Form	9	9	0
Departm	nent of	the	Treasury

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. - - - -- 1- -. /

OMB No. 1545-0047 6 Open to Public

		nue Serv			Information		n 990 a					-	torm	990.			ispecti	on
AF	or th	e 202		ndar year, or	tax year begi	nning		0.7/	01, 202	0, and	d end	ing				5/30 ,2		
Bc	heck if ap	nlicable:		ne of organization									DE	mployer ic	lentifi	cation num	iber	
			UN	ITED WAY C	F THE MID	LANDS												
	Addre chang			g Business As										17-037				
	Name	change		nber and street (or		not delivered	to street	address	5)	Roon	n/suite		E Telephone number					
	Initial	return	22	01 FARNAM	STREET								(4)	02) 34	12-8	8232		
	Termi	nated	City	or town, state or p	province, country,	and ZIP or for	eign pos	tal code										
	Amen return			AHA, NE 68										Gross receip			,418	<u>,207.</u>
	Applic pendir			ne and address of					RG				H(a)	Is this a gro subordinate		urn for	Yes	X No
			22	01 FARNAM	STREET, O	MAHA, N	E 681	102					H(b)	Are all subor	dinates	included?	Yes	No
		empt sta		X 501(c)(3)	501(c) (/ • ·	nsert no.)		4947(a)(1)) or	5	27		If "No," atta	ach a lis	st. (see instru	ctions)	
				UNITEDWAYN	IIDLANDS.C	RG							.,	Group exem				
				X Corporation	Trust	Association	0	ther 🕨			L Year	of formati	ion:	1923 M	State	e of legal do	micile:	NE
Pa	art I		mmar															
	1			ibe the organiza		or most signi	ficant a	ctivities	: WE UN	ITE	OUR		UNI	TY'S C	CARI	ING SP	IRIT	_TO
Ce		BUI	LD A	STRONGER	TOMORROW.													
naı																		
Governance				ox 🕨 🔄 if the	-		•								1 1	I		~ ~
				oting members o											3			20.
ŝ				ndependent votir											4			20.
vitio				r of individuals e			2020 (Pa	art V, lir	ne 2a)						5		1	91.
Activities &				r of volunteers (e											6		,	423.
٩				ed business reve											7a			0
	b	Net ur	nrelate	d business taxat	ble income from	Form 990-1	, line 34					<u></u>			7b	C		
														or Year	0.0		rent Ye	
ne	8	Contri	ibution	s and grants (Par	t VIII, line 1h)		• • •		COF	PY FO	R	ר	⊥/,	468,79			•	,231
Revenue	9	Progra	am ser	vice revenue (Par	t VIII, line 2g)				PUBLIC I	-		ı		254,2				,860
Re				ncome (Part VIII								┛┝────		400,2			579	9,569
				ue (Part VIII, col									10	042,54		22	605	,660
				e - add lines 8 th								•		937,30				,236
				similar amounts p									, ر	,,,,,,	00.	1.7	, 1 5 5	,230
				d to or for membe									4	546,89		5	560	,099
ses	15	Drafas	es, om	er compensation	(Dert IX, eelum)		(, colum	n (A), I	ines 5-10)			•	ч,	540,0.	0.		, 505	,000
Expenses	IOA h	Tatal	ssionai	fundraising fees ising expenses (F		(A), line T	ie)	1	760 433	2		-			0.			
Ě	17	Othor		ses (Part IX, colu		(D), III e 25)	►						1	697,99	90	2	166	5,653
				ses (Fart IX, cold ses. Add lines 13										182,18				,988
			•	s expenses. Sub	· ·							•		860,3				5,328
es		110701												of Current		Enc	d of Yea	
Net Assets or Fund Balances	20	Total	assets	(Part X, line 16)								-	-	804,88				,446
Ass Bal	21			es (Part X, line 26								•		053,92				,295
Net	22			r fund balances.								•		750,90				,151
_	rt II			e Block								•						
Un	der per	alties c	of perju	y, I declare that I	have examined th	nis return, inc	luding a	ccompa	anying sched	dules ar	nd stat	ements, a	and to	the best c	of my	knowledge	and be	elief, it is
true	e, corre	ct, and	comple	te. Declaration of p	reparer (other tha	n officer) is ba	ased on a	all inforr	nation of wh	nich pre	eparer	has any kn	nowled	dge.				
Sig			Signatu	ure of officer										Date				
He	re																	
			Туре ог	print name and titl	e													
<u> </u>		Print/	Type pr	eparer's name		Preparer's	signature			D	ate			Check	if	PTIN		
Paic		KRI	STIN	TYNON						_ (05/1	6/202	2	self-employ	yed	P0106	3388	
	oarer Only	Firm's	s name	▶ BKD, LI	ĽΡ								Firm	s EIN 🕨	44-	-016020	50	
	Uniy	Firm's	addres	s ▶ 1248 O STR	REET, STE 1040	LINCOLN,	NE 685	08-146	1				Phor	ie no.	402	2-473-1	7600	
Мау	the II	RS dis	cuss tl	nis return with th	e preparer show	/n above? (s	ee instr	uctions)	<u> </u>	<u> </u>	<u></u> .	<u></u> .	<u></u> .	<u></u> .	. X Y	es	No
For	Paper	work	Reduc	tion Act Notice,	see the separa	te instructio	ons.									For	m 990	(2020)

UNITED	WAY	OF	THE	MIDLANDS

	UNITED WAY OF THE MIDLANDS	47-0376605
Fo	orm 990 (2020)	Page 2
Ρ	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		
	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 liste	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	X Yes No
3	Did the organization cease conducting, or make significant changes in how it conducts, any services?	
4		
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of gran the total expenses, and revenue, if any, for each program service reported.	nts and allocations to others,
4 a	a (Code:) (Expenses \$including grants of \$includ	1,849,506.
	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.	
4k	b (Code:) (Expenses \$2,404,252. including grants of \$) (Revenue \$ NE211 CONTACT CENTER HAS BEEN THE HELPLINE FOR ALL NEBRASKANS FOR	1,846,160.)
	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.	
4	c (Code:) (Expenses \$ 975,043. including grants of \$) (Revenue \$	
40	ATTACHMENT 1	/32,943)
_		
4c	d Other program services (Describe on Schedule O.) ATTACHMENT 2 (Expenses \$ 1,046,260. including grants of \$) (Revenue \$ 91,925.))
4e	e Total program service expenses \blacktriangleright 21,049,995.	1
-		

Page 3

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A.	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
-	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	<u> </u>		
0	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	_		
0	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
		6		х
-	"Yes," complete Schedule D, Part I.	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		Х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			v
-	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			37
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		77	
_	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more		77	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			37
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		.,	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			<u> </u>
25	-			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	22	Х	
	employees? If "Yes," complete Schedule J.	23	21	<u> </u>
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Ĺ
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		<u> </u>
50	conservation contributions? If "Yes," complete Schedule M	30		x
24				X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			37
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
T are	Check if Schedule O contains a response or note to any line in this Part V			
		•••	Yes	No
4 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		v	
JSA	reportable gaming (gambling) winnings to prize winners?	1c	X 000	(2020)
· ·		Lorm		10001

Page 5

Par	t 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?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		v
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		х
	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			1
Ū	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
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:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
D	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 Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
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?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Form §	UNITED WAY OF THE MIDLANDS 47-0376	5605	F	Page 6
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 in	struc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI			Χ
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 20			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		v	
а	The governing body?	8a	X X	
	Each committee with authority to act on behalf of the governing body?	8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			x
Secti	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9 Codo	<u>,</u>	Δ
Secu	on B. Policies (This Section B requests information about policies not required by the internal Revenue	Coue	.) Yes	No
		10a		X
	Did the organization have local chapters, branches, or affiliates?	TVa		
a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
•	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion 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	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	f inter	est p	olicy,
	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 record MELISSA ENGEL 2201 FARNAM STREET OMAHA, NE 68102 402-522-7938	s 🕨		
			990	(2020)
JSA		1 0111		(2020)

Part VII	Compensation Independent Co			Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Check if Schedule O contains a response or note to any line in this Part VII										
Section A	. Officers, Direc	tors	s, Trustees	s, Key Empl	oyees, and	Highe	est Compensa	ated Empl	oyees		

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.

				(0	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average					e than c		Reportable	Reportable	Estimated amount
	hours					is both or/trust		compensation from the	compensation from related	of other
	per week (list any						, 	organization	organizations	compensation from the
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	+igh	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	rect	tutio	ër	emp	est i	ler			related organizations
	organizations below	or tr	nal		loye	eom				
	dotted line)	Istee	trust		e	pens				
	,	Ű	ee			Highest compensated employee				
(1) SHAWNA FORSBERG	45.00									
PRESIDENT/CEO	0.			Х				274,933.	0.	27,665.
(2) PAMELA SCHWALB	45.00									
C00	0.			Х				170,120.	0.	32,496.
(3) LAURA ANN TATTEN	40.00									
SVP DONOR ENGAGEMENT	0.					Х		163,233.	0.	15,798.
(4) JILL SAMUELSON	40.00									
SVP-MARKETING & COMMUNICATIONS	0.					Х		147,395.	0.	15,686.
(5) MATTHEW WALLEN	40.00									
SVP COMMUNITY IMPACT/ANALYTICS	0.					Х		152,439.	0.	4,755.
(6) STEVE KANIEWSKI	1.00									
MEMBER	0.	Х						0.	0.	0.
(7) ^{TIM BURKE}	1.00									
MEMBER	0.	Х						0.	0.	0.
(8) SUSAN COURTNEY	1.00									
MEMBER	0.	Х						0.	0.	0.
(9)GAIL DEBOER	1.00									
CHAIR	0.	Х		Х				0.	0.	0.
(10) IA HAGAN	1.00									
MEMBER	0.	Х						0.	0.	0.
(11) DR. CHERYL LOGAN	1.00									
MEMBER	0.	Х						0.	0.	0.
(12) CORY SHAW	1.00									
MEMBER	0.	Х						0.	0.	0.
(13) MICKEY ANDERSON	1.00									
MEMBER	0.	X						0.	0.	0.
(14) JERRY CROUSE	1.00									
MEMBER	0.	X						0.	0.	0.

UNITED WAY OF THE MIDLANDS

(A)	(B)			(0	3			(D)	(E)	(F)
(A) Name and title	(D) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	ition more rson	e than o is both or/trust employee	an	Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(r) Estimated amount of other compensation from the organization and related organizations
		stee	rustee		Ū	ensated				
15) NATE DODGE	1.00									
MEMBER	0.	Х						0	0.	
16) JOEL FALK	1.00									
TREASURER	0.	Х		Х				0	0.	
17) BOB GUNIA	1.00									
MEMBER	0.	Х						0	0.	
18) ALISON INGUNZA	1.00									
MEMBER	0.	Х						0	0.	
19) CLARK PONTHIER	1.00									
MEMBER	0.	Х						0	0.	
20) DAN WATERS	1.00									
SECRETARY	0.	Х		Х				0	0.	
21) BRIAN WOOLFOLK	1.00									
MEMBER	0.	Х						0	0.	
22) JIM RICHARDSON	1.00									
MEMBER	0.	X						0	0.	
23) JAMIE GUTIERREZ	1.00									
MEMBER	0.	X						0	0.	
24) AVI ATHOLI	1.00									
MEMBER	0.	X						0	0.	
25) DR. PAM KAYL	1.00									
MEMBER	0.	X						0	0.	
1b Sub-total								908,120.	0.	96,400
c Total from continuation sheets to Part V	/II. Section A	• • •	• •	• •			5	0.	0.	0
			•••		•••		Í	908,120.	0.	96,400
d Total (add lines 1b and 1c)2 Total number of individuals (including but			liste	d at	 	e) who	► o re			96,40

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>
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

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 more than \$100,000 in compensation from the organization ► 0.	e listed above) who received	

Х

Х

3

4

5

Х

UNITED WAY OF THE MIDLANDS

(

Form 990 (2020) Part VII Section A. Officers, Directors, Tru	ustoos Ko		nlo		26	and L	Jial	host Component			ontinua		Page 8
Part VII Section A. Officers, Directors, Tru (A)	(B)	y ⊏n	рю		95, (C)	andr	пgi	(D)	Ed Employ	yees (c	ontinue	ea) (F)	
(A) Name and title	(D) Average hours per week (list any hours for	box,	unles er and	Pos neck is pe	ition more rson	e than c is both or/trust	an	Reportable compensation from the	Reporta compensati relate organiza	on from d	an	(F) stimated nount o other pensati	f
	related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		fro orga and	om the anizatio d related anization	on d
26) MICHAEL MICHALSKI	40.00												
SVP, FINANCE & ADMINISTRATION	0.			X				0	•	0.			0
		-											
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	-	· · ·		•••	 			0.		0.			0
2 Total number of individuals (including but not reportable compensation from the organizatio	limited to t	hose				e) who	o re	ceived more than	\$100,000	of			
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched											3	Yes	No X
4 For any individual listed on line 1a, is the organization and related organizations gr	sum of rep eater than	oortab \$15	ole c 50,00	om 00?	pen If	sation "Yes	n ar s," (nd other compension complete Schedu	sation from	the such	4	X	
 <i>individual</i> 5 Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Y</i> 	accrue co	mpen	satio	on f	from	n any	uni	related organizati	on or indiv	idual	5		x
Section B. Independent Contractors	<i>,</i>					0000	<i>p</i> o					I	
 Complete this table for your five highest com compensation from the organization. Report of year. 													
(A) Name and business add	dress							(B) Description of se	ervices	С	(C) compens	sation	
2 Total number of independent contractors (i more than \$100,000 in compensation from the				iteo	d to	thos	se li	isted above) who	received				

UNITED WAY OF THE MIDLANDS Part VIII Statement of Revenue

		Check if Schedule O contains a respor	ise or note to an	y line in this Part V	/		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ωs	1a	Federated campaigns 1a					30010113 312 314
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
D D			5,150.				
Łs,	C L	Fundraising events					
ilar	d	Related organizations	0.				
in's	e	Government grants (contributions) . 1e	3,836,816.				
ri S	f	All other contributions, gifts, grants, and similar amounts not included above 1	16 200 065				
the			16,309,265.				
j.	g	Noncash contributions included in	t 1 244 100				
		lines 1a-1f		20 151 221			
	h	Total. Add lines 1a-1f	Business Code	20,151,231.			
Ð				000 107	000 107		
vic	2a	CONTRACT FEES	561000	889,187.	889,187.		
Program Service Revenue	b	DONOR DESIGNATION FEES	900099	105,314.	105,314.		
E P	c	MISCELLANEOUS INCOME	561000	511.	511.		
gra Re	d	GOODFELLOWS TRANSFER	561000	879,848.	879,848.		
õ	е						
Δ.	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,874,860.			
	3	Investment income (including dividends,	· •				
		other similar amounts)		165,673.			165,673
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties	(ii) Personal	0.			
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	C	Rental income or (loss) 6c					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 2,226,443.					
Revenue	b	Less: cost or other basis					
ver		and sales expenses 7b 1,812,547.					
Re	C .	Gain or (loss) 7c 413,896.		413,896.			412.000
ler	d	Net gain or (loss)	••••	413,890.			413,896
Other	8a	Gross income from fundraising					
•		events (not including \$5,150.					
		of contributions reported on line					
		1c). See Part IV, line 18	0.				
	b	Less: direct expenses	0.				
	c	Net income or (loss) from fundraising events.	•••••	0.			
	9a	Gross income from gaming activities. See Part IV, line 19 9a	0.				
	b c	Less: direct expenses	0.	0.			
	10a	Gross sales of inventory, less returns and allowances	0.				
	L		0.				
	c b	Less: cost of goods sold [10b] Net income or (loss) from sales of inventory		0.			
6	_	(,	Business Code				
Miscellaneous Revenue	110						
nu	11a						1
ella	b						1
Re	c d	All other revenue					1
ž	e u	Total. Add lines 11a-11d	· · · · · ►	0.			
	12	Total revenue. See instructions		22,605,660.	1,874,860.		579,569.
JSA				,000,000.	1,0,1,000.		Form 990 (2020)
0E105	1 1.000 94	68JP K923 11/30/2021 5:13:3	0 PM V 20-	-7.6F	1162942		. 5111 999 (2020)

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

0

JSA 0E1052 1.000

following SOP 98-2 (ASC 958-720)

UNITED WAY OF THE MIDLANDS

Page	1	1

art X			-
	Check if Schedule O contains a response or note to any line in this Pa	art X	<u></u> L
		(A) Beginning of year	(B) End of year
1	Cash - non-interest-bearing	2,649,420. 1	4,388,41
2	Savings and temporary cash investments.	0. 2	
3	Pledges and grants receivable, net	4,379,535. 3	4,616,52
4	Accounts receivable, net.	214,192. 4	728,23
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	
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	
7	Notes and loans receivable, net	0. 7	
8	Inventories for sale or use	0.8	
9	Prepaid expenses and deferred charges	105,066. 9	254,39
10 a	Land, buildings, and equipment: cost or other		
	basis. Complete Part VI of Schedule D 10a 3,014,501.		
	Less: accumulated depreciation	1,338,875.10	
11	Investments - publicly traded securities	10,049,110. 11	
12	Investments - other securities. See Part IV, line 11	2,068,690. 12	
13	Investments - program-related. See Part IV, line 11	0. 13	
14	Intangible assets	0.14	
15	Other assets. See Part IV, line 11	0.15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	20,804,888. 16	
17	Accounts payable and accrued expenses	494,621. 17 7,105,696. 18	
18	Grants payable		
19	Deferred revenue.		-
20	Tax-exempt bond liabilities		
21	Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director,	0. 21	
22	trustee, key employee, creator or founder, substantial contributor, or 35%		
	controlled entity or family member of any of these persons	0. 22	5
23	Secured mortgages and notes payable to unrelated third parties	795,976. 23	
24	Unsecured notes and loans payable to unrelated third parties	0. 24	-
25	Other liabilities (including federal income tax, payables to related third	27	•
	parties, and other liabilities not included on lines 17-24). Complete Part X		
	of Schedule D	0. 25	5
26	Total liabilities. Add lines 17 through 25	9,053,927. 26	
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.		
27	Net assets without donor restrictions	7,173,278. 27	7,782,43
28	Net assets with donor restrictions.	4,577,683. 28	
20	Organizations that do not follow FASB ASC 958, check here ►	2, 3, 7, 003. 20	, 1,000,71
27 28 29 30 31 32	and complete lines 29 through 33.		
29	Capital stock or trust principal, or current funds	29	9
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	
33	Total liabilities and net assets/fund balances	20,804,888. 33	3 25,379,44

UNITED	WAY	OF	THE	MIDLANDS
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-	90 (2020)			Pag	ge 12	
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	22,6			
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,8			
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	11,7			
5	Net unrealized gains (losses) on investments	5	1,1	67,5	18.	
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					
	<u>32,</u> column (B))	10	12,6	33,1	51.	
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain in				
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled 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?		2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were aud					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight of				
	the audit, review, or compilation of its financial statements and selection of an independent accounta		2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, e	xplain on				
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in the				
	Single Audit Act and OMB Circular A-133?		3a	Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	•	3b	Х		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

		t of the Treasury venue Service		Go to www.irs.go	/Form990 for instruction	ons and t	he latest i	nformation.	Inspection
Nam	e of th	e organization	•					Employer identifi	cation number
UN.	TEL	WAY OF T						47-03766	
Ра				÷ ,	organizations must			,	S
The	<u> </u>				is: (For lines 1 through			,	
1					tion of churches desc				
2					. (Attach Schedule E	-			
3		-	-	-	rganization described				
4			-		conjunction with a hos	spital de	scribed ii	n section 170(b)(1)(A)	(iii). Enter the
F		hospital's nam					d ar ana	rotod by a gayarama	untal unit described in
5		-	-		a college of universit	ly owned	a or ope	rated by a governme	ental unit described in
6				Complete Part II.)	rnmental unit describe	d in sect	tion 170(b)(1)(A)(y)	
7									om the general public
•		-)(1)(A)(vi). (Compl		ipport in	om a go		
8					b)(1)(A)(vi). (Complete	e Part II.)			
9					ed in section 170(b)(1			in conjunction with a	land-grant college
		•		•	griculture (see instruct				• •
		university:			, ,			•	-
10 11	_	receipts from support from acquired by th	activities rela gross investme organizatio	ited to its exempt f nent income and u on after June 30, 1	ore than 331/3 % of its functions, subject to c nrelated business tax 975. See section 509 usively to test for publi	ertain ex able inco (a)(2). (0	xceptions ome (les: Complete	s; and (2) no more than s section 511 tax) from Part III.)	n 331/3 % of its
12		An organizatio	on organized	and operated exclu	usively for the benefit	of, to pe	erform th	e functions of, or to o	carry out the purposes
		of one or mor	re publicly su	pported organizati	ons described in sec	tion 509	(a)(1) or	section 509(a)(2). S	ee section 509(a)(3).
	_	Check the box	in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	ation and complete lin	nes 12e, 12f, and 12g.
а		Type I. A su	upporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supporte	ed organizatio	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the
	_		-	-	e Part IV, Sections A				
b					ed or controlled in co				
			-		rganization vested in	the sam	le persor	is that control or man	age the supported
_				-	, Sections A and C.			e suithe end forestioned	ll
С			-		ng organization opera ns). You must comple				ily integrated with,
d		- ··	•	. , .	porting organization of				tod organization(c)
u		•••			nization generally must	•			• • • • •
			-	• •	omplete Part IV, Sect			•	
е					a written determinatio				I. Type III
			-		ionally integrated sup				., ., ., .
f	Ent	•	•	•••					
g	Pro	vide the follow	ving information	on about the suppo	orted organization(s).				
	(i) Na	ame of supported of	organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))	-	ur governing ment?	support (see instructions)	other support (see instructions)
						Yes	No		
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	al								
For I	aper	work Reduction A	ct Notice, see th	e Instructions for Form	990 or 990-EZ.			Schedule A	(Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

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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.)

Sec	tion A. Public Support						
Cale	ndar 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.
	tion B. Total Support						
Cale	ndar 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.) <u>ATCH. 1</u>	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. (s	see instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	the organizatio	on's first, second	, third, fourth,	or fifth tax yea	r as a section	501(c)(3) ▶
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2020 (li	,				14	78.58%
15	Public support percentage from 2019						78.13 %
16a	331/3% support test - 2020. If the org	ganization did n	ot check the box	x on line 13, an	d line 14 is 33	1/3 % or more, c	
	box and stop here. The organization q						
b	331/3% support test - 2019. If the org	ganization did no	ot check a box o	n line 13 or 16	a, and line 15 is	s 331/3 % or mo	re, check
	this box and stop here. The organization	on qualifies as a	publicly suppor	ted organizatio	1		▶∟
17a	10%-facts-and-circumstances test - 2	2020. If the org	anization did no	ot check a box	on line 13, 16a	a, or 16b, and li	ine 14 is
	10% or more, and if the organization	n meets the fac	cts-and-circumst	ances test, che	ck this box an	d stop here. E	xplain in
	Part VI how the organization meets	the facts-and-c	ircumstances te	st. The organiz	ation qualifies	as a publicly s	upported
	organization						
b	10%-facts-and-circumstances test - 2	2019. If the org	ganization did no	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the organized					-	-
	in Part VI how the organization meets	s the facts-and-	-circumstances to	est. The organi	zation qualifies	as a publicly s	upported
	organization						
18	Private foundation. If the organization						
	instructions						<u> ► ∟</u>

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

t 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.)

Sec	tion A. Public Support						
Cale	ndar 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						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10 a	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						
с	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 fo	r the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here			<u></u>		<u></u>	<u></u> ►
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2020 (line 8	, column (f), divid	ed by line 13, colu	mn (f))		15	%
16	Public support percentage from 2019 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2020 (li					17	%
18	Investment income percentage from 2019					18	%
19 a	331/3% support tests - 2020. If the or						
	17 is not more than 331/3%, check thi	-	•	-		••••••	
b	331/3% support tests - 2019. If the org						
	line 18 is not more than 331/3%, check		•	•			
20	Private foundation. If the organization	did not check a	a box on line 1	4, 19a, or 19b,			
JSA 0E122	1 1.000				S	chedule A (Form 9	90 or 990-EZ) 2020

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Part III Sup

Page **4**

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

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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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- **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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? *If "Yes," provide detail in Part VI.*
- 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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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))? If "Yes," provide detail in **Part VI.**
- **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? *If "Yes," provide detail in Part VI.*
- **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? *If "Yes," provide detail in Part VI.*
- **10 a** 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)? *If "Yes," answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
ecti	on 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? 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.	1

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? 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.

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)? 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).
 1

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?	1		
2	re any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported anization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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</i>			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Che	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structio	ons).	
а		The organization satisfied the Activities Test. Complete line 2 below.		,	
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
с		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instru	uctions).
			ſ		No
2	Activ	vities Test, Answer lines 2a and 2b below.			

_			
а	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</i> 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.	2a	
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</i> Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	20	
	these activities but for the organization's involvement.	2b	
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> 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? If "Yes" or "No," provide details in Part VI.	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

Schedule A (Form 990 or 990-EZ) 2020

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	IS	Page
1 Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust or	n Nov. 20, 1970 (<i>expla</i>	
instructions. All other Type III non-functionally integrated supporting organi Section A - Adjusted Net Income	Izations	(A) Prior Year	B) Current 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)
 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 (explain in detail in Part VI):	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).

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions				Current Year		
1	Amounts paid to supported organizations to accomplish ex		1				
2	Amounts paid to perform activity that directly furthers exer	ed					
	organizations, in excess of income from activity		2				
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)		5			
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6			
	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2020 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount		(11)	10			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	ns	(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						
	From 2017						
d	From 2018						
e	From 2019						
f	Total of lines 3a through 3e						
b	Applied to underdistributions of prior years						
<u>h</u>	Applied to 2020 distributable amount 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: \$						
а	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, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2020. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2021. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
а	Excess from 2016						
b	Excess from 2017						
С	Excess from 2018						
d	Excess from 2019						
e	Excess from 2020						
			Caba		A (Form 000 or 000 E7) 2020		

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 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	573,478.	380,086.	347,608.	254,241.	1,874,858.	3,430,271.		

Schedule A (Form 990 or 990-EZ) 2020

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

47-0376605

UNITED WAY OF THE MIDLANDS

Filers of:	Section:
Form 990 or 990-EZ	X 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).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)								
Name of organization	UNITED	WAY	OF	THE	MIDLANDS			

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page **2**

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)								
Name of organization	UNITED	WAY	OF	THE	MIDLANDS			

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page **2**

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)								
Name of organization	UNITED	WAY	OF	THE	MIDLANDS		Employer identification number	
							47-0376605	

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) PUBLICLY TRADED STOCK 2 06/30/2021 1,164,518. \$ (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) \$ (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) \$ (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) \$_ (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) \$_ (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) \$_

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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me of or	(Form 990, 990-EZ, or 990-PF) (2020) rganization UNITED WAY OF THE MIDL	ANDS	Employer identification number 47-0376605
art III	(10) that total more than \$1,000 for	the year from any one cont ons completing Part III, enter e year. (Enter this information	bis described in section 501(c)(7), (8), or ributor. Complete columns (a) through (e) the total of <i>exclusively</i> religious, charitable, once. See instructions.) ► \$
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, ar	d 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
	Transferee's name, address, ar	(e) Transfer of gift d 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, ar		Relationship of transferor to transferee

(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	(e) Trans	ier of gift				
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
			(e) Transfer of gift			

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Department of the Treasury Internal Revenue Service	► Comp	blete if the organization is described be ► Go to www.irs.gov/Form990 for		to Form 990 or Form 990-EZ. latest information.	Open to Public Inspection
If the organization answe	•	on Form 990, Part IV, line 3, or Form Complete Parts I-A and B. Do not comp		6 (Political Campaign Activities)	
 Section 501(c) (other 	er than section	on 501(c)(3)) organizations: Complete I	Parts I-A and C below.	Do not complete Part I-B.	
 Section 527 organiza 		()()) 0		·	
0		on Form 990, Part IV, line 4, or Form	990-EZ, Part VI, line 4	17 (Lobbying Activities), then	
 Section 501(c)(3) or 	ganizations	that have filed Form 5768 (election un	der section 501(h)): C	omplete Part II-A. Do not complete	te Part II-B.
 Section 501(c)(3) or 	ganizations	that have NOT filed Form 5768 (election	on under section 501(h	n)): Complete Part II-B. Do not co	mplete Part II-A.
Tax) (See separate instru	ctions), the	on Form 990, Part IV, line 5 (Proxy n anizations: Complete Part III.	Tax) (See separate i	instructions) or Form 990-EZ,	Part V, line 35c (Prox
Name of organization	5), 01 (0) 01ga			Employer identifi	cation number
UNITED WAY OF TH	ידרדא שנ	NDS		47-037660	
		organization is exempt under	sostion 501(c) or		
		• •		•	
•		organization's direct and indirect p	political campaign a	ictivities in Part IV. (See instr	uctions for
definition of "politi		. ,		> *	
		xpenditures (See instructions)			
	or political	campaign activities (See instructio	ns) Section 501 (c)(2)		
		organization is exempt under s			
1 Enter the amount	of any exc	cise tax incurred by the organizatio	n under section 498	▶\$	
		cise tax incurred by organization m			
		a section 4955 tax, did it file Form			
					Yes No
b If "Yes," describe					
		organization is exempt under			
	•	xpended by the filing organization		•	
		g organization's funds contributed es			
		enditures. Add lines 1 and 2. Ent			
4 Did the filing orga	nization file	e Form 1120-POL for this year?			Yes No
5 Enter the names, organization mad the amount of po	addresses e payment litical cont	and employer identification numb s. For each organization listed, en tributions received that were prom nd or a political action committee (er (EIN) of all secti ter the amount pai optly and directly de	ion 527 political organizatio id from the filing organization elivered to a separate polition	ns to which the filing on's funds. Also ente cal organization, such
(a) Name		(b) Address	(c) EIN	filing organization's con funds. If none, enter -0	(e) Amount of political ntributions received and promptly and directly delivered to a separate solitical organization. If none, enter -0
(1)			-		
(2)			-		
(3)			_		
(4)			_		
(5)			-		
(6)			-		
For Paperwork Reduction	n Act Notice	e, see the Instructions for Form 990 o	⊥ r 990-EZ .	Schedule C	(Form 990 or 990-EZ) 2020

Political Campaign and Lobbying Activities

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

SCHEDULE C

(Form 990 or 990-EZ)



OMB No. 1545-0047

Schedule C (Form 990 or 990-EZ) 2020 UNITED	WAI OF THE MIDLANDS	47=0	370005 Page Z
Part II-A Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and	l filed Form 5768 (elec	tion under
	longs to an affiliated group (and list in Part IV e and share of excess lobbying expenditures).	ach affiliated group mem	ber's name,
B Check ► if the filing organization ch	ecked box A and "limited control" provisions app	oly.	
	ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
 b Total lobbying expenditures to influence c Total lobbying expenditures (add lines 1 d Other exempt purpose expenditures e Total exempt purpose expenditures (add 	public opinion (grassroots lobbying) a legislative body (direct lobbying) a and 1b) d lines 1c and 1d) e amount from the following table in both		
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.		
	5% of line 1f)		
-	ess, enter -0-		
	ss, enter -0-		
-	on either line 1h or line 1i, did the organiza		
reporting section 4911 tax for this year?	<u></u>		Yes No

4-Year Averaging Period Under Section 501(h)

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

See the 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))									
с	Total lobbying expenditures									
d	Grassroots nontaxable amount									
e	Grassroots ceiling amount (150% of line 2d, column (e))									
f	Grassroots lobbying expenditures									

Schedule C (Form 990 or 990-EZ) 2020

Sche	UNITED WAY OF THE MIDLANDS dule C (Form 990 or 990-EZ) 2020		4 /	-037	6605		Page 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d For	m 57	68		
		(ä	a)		(b)	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No		Amo	ount	
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:						
а	Volunteers?	37	X				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.	X	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 h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х				
i	Other activities?		Х				
j	Total. Add lines 1c through 1i						
, 2а	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х				
b	If "Yes," enter the amount of any tax incurred under section 4912						
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	ectio	n		
						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?						
3	Did the organization agree to carry over lobbying and political campaign activity expenditures fro						
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."					3, is	i
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou						
	political expenses for which the section 527(f) tax was paid).	-					
а	Current year			2a			
b	Carryover from last year.			2b			
С	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	es		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	of th	ne				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lo	obbyir	ng				

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.

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Part IV Supplemental Information (continued)

SCHEE	DULE D)
(Form	990)	

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

OMB No. 1545-0047

<u>୬</u>**୩୨୩**

		Part IV, line 6, 7,					
Department of the Treasury				Open to Public			
Internal Revenue Service		► Go to www.irs.gov	/Form990 for instructio	ns and the latest infor		Inspection	
Name	e of the organization				Employer identificat	ion number	
UNI	ITED WAY OF TH	E MIDLANDS			47-037660	5	
Pa		tions Maintaining Donor Adv			r Accounts.		
	Complete	if the organization answered	"Yes" on Form 990	, Part IV, line 6.			
			(a) Donor ad	vised funds	(b) Funds and	other accounts	
1	Total number at er	nd of year					
2		f contributions to (during year)					
3		f grants from (during year)					
4		t end of year					
5		on inform all donors and donor	advisors in writing t	that the assets held	in donor advised		
-	-	nization's property, subject to the	-			Yes No	
6	-	on inform all grantees, donors, a	-	-			
•	-	purposes and not for the bene					
	•	issible private benefit?			•	Yes No	
Pa		tion Easements.				<u> </u>	
		if the organization answered	"Yes" on Form 990	, Part IV, line 7.			
1	Purpose(s) of con	servation easements held by the	organization (check a	Ill that apply).			
	Preservation	n of land for public use (for example	, recreation or education)	Preservation	of a historically imp	ortant land area	
		of natural habitat			of a certified histor		
	Preservatio	n of open space					
2		through 2d if the organization h	eld a qualified conser	vation contribution in	n the form of a cons	ervation	
		ast day of the tax year.	·			End of the Tax Year	
а		onservation easements			2a		
b		ricted by conservation easements			2b		
c	-	vation easements on a certified			2c		
d		vation easements included in (
-		sted in the National Register	<i>'</i>		2d		
3		rvation easements modified, tra				nization during the	
•	tax year			, er tern	iniated by the erga	inization damig the	
4		where property subject to conse	rvation easement is lo	cated ►			
5		ation have a written policy reg			tion, handling of		
•			asements it holds?				
6			nspecting, handling of violations, and enforcing conservation easements during the y				
•			oomig, nanamig of no	anono, and onlorong		ine during the year	
7	Amount of expense	es incurred in monitoring, inspec	ting, handling of violat	ions, and enforcing o	conservation easeme	ents during the vear	
	►\$		<u>,</u> ,	.,			
8		vation easement reported on line :	2(d) above satisfy the	requirements of sect	ion 170(h)(4)(B)(i)		
-)(4)(B)(ii)?					
9		be how the organization reports					
-		d include, if applicable, the text of			•		
		ounting for conservation easeme		.		-	
Pa		tions Maintaining Collections		Freasures, or Othe	er Similar Assets.		
		if the organization answered					
1a					le statement and b	alance sheet works	
. a	of art, historical t	elected, as permitted under FA reasures, or other similar asse	ts held for public ex	whibition, education,	or research in fur	therance of public	
	service, provide in	Part XIII the text of the footnote	to its financial statem	ients that describes t	these items.		
b	If the organization	elected, as permitted under F	ASB ASC 958, to rep	port in its revenue s	statement and bala	nce sheet works of	
		sures, or other similar assets he ing amounts relating to these iter		on, education, or res	search in furtheranc	e of public service,	
		ded on Form 990, Part VIII, line 1			ه		
	(ii) Assots isolude	d in Form 900 Part V			· · · · · · · · ► 주. ► ↑		
	(ii) Assets include	d in Form 990, Part X			· · · · · · · · ·		

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under FASB ASC 958 relating to these items: included m 000 Pa . art \/III lir

F	For F	Sc	hedule D (Form 990) 2020	
_	b	Assets included in Form 990, Part X	▶ 9	\$
	а	Revenue included on Form 990, Part VIII, line 1	• १	Þ

INTTED WAY OF THE MIDLANDS

<u>.</u> .		TED WAY OF THE	E MIDLANDS			47-03	10005	•
-	dule D (Form 990) 2020			-	01	<u> </u>		Page 2
	rt III Organizations Maintainir	-					,	
3	Using the organization's acquisition		other records, cr	leck any of the	he followi	ing that make sigi	nificant use	of its
-	collection items (check all that apply	y):				_		
a	Public exhibition			an or exchang	je progran	n		
b	Scholarly research		e 🔄 Ot	ner				
c	Preservation for future gener		and avalain he	w they funthe	ar the ere	anization's avera	4	in Dort
4	Provide a description of the organ	izations collections	and explain no	w they furthe	er the org	janization's exemp	t purpose	in Part
F	XIII.	n a aliait ar raaaiya a	lanations of art			than aimilar		
5	During the year, did the organization					_		
De	assets to be sold to raise funds rath		aned as part of t	ie organizatio	on's collec	uon?	Yes	No
Fa	rt IV Escrow and Custodial Ar Complete if the organizat 990, Part X, line 21.		s" on Form 99), Part IV, Iin	e 9, or re	eported an amou	nt on Form	ı
1a	Is the organization an agent, trust	ee, custodian or of	ther intermediar	y for contribu	utions or	other assets not		
	included on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in	Part XIII and comp	lete the following	table:				
						Amount		
с	Beginning balance			10	c .			
d	Additions during the year							
е	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amo				custodial a	account liability?	Yes	No
b	If "Yes," explain the arrangement in	Part XIII. Check he	ere if the explana	tion has been	provided of	on Part XIII	 [
	rt V Endowment Funds.		· ·				<u>L</u>	
	Complete if the organiza	tion answered "Ye	s" on Form 99), Part IV, lin	ne 10.			
		(a) Current year	(b) Prior year	(c) Two ye	ears back	(d) Three years back	(e) Four yea	ars back
1a	Beginning of year balance	6,302,499.	6,246,22	8. 6,04	4,686.	5,938,617.	8,60	2,744
	Contributions		76,50	0.				
	Net investment earnings, gains,							
·	and losses	1,420,926.	184,28	3. 31	3,583.	146,981.	21	5,030
Ь	Grants or scholarships						52	1,841
	Other expenditures for facilities							
Ū	and programs	213,125.	204,51	2. 11	2,041.	40,912.	2,35	7,316.
f	Administrative expenses							
g	End of year balance	7,510,300.	6,302,49	9. 6,24	6,228.	6,044,686.	5,93	8,617.
2	Provide the estimated percentage	of the current vear	end balance (line	1a. column (a)) held as:			
а	Board designated or quasi-endowm	ent 🕨 42.0800	_%	3, (.	,,			
b	Permanent endowment 45.6	200 %						
С	Term endowment ▶ 12.3000	%						
	The percentages on lines 2a, 2b, a	nd 2c should equal 1	100%.					
3a	Are there endowment funds not in t	he possession of th	ne organization t	nat are held a	ind admin	istered for the		
	organization by:						Ye	s No
	(i) Unrelated organizations						3a(i) X	
	(ii) Related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the relate	d organizations liste	d as required on	Schedule R? .			3b	
4	Describe in Part XIII the intended u		tion's endowmen	t funds.				
Ра	rt VI Land, Buildings, and Equ Complete if the organiza	ipment. tion answered "V	es" on Form 90	0 Part IV lir	no 110 S	See Form 990 Pa	art X line '	10
	Description of property	(a) Cost or		ost or other basis	1		i) Book value	
		(invest		(other)		eciation		
1a	Land							
b	Buildings			1,514,567	. 3'	72,665.	1,141	,902.
С	Leasehold improvements				-			
d	Equipment			507,570		30,296.		,274.
e	Other			992,364		84,403.		,961.
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Form	n 990, Part X, col	umn (B), line '	10c.)		1,727	,137.

Schedule D (Form 990) 2020

JSA 0E1269 1.000

Part VII Investments - Other Securities. Complete if the organization answered	l "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	l "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.), Part IV, line 11d. See Form 990, Part X, line 15.		
· •	scription	(b) Book value		
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) I	ine 15.)	▶		
Part X Other Liabilities.	,			
	I "Yes" on Form 990), Part IV, line 11e or 11f. See Form 990, Part X,		

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 . JSA 0E1270 1.000

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UNITED	WAY	OF	THE	MIDLANDS
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Schedu	le D (Form 990) 2020		Page 4			
Part		'n.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements	1	23,053,552.			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	_				
b	Donated services and use of facilities	<u>.</u>				
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d	2e	1,866,432.			
3	Subtract line 2e from line 1	3	21,187,120.			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a					
b	Other (Describe in Part XIII.)	-				
	Add lines 4a and 4b	4c	1,418,540.			
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5	22,605,660.			
Part						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements	1	22,171,362.			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
a	Donated services and use of facilities					
b	Prior year adjustments	1				
c	Other losses.	1				
d	Other (Describe in Part XIII.)	1				
e	Add lines 2a through 2d	2e	698,914.			
3	Subtract line 2e from line 1	3	21,472,448.			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
-	Investment expenses not included on Form 990, Part VIII, line 7b 4a					
a L		1				
b		4c	1,418,540.			
с 5	Add lines 4a and 4b	-	22,890,988.			
-	Int 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						

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, I 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

Schedule D (Form 990) 2020

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 IGrants and Other Assistance to Organizations, Governments, and Individuals in the United States					-	OMB No. 1545-0047		
						2020		
Com	plete if the o	-	wered "Yes" on F		, line 21 or 22.			
Department of the Treasury			ttach to Form 990				Open to Public	
Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.							Inspection	
Name of the organization						Employer identific		
UNITED WAY OF THE MIDLANDS						47-0376	605	
Part I General Information on Grants an	d Assistanc	e						
-	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 gran	ts or assistand	e?					X Yes No	
2 Describe in Part IV the organization's proce	dures for mor	nitoring the use	of grant funds in the	e United States.				
Part II Grants and Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered	"Yes" on Form 990,	
Part IV, line 21, for any recipient t		-						
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	20 12,0011	50105	115,750.					
2912 SO 80TH AVE OMAHA, NE 68124	53-0196605	501C3	50,000.				CIRT ALLOCATIONS	
(3) BIG BROTHERS BIG SISTERS OF THE MIDLANDS	55 0190005	50105						
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								

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

Schedule I (Form 990) 2020

SCHEDULE I			Assistance t			-	OMB No. 1545-0047
(Form 990)		-	ndividuals in				2020
	Complete if the or	-			, line 21 or 22.		
Department of the Treasury			ttach to Form 990				Open to Public
Internal Revenue Service	►Go	to www.irs.gov	/Form990 for the I	atest informatior).		Inspection
Name of the organization						Employer identifica	
UNITED WAY OF THE MIDLANDS						47-03766	05
Part I General Information on G	Frants and Assistance	9					
1 Does the organization maintain red			-	-			
the selection criteria used to aware	-						X Yes No
2 Describe in Part IV the organization	on's procedures for mor	itoring the use	of grant funds in the	e United States.			
Part II Grants and Other Assista	ance to Domestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "	Yes" on Form 990,
Part IV, line 21, for any re	ecipient that received	more than \$5	,000. Part II can b	be duplicated if a	additional space is r	needed.	
1 (a) Name and address of organizatio or government		(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) COLLECTIVE FOR YOUTH							
105 N 31ST AVENUE, STE 103 OMAHA, N	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 6	68105 46-4140587	501C3	23,000.				CIRT ALLOCATIONS
(5) FAMILY HOUSING ADVISORY SERVICES, 3	INC.						
2401 LAKE ST. STE 201 OMAHA, NE 683		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 BU	UILDING 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 68105-280	00 47-0432299	501C3	50,000.				CIRT ALLOCATIONS
(11) GIRLS INCORPORATED OF OMAHA							
2811 NO 45TH ST OMAHA, NE 68104-459	96 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(organizations lis	sted in the line 1 tak	ble			•
3 Enter total number of other organi	zations listed in the line	1 table	<u></u>	<u></u> .	<u></u>	<u></u> . •	•
		~~					

Schedule I (Form 990) 2020

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	SCHEDULE I	Grants a	nd Other A	Assistance t	o Organiza	itions,	L	OMB No. 1545-0047			
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Open to Public Inspection Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Name of the organization 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? X Yes No 2 Describe in Part IV the organizations 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 (f applicable) (d) Amount of cash grant (e) Amount of non- cash assistance (f) Method of valuation noncash assistance (g) Description of noncash assistance (h) Purpose of grant or assistance (1) GREATER OMAHA ATTENDANCE AND LEARNING SERVI 3215 COMING ST OMAHA, NE 68131-2000 45-5608246 501c3 25,000. CIRT ALLOCATIONS					-	•		20 20			
Department of the Treasury Internal Revenue Service Employer identification number 47-0376605 Name of the organization Employer identification number 47-0376605 Part1 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? X Yes No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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. (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of on- cash assistance (f) Method of valuation (book, FMV; appraisal, other) (g) Description of noncash assistance (h) Purpose of grant or assistance (1) GREATER OMAHA, NE 68131-2000 45-5608246 501c3 25,000. CIRT ALLOCATIONS (2) HABITAT FOR HUMANITY OF COUNCIL BLUFFS 42-1394987 501c3 25,000. CIRT ALLOCATIONS (3) HABITAT FOR HUMANITY OF COUNCIL BLUFFS 42-1394987 501c3 50,000. CIRT ALLOCATIONS (2) HABITAT FOR HUMANITY OF COUNCIL BLUFFS 42-1394987 501c3	Com	plete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.					
Internal Revenue Service Inspection Inspection Name of the organization Employer identification number 47-0376605 Part I General Information on Grants and Assistance X Yes No 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? X Yes No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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. (f) Method of valuation or government (g) Description of noncash assistance (h) Purpose of grant or assistance 1 (g) REATER OMAHA, ATTENDANCE AND LEARNING SERVI (a) Amount of cash grant (e) Amount of non- cash assistance (f) Method of valuation or government (g) Description of noncash assistance (h) Purpose of grant or assistance 1 Orgovernment (b) EIN (c) IRC section (ff applicable) (d) Amount of cash grant (f) Method of valuation or or government (g) Description of noncash assistance (h) Purpose of grant or assistance 1 (g) REATER OMAHA ATTENDANCE AND LEARNING SERVI 3215 CUMING ST OMAHA, NE 66131-2000 45-5608246 501C3	Department of the Treasury		► At	ttach to Form 990							
UNITED WAY OF THE MIDLANDS 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? X Yes No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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. (h) Purpose of grant or government 1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (h) Method of valuation on concest here) (h) Purpose of grant or assistance 1 Grants and Attrenzance And Learning SERVI 3215 CUMING ST OMAHA, NE 68131-2000 45-5608246 501c3 25,000. CIRT ALLOCATIONS (2) HABITAT FOR HUMANITY OF COUNCIL BLUFFS 42-1394987 501c3 25,000. CIRT ALLOCATIONS (3) HEART MINISTRY CENTER - OMAHA 81-0614816 501c3 50,000. CIRT ALLOCATIONS (2) ELABITAT FOR HUMANITY OF COUNCIL BLUFFS 42-1394987 501c3 25,000. CIRT ALLOCATIONS (3) HEART MINISTRY CENTER - OMAHA 81-0614816 <	Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest information).		Inspection			
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? Image: Comparization and the grants or assistance and the grants or assistance? 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 (rit applicable) (d) Amount of cash grant (f) Method of valuation foor, Cash assistance (g) Description of non-cash assistance 1(1) GREATER OMAHA ATTENDANCE AND LEARNING SERVI 45-5608246 501C3 25,000. CIRT ALLOCATIONS 1228 SOUTH MAIN STREET 42-1394987 501C3 25,000. CIRT ALLOCATIONS (3) HEART MINISTRY CENTER - OMAHA HEART MINISTRY CENTER - OMAHA 81-0614816 501C3 50,000. CIRT ALLOCATIONS	Name of the organization						Employer identif	ication number			
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? Image: Constraint of the selection criteria used to award the grants or assistance? Image: Constraint of the selection criteria used to award the grants or assistance? Image: Constraint of the selection criteria used to award the grants or assistance? Image: Constraint of the selection criteria used to award the grants or assistance? Image: Constraint of the selection criteria used to award the grants or assistance? Image: Constraint of the selection criteria used to award the grants or assistance? Image: Constraint of the selection criteria used to award the grants or assistance? Image: Constraint of the selection criteria used to award the grants or assistance? Image: Constraint of the selection criteria used to award the grants or assistance? Image: Constraint of the selection criteria used to award the grant or assistance or assis	UNITED WAY OF THE MIDLANDS						47-0376	47-0376605			
the selection criteria used to award the grants or assistance? X 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. (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 noncestic or government (g) Description of noncash assistance (h) Purpose of grant or assistance (g) Description of noncash assistance (h) Purpose of grant or assistance (g) Description of noncash assistance (g) Description of cash assistance (g) Description of noncash assistance (g) Description of cash assistance (g) Description of cash assistance (g) Description of council BlupFS (g) Heart MINISTRY CENTER - OMAHA (g) Heart MINISTRY CENTER -	Part I General Information on Grants and	d Assistanc	e				·				
the selection criteria used to award the grants or assistance? X 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. (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 noncestic or government (g) Description of noncash assistance (h) Purpose of grant or assistance (g) Description of noncash assistance (h) Purpose of grant or assistance (g) Description of noncash assistance (g) Description of cash assistance (g) Description of noncash assistance (g) Description of cash assistance (g) Description of cash assistance (g) Description of council BlupFS (g) Heart MINISTRY CENTER - OMAHA (g) Heart MINISTRY CENTER -	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and										
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 (f) Method of valuation (bok, FMV, appraisal, other) (g) Description of noncash assistance (h) Purpose of grant or assistance (1) GREATER OMAHA ATTENDANCE AND LEARNING SERVI 45-5608246 501c3 25,000. (e) Amount of non- cash assistance (f) Method of valuation (bok, FMV, appraisal, other) (g) Description of noncash assistance (h) Purpose of grant or assistance (1) GREATER OMAHA ATTENDANCE AND LEARNING SERVI 45-5608246 501c3 25,000. (c) IRT ALLOCATIONS (2) HABITAT FOR HUMANITY OF COUNCIL BLUFFS 1228 SOUTH MAIN STREET 42-1394987 501c3 25,000. (c) IRT ALLOCATIONS (3) HEART MINISTRY CENTER - OMAHA 81-0614816 501c3 50,000. (c) IRT ALLOCATIONS (c) IRT ALLOCATIONS								X Yes No			
Part IV, line 21, for any recipient the received wore 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) GREATER OMAHA ATTENDANCE AND LEARNING SERVI 3215 CUMING ST OMAHA, NE 68131-200045-5608246501C325,000.CITT ALLOCATIONS(2) HABITAT FOR HUMANITY OF COUNCIL BLUFFS 1228 SOUTH MAIN STREET42-1394987501C325,000.CITT ALLOCATIONS(3) HEART MINISTRY CENTER - OMAHA 2222 BINNEY ST OMAHA, NE 68110-203881-0614816501C350,000.CITT ALLOCATIONS											
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) GREATER OMAHA ATTENDANCE AND LEARNING SERVI 3215 CUMING ST OMAHA, NE 68131-200045-5608246501c325,000.CIRT ALLOCATIONS(2) HABITAT FOR HUMANITY OF COUNCIL BLUFFS 1228 SOUTH MAIN STREET42-1394987501c325,000.CIRT ALLOCATIONS(3) HEART MINISTRY CENTER - OMAHA 2222 BINNEY ST OMAHA, NE 68110-203881-0614816501c350,000.CIRT ALLOCATIONS	Part II Grants and Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered	"Yes" on Form 990,			
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) GREATER OMAHA ATTENDANCE AND LEARNING SERVI 3215 CUMING ST OMAHA, NE 68131-200045-5608246501c325,000.CIRT ALLOCATIONS(2) HABITAT FOR HUMANITY OF COUNCIL BLUFFS 1228 SOUTH MAIN STREET42-1394987501c325,000.CIRT ALLOCATIONS(3) HEART MINISTRY CENTER - OMAHA 2222 BINNEY ST OMAHA, NE 68110-203881-0614816501c350,000.CIRT ALLOCATIONS	Part IV, line 21, for any recipient the	nat received	more than \$5	,000. Part II can I	be duplicated if a	additional space is r	needed.				
3215 CUMING ST OMAHA, NE 68131-200045-5608246501C325,000.CIRT ALLOCATIONS(2) HABITAT FOR HUMANITY OF COUNCIL BLUFFS<	1 (a) Name and address of organization	1	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation (book, FMV, appraisal,	(g) Description o				
3215 CUMING ST OMAHA, NE 68131-200045-5608246501C325,000.CIRT ALLOCATIONS(2) HABITAT FOR HUMANITY OF COUNCIL BLUFFS42-1394987501C325,000.CIRT ALLOCATIONS1228 SOUTH MAIN STREET42-1394987501C325,000.CIRT ALLOCATIONS(3) HEART MINISTRY CENTER - OMAHA81-0614816501C350,000.CIRT ALLOCATIONS2222 BINNEY ST OMAHA, NE 68110-203881-0614816501C350,000.CIRT ALLOCATIONS	(1) GREATER OMAHA ATTENDANCE AND LEARNING SERVI					,					
1228 SOUTH MAIN STREET 42-1394987 501C3 25,000. CIRT ALLOCATIONS (3) HEART MINISTRY CENTER - OMAHA 81-0614816 501C3 50,000. CIRT ALLOCATIONS 2222 BINNEY ST OMAHA, NE 68110-2038 81-0614816 501C3 50,000. CIRT ALLOCATIONS		45-5608246	501C3	25,000.				CIRT ALLOCATIONS			
1228 SOUTH MAIN STREET 42-1394987 501C3 25,000. CIRT ALLOCATIONS (3) HEART MINISTRY CENTER - OMAHA 81-0614816 501C3 50,000. CIRT ALLOCATIONS 2222 BINNEY ST OMAHA, NE 68110-2038 81-0614816 501C3 50,000. CIRT ALLOCATIONS	(2) HABITAT FOR HUMANITY OF COUNCIL BLUFFS										
2222 BINNEY ST OMAHA, NE 68110-2038 81-0614816 501C3 50,000. CIRT ALLOCATIONS		42-1394987	501C3	25,000.				CIRT ALLOCATIONS			
2222 BINNEY ST OMAHA, NE 68110-2038 81-0614816 501C3 50,000. CIRT ALLOCATIONS	(3) HEART MINISTRY CENTER - OMAHA										
(4) HEARTLAND FAMILY SERVICE	· · ·	81-0614816	501C3	50,000.				CIRT ALLOCATIONS			
	(4) HEARTLAND FAMILY SERVICE										
2101 S 42ND ST OMAHA, NE 68105-2911 47-0390618 501C3 700,100.	· · ·	47-0390618	501C3	700,100.				CIRT ALLOCATIONS			
(5) HEARTLAND HOPE MISSION	(5) HEARTLAND HOPE MISSION										
2021 U ST OMAHA, NE 68107-3666 14-1869352 501C3 50,000.		14-1869352	501C3	50,000.				CIRT ALLOCATIONS			
(6) HOPE CENTER, INC.	(6) HOPE CENTER, INC.										
2200 NO. 20TH ST OMAHA, NE 68110 47-0826512 501C3 40,000.	2200 NO. 20TH ST OMAHA, NE 68110	47-0826512	501C3	40,000.				CIRT ALLOCATIONS			
(7) HOUSING FOUNDATION FOR SARPY COUNTY	(7) HOUSING FOUNDATION FOR SARPY COUNTY										
8214 ARMSTRONG CIRCLE BELLEVUE, NE 68147 46-2348565 501C3 10,000.	8214 ARMSTRONG CIRCLE BELLEVUE, NE 68147	46-2348565	501C3	10,000.				CIRT ALLOCATIONS			
(8) INTERCULTURAL SENIOR CENTER	(8) INTERCULTURAL SENIOR CENTER										
3010 r st omaha, ne 68107 27-2460810 501C3 20,000.	3010 R ST OMAHA, NE 68107	27-2460810	501C3	20,000.				CIRT ALLOCATIONS			
(9) INTERNATIONAL COUNCIL FOR REFUGEES & IMMIGR	(9) INTERNATIONAL COUNCIL FOR REFUGEES & IMMIGR										
6901 DODGE ST, STE 104 OMAHA, NE 68132 27-1544492 501C3 15,000.	6901 DODGE ST, STE 104 OMAHA, NE 68132	27-1544492	501C3	15,000.				CIRT ALLOCATIONS			
(10) IOWA JAG INC	(10) IOWA JAG INC										
400 E 14TH ST., GRIMES ST OFC BLDG 42-1492988 501C3 20,000. CIRT ALLOCATIONS	400 E 14TH ST., GRIMES ST OFC BLDG	42-1492988	501C3	20,000.				CIRT ALLOCATIONS			
(11) IOWA LEGAL AID	(11) IOWA LEGAL AID										
1111 9TH STREET, STE 230 42-1079227 501C3 20,000. CIRT ALLOCATIONS	1111 9TH STREET, STE 230	42-1079227	501C3	20,000.				CIRT ALLOCATIONS			
(12) JEWISH FEDERATION OF OMAHA	(12) JEWISH FEDERATION OF OMAHA										
333 S 132ND ST OMAHA, NE 68154-2106 47-0384659 501C3 20,000. CIRT ALLOCATIONS								CIRT ALLOCATIONS			
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tak	ble			▶			
3 Enter total number of other organizations listed in the line 1 table	3 Enter total number of other organizations list	ed in the line	1 table					•			

Cform 990) Covernments, and Individuals in the United States Complete if the organization answered "Yes" on Form 900, Part IV, line 21 or 22. Natach to Form 900, The Vision of the statest information. Description of the many many decomposition of the statest information. Description of the statest information. Description of the statest information. Description of the organization maintain records to substantiate the amount of the grants or assistance, the grant decide diplicity for the grants or assistance, and the selection criteria used to award the grants or assistance and the statest or discussion of the organization answered "Yes" on Form 900, Part IV, line 21, for any recipient that received more than 55,000. Part II can be duplicated if additional space is needed. W yes				Assistance t	-	•	F	OMB No. 1545-0047		
Complete if the organization answered "res" on Form 990, plat IV, line 21 of 22. Open to Public Inspection Image: Information Of Section Answered "res" on Form 990, plat IV, line 21 of 22. Employee identification number Image: Information Of Section Answered "res" on Form 990, plat IV, line 21 of 22. Part II General Information On Stants and Assistance Image: Information Of Section Answered "res" on Form 990, Part IV, line 21, for any recipient that received more than 55,000. Part II can be duplicated if additional space is needed. Part II Grants and Other Assistance to Domestic Organizations proceedures for monitoring the use of grant line assistance (II applicate)			•					2020		
Dependent of the selection Inspection Inspection Name of the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection offenia used to award the grants or assistance and the selection offenia used to award the grants or assistance? Image: Control of	Comp	plete if the o	-			, line 21 or 22.				
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(6) MICAH HOUSE CORPORATION (1415 AVE J COUNCIL BLIFFS, IA 51501 42-1292393 501C3 70,000. CIRT ALLOCATIONS (7) MIDLANDS LATINO COMMUNITY DEVELOPMENT CORPO (14-1973678 501C3 40,000. CIRT ALLOCATIONS (8) MOSAIC COMMUNITY DEVELOPMENT (14-1973678 501C3 40,000. CIRT ALLOCATIONS (9) NEBRASKA CHILDREN'S HOME SOCIETY (14-0000) (110000) CIRT ALLOCATIONS (110000) (10) NEBRASKA URBAN INDIAN HEALTH COALITION (110000) (1170000) (11700000) (11700000) (11) NEW VISIONS (1110000000000000000000000000000000000	(5) MERCY HOUSING MIDWEST	_								
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(7) MIDLANDS LATING COMMUNITY DEVELOPMENT CORPO 14-1973678 501C3 40,000. CIRT ALLOCATIONS (8) MOSALC COMMUNITY DEVELOPMENT 1340 PARK AVE OMAHA, NE 68105 47-0842143 501C3 20,000. CIRT ALLOCATIONS (9) NEBRASKA CHILDREN'S HOME SOCIETY 47-0378995 501C3 50,000. CIRT ALLOCATIONS (10) NEBRASKA URBAN INDIAN HEALTH COALITION 47-0697260 501C3 20,000. CIRT ALLOCATIONS (11) NEW VISIONS 42-1407712 501C3 45,000. CIRT ALLOCATIONS (12) NO MORE EMPTY POTS 42-1407712 501C3 15,000. CIRT ALLOCATIONS 2127 N 20TH ST OMAHA, NE 68102 27-2427728 501C3 15,000. CIRT ALLOCATIONS 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table CIRT ALLOCATIONS CIRT ALLOCATIONS	(6) MICAH HOUSE CORPORATION	_								
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 47-0378995 501C3 50,000. CIRT ALLOCATIONS (10) NEBRASKA URBAN INDIAN HEALTH COALITION 47-0697260 501C3 20,000. CIRT ALLOCATIONS (11) NEW VISIONS 42-1407712 501C3 45,000. CIRT ALLOCATIONS (12) NO MORE EMPTY POTS 42-1407712 501C3 15,000. CIRT ALLOCATIONS 1127 N 20TH ST OMAHA, NE 68102 27-2427728 501C3 15,000. CIRT ALLOCATIONS 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table CIRT ALLOCATIONS CIRT ALLOCATIONS	1415 AVE J COUNCIL BLUFFS, IA 51501	42-1292393	501C3	70,000.				CIRT ALLOCATIONS		
(8) MOSALC COMMUNITY DEVELOPMENT A A A A B A C CIRT ALLOCATIONS 1340 PARK AVE OMAHA, NE 68105 47-0842143 501C3 20,000. CIRT ALLOCATIONS (9) NEBRASKA CHILDREN'S HOME SOCIETY	(7) MIDLANDS LATINO COMMUNITY DEVELOPMENT CORPO									
1340 PARK AVE OMAHA, NE 68105 47-0842143 501C3 20,000. CIRT ALLOCATIONS (9) NEBRASKA CHILDREN'S HOME SOCIETY 47-0378995 501C3 50,000. CIRT ALLOCATIONS (10) NEBRASKA URBAN INDIAN HEALTH COALITION 47-0697260 501C3 20,000. CIRT ALLOCATIONS (11) NEW VISIONS 42-1407712 501C3 20,000. CIRT ALLOCATIONS (14) NO MORE EMPTY POTS 42-1407712 501C3 45,000. CIRT ALLOCATIONS (12) NO MORE EMPTY POTS 7-2427728 501C3 15,000. CIRT ALLOCATIONS 2 CIRT ALLOCATIONS CIRT ALLOCATIONS CIRT ALLOCATIONS 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table CIRT ALLOCATIONS	4923 S 24TH ST, STE 201	14-1973678	501C3	40,000.				CIRT ALLOCATIONS		
(9) NEBRASKA CHILDREN'S HOME SOCIETY 47-0378995 501C3 50,000. CIRT ALLOCATIONS (10) NEBRASKA URBAN INDIAN HEALTH COALITION 47-0697260 501C3 20,000. CIRT ALLOCATIONS (11) NEW VISIONS 42-1407712 501C3 45,000. CIRT ALLOCATIONS (12) NO MORE EMPTY POTS 42-1407712 501C3 45,000. CIRT ALLOCATIONS 21127 N 20TH ST OMAHA, NE 68102 27-2427728 501C3 15,000. CIRT ALLOCATIONS 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 15,000. CIRT ALLOCATIONS	(8) MOSAIC COMMUNITY DEVELOPMENT									
4939 SO 118 ST OMAHA, NE 68137 47-0378995 501C3 50,000. CIRT ALLOCATIONS (10) NEBRASKA URBAN INDIAN HEALTH COALITION 47-0697260 501C3 20,000. CIRT ALLOCATIONS 2240 LANDON 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 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 15,000. CIRT ALLOCATIONS	1340 PARK AVE OMAHA, NE 68105	47-0842143	501C3	20,000.				CIRT ALLOCATIONS		
(10) NEBRASKA URBAN INDIAN HEALTH COALITION 47-0697260 501C3 20,000. CIRT ALLOCATIONS (11) NEW VISIONS 42-1407712 501C3 45,000. CIRT ALLOCATIONS (12) NO MORE EMPTY POTS 27-2427728 501C3 15,000. CIRT ALLOCATIONS 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 15,000. Lite 1 table Lite 1 table	(9) NEBRASKA CHILDREN'S HOME SOCIETY									
2240 LANDON CT OMAHA, NE 68102 47-0697260 501C3 20,000. CIRT ALLOCATIONS (11) NEW VISIONS 42-1407712 501C3 45,000. CIRT ALLOCATIONS 1435 N 15TH ST 42-1407712 501C3 45,000. CIRT ALLOCATIONS (12) NO MORE EMPTY POTS 27-2427728 501C3 15,000. CIRT ALLOCATIONS 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	4939 SO 118 ST OMAHA, NE 68137	47-0378995	501C3	50,000.				CIRT ALLOCATIONS		
(11) NEW VISIONS 42-1407712 501C3 45,000. CIRT ALLOCATIONS 1435 N 15TH ST 42-1407712 501C3 45,000. CIRT ALLOCATIONS (12) NO MORE EMPTY POTS 27-2427728 501C3 15,000. CIRT ALLOCATIONS 1127 N 20TH ST OMAHA, NE 68102 27-2427728 501C3 15,000. CIRT ALLOCATIONS 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Listed in the line 1 table Listed in the line 1 table	(10) NEBRASKA URBAN INDIAN HEALTH COALITION									
1435 N 15TH ST 42-1407712 501C3 45,000. CIRT ALLOCATIONS (12) NO MORE EMPTY POTS 27-2427728 501C3 15,000. CIRT ALLOCATIONS 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 15,000. CIRT ALLOCATIONS	2240 LANDON CT OMAHA, NE 68102	47-0697260	501C3	20,000.				CIRT ALLOCATIONS		
(12) NO MORE EMPTY POTS 27-2427728 501C3 15,000. CIRT ALLOCATIONS 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table table	(11) NEW VISIONS									
1127 N 20TH ST OMAHA, NE 68102 27-2427728 501C3 15,000. CIRT ALLOCATIONS 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table table	1435 N 15TH ST	42-1407712	501C3	45,000.				CIRT ALLOCATIONS		
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(12) NO MORE EMPTY POTS									
	1127 N 20TH ST OMAHA, NE 68102	27-2427728	501C3	15,000.				CIRT ALLOCATIONS		
	2 Enter total number of section 501(c)(3) and	government o	organizations lis	sted in the line 1 tak	ble			▶		
							<u></u>			

SCHEDULE I				Assistance t			L	OMB No. 1545-0047
(Form 990)			-	ndividuals in				2020
	Com	plete if the or	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury			► A	ttach to Form 990	•			Open to Public
Internal Revenue Service		► Go	to www.irs.gov	/Form990 for the I	atest informatior	1.		Inspection
Name of the organization							Employer identifie	cation number
UNITED WAY OF I	THE MIDLANDS						47-0376	605
Part I General I	nformation on Grants an	d Assistanc	е					
1 Does the organiz	zation maintain records to s	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, ar	nd
the selection crit	eria used to award the gran	ts or assistand	;e?	- 				X Yes No
2 Describe in Part	IV the organization's proce	dures for mor	nitoring the use	of grant funds in the	e United States.			
Part II Grants an	nd Other Assistance to D	omestic Or	nanizations ar	d Domestic Gov	ernments Com	nlete if the organiz	ation answered	"Yes" on Form 990
	ne 21, for any recipient t		-					
Fait IV, III				,000. Fait il call t		-		
	d address of organization 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 HEALTHY KID	S ALLIANCE							
5006 UNDERWOOD AV	'E ОМАНА, NE 68132-2236	20-5085175	501C3	15,000.				CIRT ALLOCATIONS
(2) OMAHA HOME FOR BO	YS							
4343 N 52ND ST OM	IAHA, NE 68104-2895	47-0376529	501C3	100,000.				CIRT ALLOCATIONS
(3) ONEWORLD COMMUNIT	Y HEALTH CENTERS, INC.							
4920 SO 30TH ST,	STE 103 OMAHA, NE 68107	47-0548990	501C3	262,189.				CIRT ALLOCATIONS
(4) PARTNERSHIP 4 KID	S							
1004 FARNAM ST, S	TE 200 OMAHA, NE 68102	47-0762798	501C3	30,000.				CIRT ALLOCATIONS
(5) REBUILDING TOGETH	IER OMAHA							
7831 WAKELEY PLAZ	A OMAHA, NE 68114	47-0793980	501C3	25,000.				CIRT ALLOCATIONS
(6) RISE								
3555 FARNAM ST, S	TE 235 OMAHA, NE 68131	27-3611908	501C3	45,000.				CIRT ALLOCATIONS
(7) SIENA/FRANCIS HOU	ISE							
1702 NICHOLAS ST	ОМАНА, NE 68102	47-0601005	501C3	157,000.				CIRT ALLOCATIONS
(8) STEPHEN CENTER, I	NC							
2723 Q ST OMAHA,	NE 68107	36-3363994	501C3	75,000.				CIRT ALLOCATIONS
(9) TEAMMATES - OMAHA	MENTORING PROGRAM							
6801 O ST LINCOLN	I, NE 68510	47-0840990	501C3	25,000.				CIRT ALLOCATIONS
(10) THE SALVATION ARM	IY-NE							
10755 BURT ST OMA	HA, NE 68114-2065	36-2167910	501C3	178,000.				CIRT ALLOCATIONS
(11) THE SIMPLE FOUNDA	TION							
1111 N 13TH ST, S	TE 400 OMAHA, NE 68131	46-5272775	501C3	10,000.				CIRT ALLOCATIONS
(12) TOGETHER INC OF M	ETRO OMAHA							
1616 CASS ST OMAH	A, NE 68102-1011	47-0589290	501C3	110,000.				CIRT ALLOCATIONS
2 Enter total numb	per of section 501(c)(3) and	government	organizations lis	sted in the line 1 tak	ble			▶
	er of other organizations lis	-	-					•
For Domonto de Dodeosti		·····						0 I I I I / = 000 000

SCHEDULE I	Grants a	nd Other A	Assistance t	o Organiza	itions,	L	OMB No. 1545-0047
			ndividuals in	-	•		2020
Com	olete if the o	ganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Per ester est effile Teresur		► At	tach to Form 990				Open to Public
Department of the Treasury Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest informatior	1.		Inspection
Name of the organization						Employer identific	ation number
UNITED WAY OF THE MIDLANDS						47-03766	505
Part I General Information on Grants and	d Assistanc	e					
1 Does the organization maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eliaibility for the grant	s or assistance. an	d
the selection criteria used to award the grant							X Yes No
2 Describe in Part IV the organization's proceed							
Part II Grants and Other Assistance to D			<u> </u>		nlete if the organiz	ation answered '	Ves" on Form 990
Part IV, line 21, for any recipient th		-					163 0111 0111 990,
				-	•		
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) 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	4						
4805 N 72ND STREET OMAHA, NE 68134-2304		501C3	35,000.				KARNETT PAYOUT
2 Enter total number of section 501(c)(3) and	•	•					<u> </u>
3 Enter total number of other organizations list	ted in the line	1 table				<u></u>	•

SCHEDULE I			Assistance t				OMB No. 1545-0047		
		-	ndividuals i				2020		
Co	mplete if the o	-	wered "Yes" on F		, line 21 or 22.		Open to Public		
Department of the Treasury			ttach to Form 990				Inspection		
Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest information	1.				
Name of the organization						Employer identification number			
UNITED WAY OF THE MIDLANDS						47-03766	05		
Part I General Information on Grants a									
1 Does the organization maintain records to			-	-					
the selection criteria used to award the gr						• • • • • • • • • • •	X Yes No		
2 Describe in Part IV the organization's pro-	cedures for mor	nitoring the use	of grant funds in the	e United States.					
Part II Grants and Other Assistance to	Domestic Or	ganizations ar	nd Domestic Gov	vernments. Com	nplete if the organiz	ation answered "	Yes" on Form 990,		
Part IV, line 21, for any recipien	t that received	more than \$5	,000. Part II can I	be duplicated if a	additional space is r	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 68131-365		501C3	7,500.				GOODFELLOWS		
2 Enter total number of section 501(c)(3) ar	-	-					•		
3 Enter total number of other organizations	listed in the line	1 table				<u></u>	•		
For Demonstrant, Deduction Act Nation and the Instru	unting for Forms (000				· · · · · · · · · · · · · · · · · · ·	- I J. J. I (E		

SCHEDULE I		Grants a	OMB No. 1545-0047					
(Form 990)			•	ndividuals in swered "Yes" on F				2020
	Com		-	ttach to Form 990				Open to Public
Department of the Treasury Internal Revenue Service		► Go		/Form990 for the l				Inspection
Name of the organization		F 00	to mm			•	Employer identific	
UNITED WAY OF THE	E MIDLANDS						47-03766	
	ormation on Grants and	d Assistanc	e				1, 00,00	
	ion maintain records to s			a grante or accieta	nce the grantees	' eligibility for the grant	e or assistance an	4
_	a used to award the grant			-	-			X Yes No
	the organization's procee							
	Other Assistance to D		8	8		plete if the organiz	ation answered "	Yes" on Form 990
	21, for any recipient th		-					
1 (a) Name and a	ddress of organization rernment	(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	5 FOUNDATION							
3861 FARNAM ST. OMAH		36-3301526	501C3	6,000.				GOODFELLOWS
(2) FAMILY HOUSING ADVIS								
2401 LAKE ST. STE 20		47-0526720	501C3	100,000.				SIEMERS GRANT
(3) NEBRASKA CENTER FOR								
<u> </u>	ITE 200 OMAHA, NE 68106	83-2702323	501C3	191,450.				GENERAL SUPPORT
(4)		_						
(5)		_						
(6)								
(7)		_						
(8)		_						
(9)								
(10)		_						
(11)		_						
(10)								
(12)								
	of section 501(c)(3) and of other organizations lis	•	•					87.
	Act Notice, see the Instruct							Schedule I (Form 990) 2020

JSA

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
DISBURSEMENT OF FEDERAL CARES ACT FUNDS	877.	690,380.			
	077.	0,00,000.			
GOODFELLOWS PROGRAM DISTRIBUTIONS	2,649.	304,282.			
3					
l I					
5					
3					
,					

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 GRANTEES.

SCHI	EDULE J	Comper	sation Information	0	ИВ No. 1	545-0	047
(Forn	n 990)	For certain Officers, Dire	ectors, Trustees, Key Employees, and Highest		୬ଲ	20	
			mpensated Employees on answered "Yes" on Form 990, Part IV, line 2	3.	<u>K</u>	ZU	
	nent of the Treasury Revenue Service		Attach to Form 990. 990 for instructions and the latest information.	C	pen to Inspe		
	of the organization			Employer identification			
	5	THE MIDLANDS		47-0376605			
Part	Question	s Regarding Compensation					
						Yes	No
1a	Check the app	propriate box(es) if the organization pro	ovided any of the following to or for a perso	on listed on Form			
	990, Part VII,	Section A, line 1a. Complete Part III to	provide any relevant information regarding	these items.			
	First-cla	ss or charter travel	Housing allowance or residence for	personal use			
	Travel fo	or companions	Payments for business use of persor	al residence			
	Tax inde	emnification and gross-up payments	X Health or social club dues or initiatio	n fees			
	Discretio	onary spending account	Personal services (such as maid, cha	uffeur, chef)			
b	If any of the or reimburse	boxes on line 1a are checked, did the ment or provision of all of the ex	ne organization follow a written policy re spenses described above? If "No," com	garding payment plete Part III to			
	explain				1b	X	
2	•		to reimbursing or allowing expenses	•			
			D/Executive Director, regarding the items	checked on line			
	1a?				2	X	
3			on used to establish the compensation of t				
			at apply. Do not check any boxes for method				
		•	e CEO/Executive Director, but explain in Pa	art III.			
		nsation committee	Written employment contract				
	· · ·	dent compensation consultant	X Compensation survey or study				
	Form 99	00 of other organizations	X Approval by the board or compensation	tion committee			
4			Part VII, Section A, line 1a, with respect to	the filing			
_		or a related organization:	o. m o		4-	Х	
-			ayment? tal nonqualified retirement plan?		4a	<u></u>	x
b					4b 4c		X
С			sed compensation arrangement? rovide the applicable amounts for each ite		40		21
	ii res to an	y of lines 4a-c, list the persons and pi	rovide the applicable amounts for each ite	em in Part III.			
	Only costion	501(a)/(2) $501(a)/(4)$ and $501(a)/(20)$ at	ragnizations must complete lines 5.0				
5	-		rganizations must complete lines 5-9. ion A, line 1a, did the organization pay				
5	-	n contingent on the revenues of:	α in α , in α , and the organization $\beta \alpha$	y of accide any			
а		J			5a		Х
	-				5a 5b		X
~	-	e 5a or 5b, describe in Part III.					
6			ion A, line 1a, did the organization pay	/ or accrue any			
-	-	n contingent on the net earnings of:					
а		.			6a		Х
					6b		X
	-	e 6a or 6b, describe in Part III.					
7			on A, line 1a, did the organization provi	de any nonfixed			
-			escribe in Part III		7		Х
8			paid or accrued pursuant to a contract tha				
			Regulations section 53.4958-4(a)(3)? If				
		-			8		Х
9			low the rebuttable presumption procedu				
				<u></u>	9		
For Pa		ction Act Notice, see the Instructions for Fo			ule J (Fo	rm 990	0) 2020

JSA

Schedule J (Form 990) 2020

Page **2**

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.

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

Page 3

Schedule J (Form 990) 2020

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2020 Open to Public Inspection

Name of the organization

UNITED WAY OF THE MIDLANDS

Employer identification	number
47-0376605	

Par	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	Method of noncash conf			
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		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				<u></u>			
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()							
28	Other ►()				+			
29	Number of Forms 8283 received							
	which the organization completed I	Form 8283,	Part V, Donee Acknowledge	ement	29		Vee	Na
<u> </u>	During the user did the energiest		h	utu nanantadin Dant I lina	- 4 thurs work		Yes	No
30a	During the year, did the organizat				-			
	28, that it must hold for at least the	-				30a		Х
۲.	to be used for exempt purposes for		olaing period?			30a		
	If "Yes," describe the arrangement i Does the organization have a		tance policy that require	e the review of any	nonstandard			
31	-					31		Х
322	contributions? Does the organization hire or use							
JZa	contributions?		•			32a		Х
h	If "Yes," describe in Part II.							
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~								

**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)

# 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.



 

 Department of the Treasury Internal Revenue Service
 ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

 Name of the organization
 Employer ide

 UNITED WAY OF THE MIDLANDS
 47-03*

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. 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

1162942

Schedule O (Form 990 or 990-EZ) 2020		Page <b>2</b>
Name of the organization	Employer identification number	
UNITED WAY OF THE MIDLANDS	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

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

Employer identification number 47-0376605

ATTACHMENT 1 (CONT'D)

AND APTITUDES.

		ATTACHMENT 2		
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICE	S			
DESCRIPTION	GRANTS	EXPENSES	REVENUE	
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		1,046,260.	91,925.	

ATTACHMENT	3	

### FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
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	11,346,307.	

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