

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 07/01, 2020, and ending 06/30, 2021

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 <u>UNITED WAY OF THE MIDLANDS</u>			D Employer identification number <u>47-0376605</u>	
	Doing Business As			E Telephone number <u>(402) 342-8232</u>	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite		
	<u>2201 FARNAM STREET</u>				
City or town, state or province, country, and ZIP or foreign postal code <u>OMAHA, NE 68102</u>			G Gross receipts \$ <u>24,418,207.</u>		
F Name and address of principal officer: <u>SHAWNA FORSBERG</u> <u>2201 FARNAM STREET, OMAHA, NE 68102</u>			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			If "No," attach a list. (see instructions)		
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			H(c) Group exemption number ▶		
J Website: ▶ <u>WWW.UNITEDWAYMIDLANDS.ORG</u>					
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: <u>1923</u> M State of legal domicile: <u>NE</u>		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>WE UNITE OUR COMMUNITY'S CARING SPIRIT TO BUILD A STRONGER TOMORROW.</u>		
	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	<u>20.</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>20.</u>
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	<u>91.</u>
	6 Total number of volunteers (estimate if necessary)	6	<u>1,423.</u>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>0.</u>
b Net unrelated business taxable income from Form 990-T, line 34	7b	<u>0.</u>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	<u>17,468,799.</u>	<u>20,151,231.</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>254,252.</u>	<u>1,874,860.</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>400,200.</u>	<u>579,569.</u>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>-80,705.</u>	<u>0.</u>
		<u>18,042,546.</u>	<u>22,605,660.</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>9,937,300.</u>	<u>15,155,236.</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>0.</u>	<u>0.</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>4,546,897.</u>	<u>5,569,099.</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>0.</u>	<u>0.</u>
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>1,760,433.</u>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>1,697,990.</u>	<u>2,166,653.</u>
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>16,182,187.</u>	<u>22,890,988.</u>	
19 Revenue less expenses. Subtract line 18 from line 12	<u>1,860,359.</u>	<u>-285,328.</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	<u>20,804,888.</u>	<u>25,379,446.</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>9,053,927.</u>	<u>12,746,295.</u>
	<u>11,750,961.</u>	<u>12,633,151.</u>	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	▶ Signature of officer	Date			
	▶ Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name <u>KRISTIN TYNON</u>	Preparer's signature	Date <u>05/16/2022</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P01063388</u>
	Firm's name ▶ <u>BKD, LLP</u>	Firm's EIN ▶ <u>44-0160260</u>			
	Firm's address ▶ <u>1248 O STREET, STE 1040 LINCOLN, NE 68508-1461</u>	Phone no. <u>402-473-7600</u>			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

UNITED WAY OF THE MIDLANDS MISSION IS "WE UNITE OUR COMMUNITY'S CARING SPIRIT TO BUILD A STRONGER TOMORROW".

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] 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 \$ 16,624,440. including grants of \$ 15,155,236.) (Revenue \$ 1,849,506.)

COMMUNITY ENGAGEMENT AND VISION - THIS FUNCTION IS DEDICATED TO IMPLEMENTATION AND ACTION ON COMMUNITY IMPACT INVESTMENTS AND INITIATIVES. ACTIVITIES INCLUDE PRIORITIZATION AND RESEARCH FOR INITIATIVE DEVELOPMENT, IMPACT AND CHANGE 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 OUTCOME AND EVALUATION AND STAFF SUPPORT DEVELOPMENT.

4b (Code:) (Expenses \$ 2,404,252. including grants of \$) (Revenue \$ 1,846,160.)

NE211 CONTACT CENTER HAS BEEN THE HELPLINE FOR ALL NEBRASKANS FOR OVER 40 YEARS, AND DURING SUCH DISASTERS IN THE PAST TWO YEARS AS FLOODING, STRAIGHT-LINE WINDS, AND THE COVID-19 PANDEMIC. NEARLY 195,000 CONTACTS IN THE PAST YEAR WERE FOR HOUSING AND UTILITY ASSISTANCE, HEALTH, FOOD, AND EMPLOYMENT ASSISTANCE, AS WELL AS OTHER NEEDS.

4c (Code:) (Expenses \$ 975,043. including grants of \$) (Revenue \$ 732,943.)

ATTACHMENT 1

4d Other program services (Describe on Schedule O.) ATTACHMENT 2 (Expenses \$ 1,046,260. including grants of \$) (Revenue \$ 91,925.)

4e Total program service expenses 21,049,995.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 91		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . .		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (voting members), 1b (independent members), 2-7a (relationships and governance), 7b (reserved decisions), 8 (documentation), 8a (governing body), 8b (committees), 9 (reachability).

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 (local chapters), 10b (policies), 11a (Form 990 distribution), 12a-c (conflict of interest policy), 13 (whistleblower policy), 14 (document retention), 15 (compensation review), 15a-b (CEO/officers), 16a (joint venture), 16b (joint venture policy).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

Check if Schedule O contains a response or note to any line 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.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHAWNA FORSBERG PRESIDENT/CEO	45.00 0.			X			274,933.	0.	27,665.	
(2) PAMELA SCHWALB COO	45.00 0.			X			170,120.	0.	32,496.	
(3) LAURA ANN TATTEN SVP DONOR ENGAGEMENT	40.00 0.					X	163,233.	0.	15,798.	
(4) JILL SAMUELSON SVP-MARKETING & COMMUNICATIONS	40.00 0.					X	147,395.	0.	15,686.	
(5) MATTHEW WALLEN SVP COMMUNITY IMPACT/ANALYTICS	40.00 0.					X	152,439.	0.	4,755.	
(6) STEVE KANIEWSKI MEMBER	1.00 0.	X					0.	0.	0.	
(7) TIM BURKE MEMBER	1.00 0.	X					0.	0.	0.	
(8) SUSAN COURTNEY MEMBER	1.00 0.	X					0.	0.	0.	
(9) GAIL DEBOER CHAIR	1.00 0.	X		X			0.	0.	0.	
(10) IA HAGAN MEMBER	1.00 0.	X					0.	0.	0.	
(11) DR. CHERYL LOGAN MEMBER	1.00 0.	X					0.	0.	0.	
(12) CORY SHAW MEMBER	1.00 0.	X					0.	0.	0.	
(13) MICKEY ANDERSON MEMBER	1.00 0.	X					0.	0.	0.	
(14) JERRY CROUSE MEMBER	1.00 0.	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) NATE DODGE MEMBER	1.00 0.	X					0.	0.	0.	
(16) JOEL FALK TREASURER	1.00 0.	X		X			0.	0.	0.	
(17) BOB GUNIA MEMBER	1.00 0.	X					0.	0.	0.	
(18) ALISON INGUNZA MEMBER	1.00 0.	X					0.	0.	0.	
(19) CLARK PONTHER MEMBER	1.00 0.	X					0.	0.	0.	
(20) DAN WATERS SECRETARY	1.00 0.	X		X			0.	0.	0.	
(21) BRIAN WOOLFOLK MEMBER	1.00 0.	X					0.	0.	0.	
(22) JIM RICHARDSON MEMBER	1.00 0.	X					0.	0.	0.	
(23) JAMIE GUTIERREZ MEMBER	1.00 0.	X					0.	0.	0.	
(24) AVI ATHOLI MEMBER	1.00 0.	X					0.	0.	0.	
(25) DR. PAM KAYL MEMBER	1.00 0.	X					0.	0.	0.	
1b Sub-total							908,120.	0.	96,400.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							908,120.	0.	96,400.	

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 **▶** 5

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 0.

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entry for MICHAEL MICHALSKI, SVP, FINANCE & ADMINISTRATION.

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 5

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation.

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514				
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a								
	b	Membership dues	1b								
	c	Fundraising events	1c	5,150.							
	d	Related organizations	1d	0.							
	e	Government grants (contributions) . .	1e	3,836,816.							
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	16,309,265.							
	g	Noncash contributions included in lines 1a-1f.	1g	\$ 1,244,190.							
	h	Total. Add lines 1a-1f ▶		20,151,231.							
	Program Service Revenue	2a	CONTRACT FEES	Business Code	561000	889,187.	889,187.				
b		DONOR DESIGNATION FEES		900099	105,314.	105,314.					
c		MISCELLANEOUS INCOME		561000	511.	511.					
d		GOODFELLOWS TRANSFER		561000	879,848.	879,848.					
e											
f		All other program service revenue									
g		Total. Add lines 2a-2f ▶			1,874,860.						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ▶			165,673.		165,673.				
	4	Income from investment of tax-exempt bond proceeds . ▶			0.						
	5	Royalties ▶			0.						
	6a	Gross rents	6a	(i) Real	(ii) Personal						
	b	Less: rental expenses	6b								
	c	Rental income or (loss)	6c								
	d	Net rental income or (loss) ▶				0.					
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other						
						2,226,443.					
	b	Less: cost or other basis and sales expenses . .	7b			1,812,547.					
	c	Gain or (loss)	7c			413,896.					
d	Net gain or (loss) ▶				413,896.	413,896.					
8a	Gross income from fundraising events (not including \$ 5,150. of contributions reported on line 1c). See Part IV, line 18	8a			0.						
			b	Less: direct expenses	8b			0.			
			c	Net income or (loss) from fundraising events. ▶			0.				
			9a	Gross income from gaming activities. See Part IV, line 19	9a			0.			
						b	Less: direct expenses	9b			0.
						c	Net income or (loss) from gaming activities. ▶			0.	
			10a	Gross sales of inventory, less returns and allowances	10a			0.			
						b	Less: cost of goods sold	10b			0.
						c	Net income or (loss) from sales of inventory. ▶			0.	
			Miscellaneous Revenue	11a		Business Code					
b											
c											
d	All other revenue										
e	Total. Add lines 11a-11d ▶					0.					
12	Total revenue. See instructions ▶				22,605,660.	1,874,860.	579,569.				

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	14,160,574.	14,160,574.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	994,662.	994,662.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	588,572.	447,624.	5,043.	135,905.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	4,013,383.	3,052,283.	34,382.	926,718.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	225,354.	173,272.	1,975.	50,107.
9 Other employee benefits	430,399.	330,399.	3,759.	96,241.
10 Payroll taxes	311,391.	233,890.	2,774.	74,727.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	0.			
c Accounting	40,060.	33,893.	237.	5,930.
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	63,278.	48,219.	657.	14,402.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	549,429.	468,653.	3,065.	77,711.
12 Advertising and promotion	246,589.	226,981.	4,842.	14,766.
13 Office expenses	53,849.	45,645.	549.	7,655.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	322,811.	209,827.	6,456.	106,528.
17 Travel	22,454.	18,472.	175.	3,807.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	62,966.	41,015.	846.	21,105.
20 Interest	0.			
21 Payments to affiliates	240,783.	156,509.	4,816.	79,458.
22 Depreciation, depletion, and amortization	197,853.	138,021.	3,432.	56,400.
23 Insurance	43,532.	30,262.	758.	12,512.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRINTING & PUBLICATIONS	24,682.	12,215.	3,071.	9,396.
b EQUIPMENT RENTAL & MAINTENAN	113,263.	85,313.	1,597.	26,353.
c AWARDS & GIFTS	43,536.	32,528.	820.	10,188.
d TELEPHONE	91,528.	79,607.	690.	11,231.
e All other expenses _____	50,040.	30,131.	616.	19,293.
25 Total functional expenses. Add lines 1 through 24e	22,890,988.	21,049,995.	80,560.	1,760,433.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	2,649,420.	1	4,388,412.
	2 Savings and temporary cash investments	0.	2	0.
	3 Pledges and grants receivable, net	4,379,535.	3	4,616,524.
	4 Accounts receivable, net.	214,192.	4	728,234.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	105,066.	9	254,391.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,014,501.		
	b Less: accumulated depreciation	10b 1,287,364.	1,338,875.	10c 1,727,137.
	11 Investments - publicly traded securities.	ATCH 3 10,049,110.	11	11,346,307.
	12 Investments - other securities. See Part IV, line 11	2,068,690.	12	2,318,441.
	13 Investments - program-related. See Part IV, line 11.	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	0.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 33)	20,804,888.	16	25,379,446.	
Liabilities	17 Accounts payable and accrued expenses	494,621.	17	809,006.
	18 Grants payable	7,105,696.	18	10,924,880.
	19 Deferred revenue.	657,634.	19	656,414.
	20 Tax-exempt bond liabilities.	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	795,976.	23	355,995.
	24 Unsecured notes and loans payable to unrelated third parties.	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	0.
	26 Total liabilities. Add lines 17 through 25.	9,053,927.	26	12,746,295.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	7,173,278.	27	7,782,433.
	28 Net assets with donor restrictions.	4,577,683.	28	4,850,718.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.		30	
	31 Retained earnings, endowment, accumulated income, or other funds.		31	
	32 Total net assets or fund balances	11,750,961.	32	12,633,151.
33 Total liabilities and net assets/fund balances.	20,804,888.	33	25,379,446.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	22,605,660.
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,890,988.
3	Revenue less expenses. Subtract line 2 from line 1	3	-285,328.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,750,961.
5	Net unrealized gains (losses) on investments	5	1,167,518.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	12,633,151.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII.

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

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

Form **990** (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

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 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	18,405,621.	17,010,544.	17,302,029.	17,468,799.	20,151,231.	90,338,224.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	18,405,621.	17,010,544.	17,302,029.	17,468,799.	20,151,231.	90,338,224.
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).						15,735,582.
6 Public support. Subtract line 5 from line 4						74,602,642.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4.	18,405,621.	17,010,544.	17,302,029.	17,468,799.	20,151,231.	90,338,224.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	104,096.	271,654.	323,201.	306,623.	165,673.	1,171,247.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	573,478.	380,086.	347,608.	254,241.	1,874,858.	3,430,271.
11 Total support. Add lines 7 through 10						94,939,742.

12 Gross receipts from related activities, etc. (see instructions) **12**

13 First 5 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

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	78.58%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	78.13%

16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization.

b 33 1/3% support test - 2019. 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

17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

b 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):	1e	
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2016	2017	2018	2019	2020	TOTAL
CONTRACT FEES	201,458.	149,231.	147,504.	112,343.	889,187.	1,499,723.
DONOR DESIGNATION FEES	357,105.	216,023.	186,423.	126,456.	105,314.	991,321.
MISCELLANEOUS INCOME	14,915.	14,832.	13,681.	15,442.	509.	59,379.
GOODFELLOW TRANSFER					879,848.	879,848.
TOTALS	<u>573,478.</u>	<u>380,086.</u>	<u>347,608.</u>	<u>254,241.</u>	<u>1,874,858.</u>	<u>3,430,271.</u>

Schedule of Contributors

2020

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Go to www.irs.gov/Form990 for the latest information.

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

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **UNITED WAY OF THE MIDLANDS**

Employer identification number
47-0376605

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 1,176,282.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 1,164,518.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 1,135,058.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 647,854.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 490,582.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A	\$ 543,974.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **UNITED WAY OF THE MIDLANDS**

Employer identification number
47-0376605

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	N/A	\$ 493,435.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	N/A	\$ 2,589,311.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **UNITED WAY OF THE MIDLANDS**

Employer identification number

47-0376605

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	PUBLICLY TRADED STOCK	\$ 1,164,518.	06/30/2021
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Name of organization UNITED WAY OF THE MIDLANDS

Employer identification number
47-0376605

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____	_____ _____	_____ _____

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____	_____ _____	_____ _____

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____	_____ _____	_____ _____

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____	_____ _____	_____ _____

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (See instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (See instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (See instructions).

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2020

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

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE C, PART II-B, LINES 1B & 1G

LOBBYING ACTIVITIES CONSIST OF EMPLOYEE TIME FOR CORRESPONDENCE WITH LEGISLATURES REGARDING SOCIAL WELFARE ISSUES.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

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" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of easements, total number, acreage, and monitoring expenses.

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

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

Table with 3 columns: Line number, Description, and Amount. Includes rows for art/historical treasures held for public service and amounts required to be reported.

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

Schedule D (Form 990) 2020

JSA OE1268 1.000

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,302,499.	6,246,228.	6,044,686.	5,938,617.	8,602,744.
b Contributions		76,500.			
c Net investment earnings, gains, and losses	1,420,926.	184,283.	313,583.	146,981.	215,030.
d Grants or scholarships					521,841.
e Other expenditures for facilities and programs	213,125.	204,512.	112,041.	40,912.	2,357,316.
f Administrative expenses					
g End of year balance	7,510,300.	6,302,499.	6,246,228.	6,044,686.	5,938,617.

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

- a** Board designated or quasi-endowment ▶ 42.0800 %
- b** Permanent endowment ▶ 45.6200 %
- c** Term endowment ▶ 12.3000 %

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

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

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,514,567.	372,665.	1,141,902.
c Leasehold improvements				
d Equipment		507,570.	230,296.	277,274.
e Other		992,364.	684,403.	307,961.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,727,137.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) BENEFICIAL INTEREST-OCF FUNDS	2,318,441.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	2,318,441.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

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

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

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

Table with 5 main rows and sub-rows (a-e). Line 1: 23,053,552. Line 2e: 1,866,432. Line 3: 21,187,120. Line 4c: 1,418,540. Line 5: 22,605,660.

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

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

Table with 5 main rows and sub-rows (a-e). Line 1: 22,171,362. Line 2e: 698,914. Line 3: 21,472,448. Line 4c: 1,418,540. Line 5: 22,890,988.

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

THE UNITED WAY OF THE MIDLANDS IS EXEMPT FROM INCOME TAXES UNDER SECTION 501 OF THE INTERNAL REVENUE CODE AND A SIMILAR PROVISION OF STATE LAW. HOWEVER, THE ORGANIZATION IS SUBJECT TO FEDERAL INCOME TAX ON ANY UNRELATED BUSINESS TAXABLE INCOME. THE ORGANIZATION FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTION.

SCHEDULE D, PART V, LINE 4

ENDOWMENT FUNDS ARE USED TO SUPPORT THE MISSION OF THE ORGANIZATION AND INTENDED USE AS SPECIFIED BY THE DONOR.

SCHEDULE D, PART XI, LINE 4B

\$1,355,262 DONOR DESIGNATIONS REPORTED AS GRANT EXPENSE ON TAX RETURN
\$63,278 INVESTMENT FEES NETTED WITH NET INVESTMENT INCOME REPORTED
AS INVESTMENT EXPENSE ON TAX RETURN

SCHEDULE D, PART XII, LINE 4B

\$1,355,262 DONOR DESIGNATIONS REPORTED AS GRANT EXPENSE ON TAX RETURN
\$63,278 INVESTMENT FEES NETTED WITH NET INVESTMENT INCOME REPORTED
AS INVESTMENT EXPENSE ON TAX RETURN

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AFRICAN AMERICAN EMPOWERMENT NETWORK 105 N 31ST AVENUE, STE 101 OMAHA, NE 68131	26-4296811	501C3	143,750.				CIRT ALLOCATIONS
(2) AMERICAN RED CROSS OMAHA COUNCIL BLUFFS MET 2912 SO 80TH AVE OMAHA, NE 68124	53-0196605	501C3	50,000.				CIRT ALLOCATIONS
(3) BIG BROTHERS BIG SISTERS OF THE MIDLANDS 10831 OLD MILL RD STE 400 OMAHA, NE 68154	47-0466144	501C3	95,000.				CIRT ALLOCATIONS
(4) BOY SCOUTS, MID-AMERICA COUNCIL 12401 W MAPLE RD OMAHA, NE 68164	47-0376545	501C3	100,000.				CIRT ALLOCATIONS
(5) BOYS AND GIRLS CLUBS OF THE MIDLANDS 2610 HAMILTON OMAHA, NE 68131-1675	47-0467350	501C3	395,000.				CIRT ALLOCATIONS
(6) COMMUNITY ALLIANCE REHABILITATION SERVICES 4001 LEAVENWORTH ST OMAHA, NE 68105-1026	47-0756970	501C3	162,610.				CIRT ALLOCATIONS
(7) CATHOLIC CHARITIES OF THE ARCHDIOCESE OF OM 3300 N 60 ST OMAHA, NE 68104	47-0376612	501C3	150,000.				CIRT ALLOCATIONS
(8) CATHOLIC CHARITIES DIOCESE OF DES MOINES CO 601 GRAND AVE DES MOINES, IA 50309	53-0196617	501C3	80,000.				CIRT ALLOCATIONS
(9) BOYS TOWN 14090 MOTHER TERESA LANE	47-0376606	501C3	25,000.				CIRT ALLOCATIONS
(10) CHARLES DREW HEALTH CENTER 2915 GRANT STREET OMAHA, NE 68111	47-0666715	501C3	196,100.				CIRT ALLOCATIONS
(11) CHILD SAVING INSTITUTE 4545 DODGE ST OMAHA, NE 68132-3251	45-0489204	501C3	127,900.				CIRT ALLOCATIONS
(12) CITY SPROUTS PO BOX 31593 OMAHA, NE 68131	47-0791737	501C3	15,000.				CIRT ALLOCATIONS

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 ▶

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Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

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

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(1) COLLECTIVE FOR YOUTH 105 N 31ST AVENUE, STE 103 OMAHA, NE 68131	27-4577729	501C3	10,000.				CIRT ALLOCATIONS
(2) COLLEGE POSSIBLE 900 S 74TH PLAZA OMAHA, NE 68114	41-1968798	501C3	20,000.				CIRT ALLOCATIONS
(3) COMPLETELY KIDS 2566 ST MARYS AVE OMAHA, NE 68105	27-5111197	501C3	189,375.				CIRT ALLOCATIONS
(4) D2 CENTER 1941 S 42ND ST, STE 503 OMAHA, NE 68105	46-4140587	501C3	23,000.				CIRT ALLOCATIONS
(5) FAMILY HOUSING ADVISORY SERVICES, INC. 2401 LAKE ST. STE 201 OMAHA, NE 68111	47-0526720	501C3	305,000.				CIRT ALLOCATIONS
(6) FAMILY INC 3501 HARRY LANGDON BLVD, STE 150	51-0657063	501C3	30,000.				CIRT ALLOCATIONS
(7) FOOD BANK FOR THE HEARTLAND 10525 J ST OMAHA, NE 68127	47-0637701	501C3	40,000.				CIRT ALLOCATIONS
(8) FRIENDS OF IOWA CASA & ICFCRB 321 E. 12TH ST, 4TH FLOOR, LUCAS BUILDING	42-1471727	501C3	15,000.				CIRT ALLOCATIONS
(9) GENERATION DIAMOND CORPORATION 4825 S 25TH STREET, #100 OMAHA, NE 68107	81-2162843	501C3	20,000.				CIRT ALLOCATIONS
(10) GIRL SCOUTS SPIRIT OF NEBRASKA 2121 SO 44TH ST OMAHA, NE 68105-2800	47-0432299	501C3	50,000.				CIRT ALLOCATIONS
(11) GIRLS INCORPORATED OF OMAHA 2811 NO 45TH ST OMAHA, NE 68104-4596	47-0562184	501C3	295,000.				CIRT ALLOCATIONS
(12) GOODWILL INDUSTRIES INC 4805 N 72ND STREET OMAHA, NE 68134-2304	47-0378996	501C3	45,000.				CIRT ALLOCATIONS

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

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Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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(1) GREATER OMAHA ATTENDANCE AND LEARNING SERVI 3215 CUMING ST OMAHA, NE 68131-2000	45-5608246	501C3	25,000.				CIRT ALLOCATIONS
(2) HABITAT FOR HUMANITY OF COUNCIL BLUFFS 1228 SOUTH MAIN STREET	42-1394987	501C3	25,000.				CIRT ALLOCATIONS
(3) HEART MINISTRY CENTER - OMAHA 2222 BINNEY ST OMAHA, NE 68110-2038	81-0614816	501C3	50,000.				CIRT ALLOCATIONS
(4) HEARTLAND FAMILY SERVICE 2101 S 42ND ST OMAHA, NE 68105-2911	47-0390618	501C3	700,100.				CIRT ALLOCATIONS
(5) HEARTLAND HOPE MISSION 2021 U ST OMAHA, NE 68107-3666	14-1869352	501C3	50,000.				CIRT ALLOCATIONS
(6) HOPE CENTER, INC. 2200 NO. 20TH ST OMAHA, NE 68110	47-0826512	501C3	40,000.				CIRT ALLOCATIONS
(7) HOUSING FOUNDATION FOR SARPY COUNTY 8214 ARMSTRONG CIRCLE BELLEVUE, NE 68147	46-2348565	501C3	10,000.				CIRT ALLOCATIONS
(8) INTERCULTURAL SENIOR CENTER 3010 R ST OMAHA, NE 68107	27-2460810	501C3	20,000.				CIRT ALLOCATIONS
(9) INTERNATIONAL COUNCIL FOR REFUGEES & IMMIGR 6901 DODGE ST, STE 104 OMAHA, NE 68132	27-1544492	501C3	15,000.				CIRT ALLOCATIONS
(10) IOWA JAG INC 400 E 14TH ST., GRIMES ST OFC BLDG	42-1492988	501C3	20,000.				CIRT ALLOCATIONS
(11) IOWA LEGAL AID 1111 9TH STREET, STE 230	42-1079227	501C3	20,000.				CIRT ALLOCATIONS
(12) JEWISH FEDERATION OF OMAHA 333 S 132ND ST OMAHA, NE 68154-2106	47-0384659	501C3	20,000.				CIRT ALLOCATIONS

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(1) KIDS CAN COMMUNITY CENTER 4860 Q ST OMAHA, NE 68117	47-0376597	501C3	190,000.				CIRT ALLOCATIONS
(2) LATINO CENTER OF THE MIDLANDS 4821 SO 24TH ST OMAHA, NE 68107	23-7208431	501C3	220,000.				CIRT ALLOCATIONS
(3) LEGAL AID OF NEBRASKA 209 S. 19TH STREET, SUITE 200	47-0483506	501C3	30,000.				CIRT ALLOCATIONS
(4) LUTHERAN FAMILY SERVICES OF NEBRASKA, INC. 124 S 24TH ST, STE 230 OMAHA, NE 68102-1246	23-7267972	501C3	511,190.				CIRT ALLOCATIONS
(5) MERCY HOUSING MIDWEST 7421 EDNA COURT LAVISTA, NE 68128	47-0772351	501C3	15,000.				CIRT ALLOCATIONS
(6) MICAH HOUSE CORPORATION 1415 AVE J COUNCIL BLUFFS, IA 51501	42-1292393	501C3	70,000.				CIRT ALLOCATIONS
(7) MIDLANDS LATINO COMMUNITY DEVELOPMENT CORPO 4923 S 24TH ST, STE 201	14-1973678	501C3	40,000.				CIRT ALLOCATIONS
(8) MOSAIC COMMUNITY DEVELOPMENT 1340 PARK AVE OMAHA, NE 68105	47-0842143	501C3	20,000.				CIRT ALLOCATIONS
(9) NEBRASKA CHILDREN'S HOME SOCIETY 4939 SO 118 ST OMAHA, NE 68137	47-0378995	501C3	50,000.				CIRT ALLOCATIONS
(10) NEBRASKA URBAN INDIAN HEALTH COALITION 2240 LONDON CT OMAHA, NE 68102	47-0697260	501C3	20,000.				CIRT ALLOCATIONS
(11) NEW VISIONS 1435 N 15TH ST	42-1407712	501C3	45,000.				CIRT ALLOCATIONS
(12) NO MORE EMPTY POTS 1127 N 20TH ST OMAHA, NE 68102	27-2427728	501C3	15,000.				CIRT ALLOCATIONS

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Schedule I (Form 990) 2020

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(1) OMAHA HEALTHY KIDS ALLIANCE 5006 UNDERWOOD AVE OMAHA, NE 68132-2236	20-5085175	501C3	15,000.				CIRT ALLOCATIONS
(2) OMAHA HOME FOR BOYS 4343 N 52ND ST OMAHA, NE 68104-2895	47-0376529	501C3	100,000.				CIRT ALLOCATIONS
(3) ONEWORLD COMMUNITY HEALTH CENTERS, INC. 4920 SO 30TH ST, STE 103 OMAHA, NE 68107	47-0548990	501C3	262,189.				CIRT ALLOCATIONS
(4) PARTNERSHIP 4 KIDS 1004 FARNAM ST, STE 200 OMAHA, NE 68102	47-0762798	501C3	30,000.				CIRT ALLOCATIONS
(5) REBUILDING TOGETHER OMAHA 7831 WAKELEY PLAZA OMAHA, NE 68114	47-0793980	501C3	25,000.				CIRT ALLOCATIONS
(6) RISE 3555 FARNAM ST, STE 235 OMAHA, NE 68131	27-3611908	501C3	45,000.				CIRT ALLOCATIONS
(7) SIENA/FRANCIS HOUSE 1702 NICHOLAS ST OMAHA, NE 68102	47-0601005	501C3	157,000.				CIRT ALLOCATIONS
(8) STEPHEN CENTER, INC 2723 Q ST OMAHA, NE 68107	36-3363994	501C3	75,000.				CIRT ALLOCATIONS
(9) TEAMMATES - OMAHA MENTORING PROGRAM 6801 O ST LINCOLN, NE 68510	47-0840990	501C3	25,000.				CIRT ALLOCATIONS
(10) THE SALVATION ARMY-NE 10755 BURT ST OMAHA, NE 68114-2065	36-2167910	501C3	178,000.				CIRT ALLOCATIONS
(11) THE SIMPLE FOUNDATION 1111 N 13TH ST, STE 400 OMAHA, NE 68131	46-5272775	501C3	10,000.				CIRT ALLOCATIONS
(12) TOGETHER INC OF METRO OMAHA 1616 CASS ST OMAHA, NE 68102-1011	47-0589290	501C3	110,000.				CIRT ALLOCATIONS

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

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(1) URBAN LEAGUE OF NEBRASKA, INC. 3040 LAKE ST OMAHA, NE 68111	47-0384575	501C3	255,000.				CIRT ALLOCATIONS
(2) VISITING NURSE ASSOCIATION 12565 W CNTER RD STE100	47-0384379	501C3	464,600.				CIRT ALLOCATIONS
(3) WOMEN'S CENTER FOR ADVANCEMENT 222 S 29TH ST OMAHA, NE 68131-3543	27-3205476	501C3	190,000.				CIRT ALLOCATIONS
(4) YMCA OF GREATER OMAHA 430 SO 20TH ST OMAHA, NE 68102-2506	47-0376586	501C3	240,000.				CIRT ALLOCATIONS
(5) YOUTH EMERGENCY SERVICES, INC. 2679 FARNAM ST STE 205 OMAHA, NE 68131-3653	47-0586898	501C3	30,000.				CIRT ALLOCATIONS
(6) YOUTURN 4344 N 34TH AVE OMAHA, NE 68111	81-2894077	501C3	15,000.				CIRT ALLOCATIONS
(7) COMMUNITY HEALTH CHARITIES 212 S 74TH ST., STE 205 OMAHA, NE 68114	23-7162972	501C3	530,716.				CHC - CONTRACTUAL
(8) LEGAL AID OF NEBRASKA 209 S. 19TH STREET, SUITE 200	47-0483506	501C3	40,000.				KARNETT PAYOUT
(9) OLLIE WEBB CENTER INC 1941 S 42ND ST STE 122 OMAHA, NE 68105-2942	20-3311641	501C3	25,000.				KARNETT PAYOUT
(10) EASTER SEALS NE 12565 W CENTER RD, STE 100	47-0457872	501C3	50,000.				KARNETT PAYOUT
(11) HEARTLAND EQUINE THERAPEUTIC RIDING ACDM 10130 S 222ND ST GRETNA, NE 68028	36-3713040	501C3	48,320.				KARNETT PAYOUT
(12) GOODWILL INDUSTRIES INC 4805 N 72ND STREET OMAHA, NE 68134-2304	47-0378996	501C3	35,000.				KARNETT PAYOUT

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

3 Enter total number of other organizations listed in the line 1 table ▶ _____

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

Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990.**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SHELTERING TREE, INC 1323 WILLIAM ST OMAHA, NE 68108	45-4896566	501C3	22,100.				KARNETT PAYOUT
(2) AUTISM ACTION PARTNERSHIP 14301 FIRST NATIONAL BANK PKWY STE 115	20-6892034	501C3	30,000.				KARNETT PAYOUT
(3) NEBRASKA CHILDREN AND FAMILIES FOUNDATION 215 CENTENNIAL MALL #200 LINCOLN, NE 68508	91-1829974	501C3	200,000.				OPPORTUNITY YOUTH
(4) METROPOLITAN COMMUNITY COLLEGE FOUNDATION PO BOX 3777 OMAHA, NE 68103-0777	47-0596504	501C3	60,000.				OPPORTUNITY YOUTH
(5) FAMILY INC 3501 HARRY LANGDON BLVD, STE 150	51-0657063	501C3	25,000.				BOOK TR INITIATIVE
(6) MILLARD PUBLIC SCHOOLS 5606 S 147TH ST OMAHA, NE 68137	47-6002642	GOVERNMENT	10,000.				BOOK TR INITIATIVE
(7) UNIVERSITY OF NEBRASKA OMAHA 6001 DODGE ST., RH211 OMAHA, NE 68182	47-0049123	GOVERNMENT	50,000.				BOOK TR INITIATIVE
(8) HOUSING FOUNDATION FOR SARPY COUNTY 8214 ARMSTRONG CIRCLE BELLEVUE, NE 68147	46-2348565	501C3	44,512.				FEDERAL CARES ACT
(9) FAMILY HOUSING ADVISORY SERVICES, INC. 2401 LAKE ST. STE 201 OMAHA, NE 68111	47-0526720	501C3	306,700.				FEDERAL CARES ACT
(10) HABITAT FOR HUMANITY OF OMAHA 1701 NO 24TH STREET OMAHA, NE 68110	36-3283625	501C3	380,000.				FEDERAL CARES ACT
(11) ST VINCENT DE PAUL SOCIETY 2101 LEAVENWORTH ST. OMAHA, NE 68124	47-0745721	501C3	6,000.				GOODFELLOWS
(12) YOUTH EMERGENCY SERVICES, INC. 2679 FARNAM ST STE 205 OMAHA, NE 68131-3653	47-0586898	501C3	7,500.				GOODFELLOWS

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

3 Enter total number of other organizations listed in the line 1 table ▶ _____

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

Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) OMAHA PUBLIC SCHOOLS FOUNDATION 3861 FARNAM ST. OMAHA, NE 68131	36-3301526	501C3	6,000.				GOODFELLOWS
(2) FAMILY HOUSING ADVISORY SERVICES, INC. 2401 LAKE ST. STE 201 OMAHA, NE 68111	47-0526720	501C3	100,000.				SIEMERS GRANT
(3) NEBRASKA CENTER FOR WORKFORCE DEVELOPMENT 6001 GROVER ST., SUITE 200 OMAHA, NE 68106	83-2702323	501C3	191,450.				GENERAL SUPPORT
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 87.

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) 2020

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 DISBURSEMENT OF FEDERAL CARES ACT FUNDS	877.	690,380.			
2 GOODFELLOWS PROGRAM DISTRIBUTIONS	2,649.	304,282.			
3					
4					
5					
6					
7					

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

SCHEDULE I, PART 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" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF THE MIDLANDS

Employer identification number

47-0376605

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in or receive payment from a supplemental nonqualified retirement plan?
 - c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
1b	X	
2	X	
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SHAWNA FORSBERG PRESIDENT/CEO	(i)	236,100.	28,552.	10,281.	26,648.	1,017.	302,598.	
	(ii)	0.	0.	0.	0.	0.	0.	
2 PAMELA SCHWALB COO	(i)	149,476.	16,216.	4,428.	17,837.	14,659.	202,616.	
	(ii)	0.	0.	0.	0.	0.	0.	
3 JILL SAMUELSON SVP-MARKETING & COMMUNICATIONS	(i)	131,325.	13,412.	2,658.	14,706.	980.	163,081.	
	(ii)	0.	0.	0.				
4 LAURA ANN TATTEN SVP DONOR ENGAGEMENT	(i)	160,798.	0.	2,435.	1,308.	14,490.	179,031.	
	(ii)	0.	0.	0.	0.	0.	0.	
5 MATTHEW WALLEN SVP COMMUNITY IMPACT/ANALYTICS	(i)	139,462.	11,668.	1,309.	3,769.	986.	157,194.	
	(ii)	0.	0.	0.	0.	0.	0.	
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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.

SCHEDULE J, PART I, LINE 1A

AS PART OF THE HEALTH AND WELLNESS PROGRAM, THE ORGANIZATION PROVIDES A
SINGLE MEMBERSHIP TO THE YMCA FOR ALL EMPLOYEES IF THEY CHOOSE TO
PARTICIPATE.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

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

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	15 .	1,244,190 .	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 V, Donee Acknowledgement **29**

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

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

Schedule M (Form 990) 2020

JSA

OE1298 1.000

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

FORM 990, SCH M, PART II

THE NUMBER OF CONTRIBUTIONS REPORTED ON SCHEDULE M, PART I, LINE 9,
COLUMN B IS BASED ON THE NUMBER OF CONTRIBUTIONS RECEIVED AND NOT THE
NUMBER OF ITEMS RECEIVED. THE ONLY NONCASH CONTRIBUTIONS WERE PUBLICLY
TRADED SECURITIES.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF THE MIDLANDS

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Employer identification number

47-0376605

FORM 990, PART VI, SECTION A, LINE 2

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 11B

THE 990 IS DISTRIBUTED TO THE FINANCE COMMITTEE BEFORE FILING. IT IS
REVIEWED AND APPROVED BY BOTH THE FINANCE COMMITTEE AND THE BOARD OF
DIRECTORS.

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 THE BOARD MEMBERS AND STAFF, REQUIRES ABSTENTION
FROM VOTING ON ANY ISSUES THAT WOULD RESULT IN A CONFLICT.

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

THE ORGANIZATION HAS AN EXECUTIVE COMPENSATION COMMITTEE MADE UP OF KEY
MEMBERS OF THE EXECUTIVE COMMITTEE. THE UNITED WAY UTILIZES REPORTS FROM
INDEPENDENT OUTSIDE SOURCES, INCLUDING UNITED WAY WORLDWIDE AND THE
NONPROFIT ASSOCIATION OF THE MIDLANDS, TO PROVIDE COMPARABLE SALARY DATA
FOR SENIOR STAFF TO PRESENT AT THE COMMITTEE MEETING. DETAILED MINUTES
ARE TAKEN AND SIGNED OFF ON BY THE COMMITTEE MEMBERS THAT ATTEND THE
MEETING.

Name of the organization

UNITED WAY OF THE MIDLANDS

Employer identification number

47-0376605

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

THE ORGANIZATION HAS AN EXECUTIVE COMPENSATION COMMITTEE MADE UP OF KEY MEMBERS OF THE EXECUTIVE COMMITTEE. THE UNITED WAY UTILIZES REPORTS FROM INDEPENDENT OUTSIDE SOURCES, INCLUDING UNITED WAY WORLDWIDE AND THE NONPROFIT ASSOCIATION OF THE MIDLANDS, TO PROVIDE COMPARABLE SALARY DATA FOR SENIOR STAFF TO PRESENT AT THE COMMITTEE MEETING. DETAILED MINUTES ARE TAKEN AND SIGNED OFF ON BY THE COMMITTEE MEMBERS THAT ATTEND THE MEETING.

FORM 990, PART VI, SECTION C, LINE 19

ON OUR WEBSITE, ON OTHER WEBSITES, AND UPON REQUEST.

FORM 990, PART IX, LINE 24E

OTHER EXPENSES

	MANAGEMENT		
	PROGRAM	& GENERAL	FUNDRAISING
	-----	-----	-----
POSTAGE & SHIPPING	7,584	181	6,835
DUES & SUBSCRIPTIONS	22,547	435	12,458
	-----	-----	-----
TOTAL OTHER EXPENSES	30,131	616	19,293

FORM 990, PART III, LINE 2

EFFECTIVE JULY 2020, UNITED WAY OF THE MIDLANDS AGREED TO PROVIDE SERVICES TO THE NEBRASKA DEPARTMENT OF LABOR (NDOL) REGARDING IMPLEMENTATION AND OPERATION OF THE JAG MODEL IN NEBRASKA. THIS PROGRAM ESTABLISHED JAG ACCREDITED PROGRAMS AT NEBRASKA SCHOOLS (APPROVED IN

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

ADVANCE BY NDOL) WITH THE PURPOSE OF HELPING JUNIOR HIGH AND HIGH SCHOOL STUDENTS OVERCOME OBSTACLES AND BUILD SKILLS SO THEY ARE SET UP FOR SUCCESS IN THE CLASSROOM AND WORKPLACE. THIS PROGRAM IS FUNDED IN LARGE PART BY AN AGREEMENT WITH NDOL CONSISTING OF FUNDS PROVIDED THROUGH THE UNITED STATES DEPARTMENT OF LABOR AND TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) FUNDS THROUGH THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES.

EFFECTIVE NOVEMBER 2020, UNITED WAY OF THE MIDLANDS (UWM) ENTERED INTO AN AGREEMENT WITH THE OMAHA WORLD HERALD TO TRANSFER RESPONSIBILITY OF THE GOODFELLOWS PROGRAM TO UWM. ALL ASSETS, LIABILITIES AND ADMINISTRATION OF THE PROGRAM WERE TRANSFERRED WITH UWM ASSUMING FULL RESPONSIBILITY OF ALL FUNDRAISING AND PROGRAMMING DUTIES RELATED TO THE GOODFELLOWS PROGRAM. GOODFELLOWS WAS ESTABLISHED IN THE 1890'S TO HELP THOSE IN OUR COMMUNITY WHO HAD FALLEN ON HARD TIMES, INCLUDING PEOPLE BETWEEN JOBS, THE ELDERLY, THE ILL, THOSE WHO HAVE EXPERIENCED ABUSE AND THOSE FACING A PERSONAL CRISIS WITH NOWHERE ELSE TO TURN. IN PARTNERING WITH GOODFELLOWS, UWM WILL CONTINUE TO HELP INDIVIDUALS AND FAMILIES STAY IN THEIR HOMES, PUT FOOD ON THE TABLE AND KEEP THE LIGHTS AND HEAT ON DURING THESE DIFFICULT TIMES.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

JAG PROGRAMMING IS CONDUCTED ON-SITE AT SCHOOLS DURING SCHOOL HOURS. TRAINED CAREER SPECIALISTS WORK WITH JAG STUDENTS TO HELP THEM MASTER 37 SKILLS THAT WILL SET THEM UP FOR SUCCESS IN THEIR FUTURE CAREERS. THROUGHOUT THE DURATION OF THE PROGRAM, STUDENTS BUILD RELATIONSHIPS WITH LOCAL EMPLOYERS; ENGAGE IN PROJECT-BASED

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

ATTACHMENT 1 (CONT'D)

LEARNING; DEVELOP LEADERSHIP, CIVIC AND SOCIAL RESPONSIBILITY THROUGH A STUDENT-LED CAREER ASSOCIATION; AND ENGAGE IN CAREER RESEARCH THAT WILL LAY THE FOUNDATION FOR JOB OPPORTUNITIES AFTER HIGH SCHOOL GRADUATION. THE JAG MODEL INCORPORATES THE JAG ADVANTAGE WHICH, INCLUDES THREE KEY COMPONENTS PROVEN TO ENSURE STUDENTS' DEVELOPMENT AND SUCCESS: EMPLOYER ENGAGEMENT, TRAUMA INFORMED CARE AND PROJECT BASED LEARNING. EMPLOYER ENGAGEMENT - EMPLOYERS INTERACT WITH JAG STUDENTS IN THE CLASSROOM - AND ON THE JOB. AS PART OF THE JAG PROGRAMMING, COMPANY REPRESENTATIVES ARE INVITED INTO THE CLASSROOM, WHERE THEY BUILD RELATIONSHIPS WITH THE STUDENTS AND TEACH THEM VALUABLE SKILLS THAT COMPANIES ARE SEEKING IN NEW HIRES. STUDENTS WILL THEN BE ABLE TO VISIT THE REPRESENTATIVE'S COMPANY, AND POTENTIALLY, VISUALIZE THEMSELVES WORKING THERE. TRAUMA INFORMED CARE - CAREER SPECIALISTS ARE TRAINED TO PROVIDE TRAUMA-INFORMED CARE AND CREATE AN ENVIRONMENT WHERE ALL STUDENTS TO BE SUCCESSFUL. TO BE TRAUMA-INFORMED IS TO UNDERSTAND THE CHALLENGES OUR STUDENTS FACE AND PROVIDE SUPPORTS AND ADDITIONAL RESOURCES SO THAT THEY CAN OVERCOME THOSE BARRIERS. IT'S THE DIFFERENCE BETWEEN ASKING "WHAT HAPPENED?" INSTEAD OF "WHAT'S WRONG WITH YOU?" PROJECT BASED LEARNING - THIS FRAMEWORK AND INSTRUCTIONAL LEARNING STRATEGY PROVIDES STUDENTS WITH A VOICE AND THE CHOICE TO DRIVE WHAT THEY DO THROUGH HANDS-ON PROJECTS. THESE PROJECTS HELP THEM DEVELOP REAL WORLD COMPETENCIES THAT EMPLOYERS ARE SEEKING. THE PROJECTS ALSO GIVE THE STUDENTS THE OPPORTUNITY TO USE THEIR SKILLS AND TALENTS TO SHOWCASE WHAT THEY KNOW THROUGH PUBLIC PRODUCTS THAT ARE RELEVANT TO THEIR INTERESTS

Name of the organization UNITED WAY OF THE MIDLANDS	Employer identification number 47-0376605
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ATTACHMENT 1 (CONT'D)

AND APTITUDES.

ATTACHMENT 2FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
ANALYTICS AND PERFORMANCE - ENSURE DOLLARS ARE INVESTED WISELY AND THE EXPECTED RESULTS OF THAT INVESTMENT ARE ARCHIEVED. PROGRAMS RECEIVING COMMUNITY INVESTMENT ARE REQUIRED TO REPORT EVER 6 MONTHS TO DEMONSTRATE PROGRESS TOWARD THEIR EXPECTED OUTCOMES.			
TOTALS		1,046,260.	91,925.
	TOTALS	<u>1,046,260.</u>	<u>91,925.</u>

ATTACHMENT 3FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
CASH EQUIVALENTS	585,581.	FMV
FIXED INCOME	6,547,676.	FMV
EQUITY FUNDS	3,872,420.	FMV
COMPLEMENTARY STRATEGIES	98,200.	FMV
REAL ESTATE FUNDS	242,430.	FMV
TOTALS	<u>11,346,307.</u>	