFFUTT AFB, NE 68113-3120	363398555	501(C)3	10,283.	0.			GENERAL SUPPORT
SALEM FOOD PANTRY 2205 N 24TH ST OMAHA, NE 68110	470680500	501(C)3	6,070.	0.			GENERAL SUPPORT
SALVATION ARMY 3612 CUMING ST OMAHA, NE 68131	362167910	501(C)3	518,485.	0.			GENERAL SUPPORT
SAR UNIT (K-9 SEARCH & RESCUE) 813 HIGHWAY 1 MURRAY, NE 68409	470804764	501(C)3	10,087.	0.			GENERAL SUPPORT
SIENA/FRANCIS HOUSE 1702 NICHOLAS ST OMAHA, NE 68102	470601005	501(C)3	32,041.	0.			GENERAL SUPPORT
SOCIETY OF ST VINCENT DE PAUL OF OM - 3802 LEAVENWORTH, SUITE 300 - OMAHA, NE 68105	470745721	501(C)3	5,418.	0.			GENERAL SUPPORT
STEPHEN CENTER INC 2723 Q ST OMAHA, NE 68107	363363994	501(C)3	10,487.	0.			GENERAL SUPPORT
SUSAN G. KOMEN CANCER FOUNDATION- N 12103 PACIFIC ST OMAHA, NE 68106	260056671	501(C)3	13,131.	0.			GENERAL SUPPORT
THE CENTER (COUNCIL BLUFFS SENIOR CENTER) - 714 S MAIN ST - COUNCIL BLUFFS, IA 51503	421174208	501(C)3	119,524.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE KIM FOUNDATION OF OMAHA 13609 CALIFORNIA ST, SUITE 500 OMAHA, NE 68154	470837377	501(C)3	27,273.	0.			GENERAL SUPPORT
THE LEUKEMIA & LYMPHOMA SOCIETY 10832 OLD MILL RD STE 2 OMAHA, NE 68154	135644916	501(C)3	19,411.	0.			GENERAL SUPPORT
THE NEBRASKA MEDICAL CENTER 987421 NEBRASKA MEDICAL CENTER OMAHA, NE 68198-7421	911858433	501(C)3	5,114.	0.			GENERAL SUPPORT
THE SALVATION ARMY-NE 10755 BURT ST OMAHA, NE 68114-2065	362167910	501(C)3	156,941.	0.			GENERAL SUPPORT
TOGETHER INC OF METRO OMAHA 1616 CASS ST OMAHA, NE 68102-1011	470589290	501(C)3	9,870.	0.			GENERAL SUPPORT
UNITED WAY CA CAPITAL REGION INC 10389 OLD PLACERVILLE RD SACRAMENTO, CA 95827	941225382	501(C)3	17,903.	0.			GENERAL SUPPORT
UNITED WAY OF THE DUPAGE AREA/W.COOK - 1000 JORIE BLVD - OAK BROOK, IL 60523	451534557	501(C)3	71,089.	0.			GENERAL SUPPORT
UNITED WAY OF BENTON & FRANKLIN COU - 401 N YOUNG ST - KENNEWICK, WA 99336	910682177	501(C)3	58,891.	0.			GENERAL SUPPORT
UNITED WAY OF BOONE COUNTY IOWA INC - PO BOX 511 - BOONE, IA 50036-0511	420725148	501(C)3	5,242.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF BROWARD COUNTY 1300 S ANDREWS AVE. ANSIN BLDG FORT LAUDERDALE, FL 33316-1838	590624402	501(C)3	6,267.	0.			GENERAL SUPPORT
UNITED WAY OF CENTRAL CAROLINAS INC - 301 S BREVARD ST - CHARLOTTE, NC 28202	560529948	501(C)3	7,561.	0.			GENERAL SUPPORT
UNITED WAY OF CENTRAL MARYLAND INC PO BOX 64282 BALTIMORE, MD 21264-4282	520591543	501(C)3	19,865.	0.			GENERAL SUPPORT
UNITED WAY OF CHATTAHOOCHEE VALLEY PO BOX 1157 COLUMBUS, GA 31902-1157	580572434	501(C)3	7,452.	0.			GENERAL SUPPORT
UNITED WAY OF DENTON COUNTY INC. 625 DALLAS DRIVE STE 525 DENTON, TX 76205	751251128	501(C)3	6,437.	0.			GENERAL SUPPORT
UNITED WAY OF DUNN COUNTY PO BOX 3266 MENOMONIE, WI 54751-0667	396099810	501(C)3	10,690.	0.			GENERAL SUPPORT
UNITED WAY OF GREATER CINCINNATI 2400 READING RD CINCINNATI, OH 45202-1458	310537502	501(C)3	8,266.	0.			GENERAL SUPPORT
UNITED WAY OF GREATER CLEVELAND 1331 EUCLID AVE CLEVELAND, OH 44115-1819	346516654	501(C)3	7,536.	0.			GENERAL SUPPORT
UNITED WAY OF GREATER KANSAS CITY PO BOX 871400 KANSAS CITY, MO 64187-1400	440545812	501(C)3	8,146.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF GREATER LOS ANGELES 1150 S OLIVE ST, STE T500 LOS ANGELES, CA 90015	952274801	501(C)3	9,199.	0.			GENERAL SUPPORT
UNITED WAY OF GREATER ST LOUIS 910 NO 11TH ST ST LOUIS, MO 63101	430714167	501(C)3	19,103.	0.			GENERAL SUPPORT
UNITED WAY OF HUDSON COUNTY 857 BERGEN AVE JERSEY CITY, NJ 07306-4405	221487218	501(C)3	31,220.	0.			GENERAL SUPPORT
UNITED WAY OF JOHNSON COUNTY IA 1150 5TH ST STE 290 CORALVILLE, IA 52241-2933	426062055	501(C)3	17,353.	0.			GENERAL SUPPORT
UNITED WAY OF LANCASTER COUNTY 630 JANET AVE LANCASTER, PA 17601	231352093	501(C)3	6,588.	0.			GENERAL SUPPORT
UNITED WAY OF LINCOLN & LANCASTER C 238 S 13TH ST LINCOLN, NE 68508-2004	470376624	501(C)3	14,227.	0.			GENERAL SUPPORT
UNITED WAY OF LONG ISLAND 819 GRAND BOULEVARD DEER PARK, NY 11729-5703	116042392	501(C)3	11,765.	0.			GENERAL SUPPORT
UNITED WAY OF METROPOLITAN ATLANTA 100 EDGEWOOD AVE NE ATLANTA, GA 30303-3026	580566194	501(C)3	63,387.	0.			GENERAL SUPPORT
UNITED WAY OF METROPOLITAN CHICAGO 75 REMITTANCE DR STE 75828 CHICAGO, IL 60675-5828	300200478	501(C)3	13,423.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF METROPOLITAN DALLAS 1800 N. LAMAR STREET DALLAS, TX 75202	756005352	501(C)3	7,008.	0.			GENERAL SUPPORT
UNITED WAY OF MONMOUTH COUNTY 1415 WYCKOFF ROAD FARMINGDALE, NJ 07727-3940	221828435	501(C)3	9,555.	0.			GENERAL SUPPORT
UNITED WAY OF NEBRASKA CITY INC PO BOX 293 NEBRASKA CITY, NE 68410-0293	237155162	501(C)3	21,026.	0.			GENERAL SUPPORT
UNITED WAY OF NEW YORK CITY 2 PARK AVE FLR 2 NEW YORK, NY 10016-1550	132617681	501(C)3	7,055.	0.			GENERAL SUPPORT
UNITED WAY OF NORTHERN NEVADA AND THE SIERRA - 639 ISBELL RD., SUITE #460 - RENO, NV 89509-4967	880059327	501(C)3	8,851.	0.			GENERAL SUPPORT
UNITED WAY OF NORTHWEST ARKANSAS 100 PARKWOOD ST LOWELL, AR 72745	710305700	501(C)3	8,803.	0.			GENERAL SUPPORT
UNITED WAY OF SALINE COUNTY P O BOX 534 MARSHALL, MO 65340-2103	431582959	501(C)3	17,872.	0.			GENERAL SUPPORT
UNITED WAY OF SALT LAKE 257 E 200 S., STE 300 SALT LAKE CITY, UT 84111	870227091	501(C)3	9,544.	0.			GENERAL SUPPORT
UNITED WAY OF SAN ANTONIO & BEXAR C 700 S ALAMO SAN ANTONIO, TX 78293	741272381	501(C)3	5,665.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF SIOUXLAND 701 STEUBEN ST SIOUX CITY, IA 51102	420680395	501(C)3	9,628.	0.			GENERAL SUPPORT
UNITED WAY OF SOUTHEASTERN IDAHO PO BOX 911 POCATELLO, ID 83204-0911	820209625	501(C)3	5,971.	0.			GENERAL SUPPORT
UNITED WAY OF TAMPA BAY INC. 5201 W KENNEDY BLVD STE 600 TAMPA, FL 33609-1820	593725701	501(C)3	5,154.	0.			GENERAL SUPPORT
UNITED WAY OF TARRANT COUNTY 1500 N MAIN ST., STE 200 FORT WORTH, TX 76164-8903	750858360	501(C)3	29,816.	0.			GENERAL SUPPORT
UNITED WAY OF THE BAY AREA 221 MAIN ST STE 300 SAN FRANCISCO, CA 94105	941312348	501(C)3	9,056.	0.			GENERAL SUPPORT
UNITED WAY OF THE COLUMBIA-WILLIAME - 619 SW 11TH AVE STE 300 - PORTLAND, OR 97205-2646	930582124	501(C)3	6,671.	0.			GENERAL SUPPORT
UNITED WAY OF THE MID-SOUTH PO BOX 750730 MEMPHIS, TN 38175-0730	561010742	501(C)3	14,958.	0.			GENERAL SUPPORT
UNITED WAY OF THE MIDLANDS FOUNDATI - 1805 HARNEY ST - OMAHA, NE 68102	470922285	501(C)3	27,707.	0.			GENERAL SUPPORT
UNITED WAY OF THE NATIONAL CAPITAL 1577 SPRING HILL ROAD, SUITE 420 VIENNA, VA 22182	530234290	501(C)3	7,728.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF THE TEXAS GULF COAST PO BOX 3247 HOUSTON, TX 77253-3247	741167964	501(C)3	31,908.	0.			GENERAL SUPPORT
UNITED WAY OF TREASURE VALLEY INC. - P O BOX 7963 - BOISE, ID 83707	820299013	501(C)3	9,365.	0.			GENERAL SUPPORT
UNITED WAY OF TROY OHIO INC. PO BOX 36 TROY, OH 45373-0036	310619209	501(C)3	38,549.	0.			GENERAL SUPPORT
UNITED WAY OF UMATILLA & MORROW COU - P O BOX 1225 - PENDLETON, OR 97801	930454995	501(C)3	8,576.	0.			GENERAL SUPPORT
UNITED WAY OF WASHINGTON CO MARYLAN - 33 W FRANKLIN ST STE 203 - HAGERSTOWN, MD 21740	520691704	501(C)3	21,092.	0.			GENERAL SUPPORT
UNITED WAY OF WASHTENAW 2305 PLATT RD ANN ARBOR, MI 48104	381951024	501(C)3	6,346.	0.			GENERAL SUPPORT
UNITED WAY OF WEST TENNESSEE INC. PO BOX 2086 JACKSON, TN 38302-2086	620590257	501(C)3	5,420.	0.			GENERAL SUPPORT
UNITED WAY OF WILL COUNTY 54 N OTTAWA ST STE 300 JOLIET, IL 60432	362515625	501(C)3	6,498.	0.			GENERAL SUPPORT
URBAN LEAGUE OF NEBRASKA INC 3040 LAKE ST OMAHA, NE 68111	470384575	501(C)3	317,138.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
USO (UNITED SERVICE ORGANIZATIONS) 2111 WILSON BLVD STE 1200 ARLINGTON, VA 22201	131610451	501(C)3	10,523.	0.			GENERAL SUPPORT
UW OF NEW JERSEY C/O UW GREATER MERCER CTY, CROSSROADS CORP - 3150 BRUNSWICK PIKE, STE 230 - LAWRENCEVILLE, NJ 08648-2420	210683073	501(C)3	5,262.	0.			GENERAL SUPPORT
VISITING NURSE ASSOC OF THE MIDLAND - 12565 W CNTER RD STE100 - OMAHA, NE 68144-3810	470690286	501(C)3	35,154.	0.			GENERAL SUPPORT
VISITING NURSE ASSOC. OF THE MIDLAN - 12565 W CENTER RD STE 100 - OMAHA, NE 68144	470384379	501(C)3	953,860.	0.			GENERAL SUPPORT
WOMEN'S CENTER FOR ADVANCEMENT 222 S 29TH ST OMAHA, NE 68131-3543	273205476	501(C)3	296,867.	0.			GENERAL SUPPORT
YOUNG MENS CHRISTIAN ASSOCIATION 430 SO 20TH ST OMAHA, NE 68102-2506	470376586	501(C)3	579,989.	0.			GENERAL SUPPORT
YOUTH EMERGENCY SERVICES INC. 2679 FARNAM ST STE 205 OMAHA, NE 68131-3653	470586898	501(C)3	8,038.	0.			GENERAL SUPPORT
LABOR UNITED 6910 PACIFIC STREET OMHA, NE 68106	46-1574082	501(C)3	83,769.	0.			GENERAL SUPPORT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

SCHEDULE I, PART I, LINE 2: WE TRACK THE GRANT FUNDS USING A SEPARATE COST CENTER AND REQUIRE REGULAR STATUS REPORTS, BOTH FINANCIAL AND PROGRESS, FROM THE GRANTEEES.

**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, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

UNITED WAY OF THE MIDLANDS

Employer identification number

47-0376605

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	X									
<p>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?</p>	X									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>										
		X								
		X								
		X								
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p>										
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>										
		X								
		X								
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>										
		X								
		X								
<p>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</p>		X								
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>		X								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>										

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

Schedule J (Form 990) 2012

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

For each individual whose compensation must be reported 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, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KAREN BRICKLEMYER PRESIDENT&CEO	(i)	233,544.	0.	0.	21,000.	10,867.	265,411.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DONNA GARST FORMER SVP (BRAND MGMT&STRATEGIC	(i)	171,814.	0.	0.	11,340.	23,322.	206,476.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LINDA KEMP FORMER SVP (ADMINISTRATION&FINANC	(i)	116,492.	0.	0.	8,648.	10,867.	136,007.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A: THE EXECUTIVE COMPENSATION COMMITTEE APPROVES THE
BENEFIT, THE CFO REVIEWS THE DOCUMENTATION AND SIGNS OFF.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
BLUE CROSS BLUE SHIELD	OFFICER OF BLUE CRO	629,541.	HEALTH INSU		X
YMCA OF GREATER OMAHA	CFO OF YMCA IS THE	607,137.	PARTNER AGE		X
BAILEY LAUERMAN	OFFICER OF BAILEY L	27,376.	BRAND STRAT		X

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: BLUE CROSS BLUE SHIELD

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

OFFICER OF BLUE CROSS BLUE SHIELD IS A BOARD MEMBER

(D) DESCRIPTION OF TRANSACTION: HEALTH INSURANCE EXPENSES

(A) NAME OF PERSON: YMCA OF GREATER OMAHA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CFO OF YMCA IS THE SPOUSE OF THE UNITED WAY OF THE MIDLANDS' CEO

(D) DESCRIPTION OF TRANSACTION: PARTNER AGENCY ALLOCATION PAYMENTS

(A) NAME OF PERSON: BAILEY LAUERMAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

OFFICER OF BAILEY LAUERMAN IS A BOARD MEMBER

(D) DESCRIPTION OF TRANSACTION: BRAND STRATEGY CONSULTING SERVICES

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **UNITED WAY OF THE MIDLANDS** Employer identification number **47-0376605**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	20	1,410,623.	FMV
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 ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 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?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2012)

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

Multiple horizontal lines for supplemental information.

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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

UNITED WAY OF THE MIDLANDS

Employer identification number

47-0376605

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PARTNERS TO IMPROVE PEOPLES LIVES. WE HELP THOSE WHO NEED IT MOST, AND
CREATE POSITIVE CHANGE FOR THE GENERATIONS TO COME.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

THE ORGANIZATION IS NO LONGER PERFORMING LABOR COMMUNITY SERVICES.
LABOR COMMUNITY SERVICES PROVIDES VITAL RESOURCES FOR WORKERS IN THE
LOCAL COMMUNITY. THESE INCLUDE COUNSELING COURSES ON SOCIAL SERVICES
IN THE AREA SO PARTICIPANTS CAN SERVE AS COUNSELORS IN THE WORKPLACE,
PROVIDE DIRECT LINKS TO SERVICES FOR FAMILIES OR INDIVIDUALS IN NEED,
ORGANIZE FOOD DRIVES FOR THE PANTRY PROGRAM, AND COLLECT/DISTRIBUTE
CLOTHING FOR THE NEEDY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

WEBSITE, ON CD ROM, AND ON DISK. IN ADDITION, BROCHURES TARGETED TO
SERVICES IN SPECIFIC GEOGRAPHIC AREAS IN THE METROPOLITAN OMAHA AREA
ARE AVAILABLE. THE INFORMATION GATHERED HELPS TO IDENTIFY GAPS IN LOCAL
HUMAN SERVICES, WHICH CAN ASSIST LOCAL POLICY MAKERS WITH FUTURE
PLANNING EFFORTS.

THE ACCREDITED 2-1-1 CALL CENTER IS PROVIDING LEADERSHIP ON THE
DEVELOPMENT AND IMPLEMENTATION OF A STATEWIDE INFORMATION REFERRAL
SYSTEM THAT CAN BE ACCESSED BY THE THREE-DIGIT CALLING CODE, 2-1-1, 365
DAYS A YEAR, 24 HOURS A DAY. THE RESOURCE/CALL CENTER IS A PART OF THE
PARTNERSHIP THAT SPONSORS THE STATEWIDE WEBSITE, WWW.NE211.ORG. THIS
SYSTEM WILL EVENTUALLY BECOME PART OF A NATIONWIDE NETWORK.

Name of the organization UNITED WAY OF THE MIDLANDS	Employer identification number 47-0376605
--	--

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

HELPS LOCAL NONPROFIT AGENCIES MAXIMIZE THEIR IMPACT BY PROVIDING CONSULTATIONS ON BOARD DIRECTOR TRAINING AND STAFF MANAGEMENT ASSISTANCE. CUSTOMIZED AND TARGETED VOLUNTEER OPPORTUNITIES DATABASES ARE AVAILABLE IN HARD COPY AND ON THE ORGANIZATIONS WEBSITE.

ALSO A YOUTH SERVICE COMPONENT TARGETS YOUTH FROM FOURTH GRADE THROUGH HIGH SCHOOL FOR PARTICIPATION IN COMMUNITY IMPACT THROUGH STRUCTURED ACTIVITIES USING SERVICE-LEARNING AND VOLUNTEERISM. ACTIVITIES ARE PROVIDED YEAR-ROUND AT THE SCHOOL AND COMMUNITY LEVEL. YOUNGSTERS PARTICIPATE IN VOLUNTEER PROJECTS THAT ARE CHALLENGING, REWARDING, EDUCATIONAL, AND FOR SOME, LIFE-CHANGING. THEY GAIN BASIC LIFE SKILLS, BETTER UNDERSTANDING OF DIVERSITY AND THEY DEVELOP A LIFETIME ETHIC OF SERVICE TO OTHERS. YOUTH VOLUNTEER OPPORTUNITIES ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

COURT-REFERRAL

COURT-REFERRAL PROVIDES AN ALTERNATIVE TO INCARCERATION FOR OFFENDERS, BOTH YOUTH AND ADULTS, WHO HAVE BEEN ORDERED BY THE JUDICIAL SYSTEM TO MAKE RETRIBUTION TO THE COMMUNITY THROUGH VOLUNTEER SERVICE. TRAINED SPECIALISTS PROVIDE PLACEMENT, MONITORING AND REPORTING SERVICES TO ENSURE THE SUCCESSFUL COMPLETION OF COURT-ORDERED HOURS. THESE INDIVIDUALS ARE PLACED IN NOT-FOR-PROFIT ORGANIZATIONS TO PROVIDE MUCH NEEDED ASSISTANCE IN CARRYING OUT EACH HOST ORGANIZATIONS MISSION. THE INDIVIDUALS GAIN AND ENHANCE MARKETABLE SOCIAL AND JOB SKILLS. THE

Name of the organization

UNITED WAY OF THE MIDLANDS

Employer identification number

47-0376605

JUDICIAL SYSTEM GAINS A COST-EFFECTIVE MEANS FOR MANAGING OFFENDERS.

THE ENTIRE COMMUNITY IS IMPACTED AND RECEIVES BENEFITS FROM THIS PROGRAM.

EXPENSES \$ 195,833. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

DISASTER PREPAREDNESS

THIS PROGRAM COORDINATES THE MOBILIZATION AND EFFECTIVE MANAGEMENT OF VOLUNTEERS, MEDICAL AND NON-MEDICAL, UNSOLICITED AND UNAFFILIATED DURING TIMES OF A DISASTER OR CRISIS FOR EIGHT COUNTIES IN THE METROPOLITAN OMAHA AREA. THEY ARE RESPONSIBLE FOR THE SET UP AND MANAGEMENT OF A PERSONNEL PROCESSING POINT (PPP) FOR VOLUNTEERS WHEN DISASTER STRIKES.

THE MEDICAL RESERVE CORPS (MRC) WORKS COOPERATIVELY WITH THE LOCAL MEDICAL RESPONSE SYSTEM, HOSPITALS AND LOCAL HEALTH DEPARTMENTS TO HELP ENSURE THAT THE COMMUNITY HAS THE CAPACITY TO TAKE CARE OF ITSELF FOR THE FIRST 24 TO 72 HOURS AFTER AN EMERGENCY INCIDENT. THE MRC WORKS TO:

1) ENCOURAGE CITIZEN PREPAREDNESS THROUGH PARTICIPATION IN THE CITIZEN CORPS.

2) MANAGE THE NOTIFICATION AND COORDINATION OF NEBRASKA VOAD (VOLUNTARY ORGANIZATIONS ACTIVE IN DISASTER).

3) ASSIST WITH CURRICULUM DEVELOPMENT, TRAINING AND ESTABLISHMENT OF COADS (COMMUNITY ORGANIZATIONS ACTIVE IN DISASTER).

4) PROVIDE CRITICAL INFORMATION AND REFERRALS TO THE PUBLIC, VIA DIAL 2-1-1, FOR ACCESS TO DISASTER SERVICES, INSTRUCTIONS AND OTHER LOCAL

HUMAN SERVICES.

Name of the organization UNITED WAY OF THE MIDLANDS	Employer identification number 47-0376605
--	--

EXPENSES \$ 153,084. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2: UNTIL JUNE, 2012, THE ORGANIZATION'S BY-LAWS ALLOWED UP TO 60 BOARD MEMBERS, ALL OF WHICH ARE PROMINENT MEMBERS OF OUR COMMUNITY. IT IS POSSIBLE THAT THEY CONDUCT BUSINESS WITH EACH OTHER, BUT NOT IN THE CONTEXT OF THE UNITED WAY. THE ORGANIZATION ASKS THE BOARD TO DISCLOSE ANY CONFLICTS OF INTEREST AT THE END OF EACH MEETING.

FORM 990, PART VI, SECTION B, LINE 11: THE FINANCE COMMITTEE IS COMPRISED OF THE OFFICERS AND THE 990 IS REVIEWED BY THAT COMMITTEE BEFORE FILING. A COPY OF THE 990 IS PROVIDED TO ALL BOARD MEMBERS BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C: AT THE END OF EACH BOARD EXECUTIVE OR COMMITTEE MEETING EVERYONE IS ASKED TO DISCLOSE ANY CONFLICTS OF INTEREST. OUR CODE OF ETHICS, WHICH MUST BE SIGNED ANNUALLY BY ALL BOARD MEMBERS AND STAFF, REQUIRES ABSTENTION FROM VOTING ON ANY ISSUES THAT WOULD RESULT IN A CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION HAS AN EXECUTIVE COMPENSATION COMMITTEE MADE UP OF KEY MEMBERS OF THE EXECUTIVE COMMITTEE. THE UNITED WAY HIRES AN OUTSIDE CONSULTANT TO PROVIDE COMPARABLE SALARY DATA FOR ALL OF THE SENIOR STAFF AND PRESENT IT AT THE MEETING. DETAILED MINUTES ARE TAKEN AND SIGNED OFF ON BY ALL COMMITTEE MEMBERS THAT ATTENDED THE MEETING.

FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST

Name of the organization UNITED WAY OF THE MIDLANDS	Employer identification number 47-0376605
---	---

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN BENEFICIAL INTEREST IN NET ASSETS 429,326.

FORM 990, PART XII, LINE 2C

OVERSIGHT PROCESS

THE FINANCE COMMITTEE REVIEWS THE AUDITED FINANCIAL STATEMENTS IN DRAFT FORM PRIOR TO THE ISSUANCE OF THE FINAL REPORT.

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization **UNITED WAY OF THE MIDLANDS** Employer identification number **47-0376605**

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
UNITED WAY OF THE MIDLANDS FOUNDATION - 47-0922285, 1805 HARNEY STREET, OMAHA, NE 68102	TO PROVIDE SUPPORT FOR UNITED WAY OF THE MIDLANDS	NEBRASKA	501(C)(3)	LINE 11A, I			X

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UNITED WAY OF THE MIDLANDS FOUNDATION	C	239,059.	
(2) UNITED WAY OF THE MIDLANDS FOUNDATION	Q	72,870.	
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Lined area for supplemental information.

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) - You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

Type or print	Name of exempt organization or other filer, see instructions. UNITED WAY OF THE MIDLANDS	Employer identification number (EIN) or 47-0376605
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1805 HARNEY STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. OMAHA, NE 68102	

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

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

MIKE ALFIERI

- The books are in the care of ▶ **1805 HARNEY ST - OMAHA, NE 68102**
 Telephone No. ▶ **402-522-7944** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 18, 2014**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2012**, and ending **JUN 30, 2013**.

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

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For calendar year 2012, or fiscal year beginning JUL 1, 2012, and ending JUN 30, 2013

2012

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

Name of exempt organization

Employer identification number

UNITED WAY OF THE MIDLANDS

47-0376605

Name and title of officer

**KAREN BRICKLEMYER
CEO**

Part I Type of Return and Return Information (Whole Dollars Only)

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>23712286</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize HAYES & ASSOCIATES, LLC to enter my PIN 12100
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

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

47002239771
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**