

Tax-exempt organizations are required to make a copy of their application for exemption and Form(s) 990 (and 990-T, if applicable) available for public inspection and to provide copies of such forms to individuals or organizations that request copies. Alternatively, the Internet may be used to make these documents available. (See the “Using the Internet” section which follows.) These rules apply to an organization’s Form(s) 990 (and 990-T, if applicable) for the last three years and to its application for exemption.¹ If the application was filed prior to July 15, 1987, disclosure is not required unless the organization had a copy of the application on July 15, 1987. An organization **may omit names and addresses of contributors from its return(s)**. Failure to comply with disclosure requirements can result in an enforcement action by the IRS.

While disclosure rules create an additional burden, they also provide an opportunity for your organization to showcase the community benefits that it provides. The rules also heighten the need to carefully review all responses, including narrative explanations, contained on your Form(s) 990/990-T before filing.

Where Must Information Be Provided?

Generally, an organization must make its documents available for public inspection at any location where it has three or more employees. If the only services provided at the site are in furtherance of exempt purposes and the site does not serve as an office for management staff, the documents are not required to be made available there.

How Quickly Must Organizations Reply?

Requests for copies can be made in person or in writing. When requests are made in person, the copies must generally be provided on the same business day. There are provisions for delays due to unusual circumstances. However, in no event may the period of delay exceed five business days. Unusual circumstances include times when those staff that are capable of fulfilling a request are absent.

Written Requests

Requested copies generally must be mailed within 30 days from the date of the receipt of the written request. However, if the organization requires advance payment of a reasonable fee for copying and postage, it may provide the copies within 30 days from the date it receives payment rather than the date of the original request.

What Can an Organization Charge?

You are currently allowed to charge a maximum fee of \$.20 cents per page in addition to actual postage costs.

If any organization receives a written request for copies with no payment enclosed and the organization requires payment in advance, the organization must request payment within seven days from the date it received the request. An organization is required to accept a personal check for written requests if it does not accept payment by credit card. If an organization does not require prepayment and the requester

¹ Certain information within an application for exemption can be withheld from public inspection if public availability would adversely affect the organization, e.g., information relating to a trade secret, patent, process, style of work or apparatus of the organization.

does not enclose a prepayment with the request, the organization must receive consent from a requester before providing copies for which the fee charge for copying and postage would be in excess of \$20.

Local or Subordinate Organizations

A local or subordinate organization that is covered by a group exemption letter is given additional time for responding to some requests. If this type of organization receives a request made in person for inspection of its application for tax exemption, the local organization is required to acquire and make available the application for a group exemption letter filed by the central or parent organization within not more than two weeks. The same general rule would apply with respect to a local or subordinate organization that does not file its own Form(s) 990/990-T but is covered under a group return. Again, the local or subordinate organization must make the group return available for inspection within a reasonable period which is defined as not more than two weeks. If the group return includes separate schedules with respect to each local or subordinate organization, the local or subordinate organization may exclude or omit any schedules relating only to other organizations which are included in the group return.

If a request is made for a personal inspection to a local or subordinate organization, it has the option of mailing the return to the requester rather than allowing an inspection. However, if this is done, the local or subordinate organization may not charge for the copying of the document unless the requester consents to the charge. If a local or subordinate organization receives a request for copies, then it must comply with the rules stated previously.

Using the Internet

As an alternative to providing copies, an organization may provide access to its exemption application and Form(s) 990 (and 990-T, if applicable) through the Internet. The website must provide instructions for downloading the document(s). The information on the Internet must be in such a format that it may be accessed, downloaded, viewed or printed in the same format as the actual documents. An organization would need to make the web address available to the general public.

There is nothing that prevents others from posting your Forms 990, 990-T and exemption application on the Internet. Based on this fact and the potential strain on your organization's resources from providing copies, organizations should consider posting these documents on the Internet.

What if the Requests Are a Form of Harassment?

If an organization believes it is subject to a harassment campaign, it can file an application for a harassment determination with the Internal Revenue Service. This would allow the organization to suspend compliance with these requests. In addition, an organization may disregard requests for copies in excess of two per month or four per year made by a single individual or sent from a single address, without submitting an application for a harassment determination.

Please contact your **FORVIS** advisor if you have questions about these rules.

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 07/01/2021 **and ending** 06/30/2022

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF THE MIDLANDS			D Employer identification number 47-0376605		
	Doing Business As			E Telephone number (402) 342-8232		
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2201 FARNAM STREET					
	City or town, state or province, country, and ZIP or foreign postal code OMAHA, NE 68102					
F Name and address of principal officer: SHAWNA FORSBERG 2201 FARNAM STREET, OMAHA, NE 68102			G Gross receipts \$ 39,116,499.			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
J Website: WWW.UNITEDWAYMIDLANDS.ORG			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1923 M State of legal domicile: NE			
H(c) Group exemption number ▶						

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WE UNITE OUR COMMUNITY'S CARING SPIRIT TO BUILD A STRONGER TOMORROW.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	122
	6 Total number of volunteers (estimate if necessary)	6	6,569
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	20,151,231.	34,819,980.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,874,860.	1,502,445.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	579,569.	229,528.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	NONE	166,280.
		22,605,660.	36,718,233.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,155,236.	27,763,057.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,569,099.	7,136,500.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,019,724.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,166,653.	2,736,795.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	22,890,988.	37,636,352.
19 Revenue less expenses. Subtract line 18 from line 12	-285,328.	-918,119.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	25,379,446.	22,649,944.
	22 Net assets or fund balances. Subtract line 21 from line 20.	12,746,295.	12,799,630.
	12,633,151.	9,850,314.	

Part II Signature Block

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

Sign Here	▶ Signature of officer	Date			
	▶ Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	KRISTIN TYNON				P01063388
	Firm's name ▶ FORVIS, LLP	Firm's EIN ▶	44-0160260	Phone no.	402-473-7600

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

4a (Code:) (Expenses \$ 29,360,434. including grants of \$ 27,622,980.) (Revenue \$ 15,290,017.)

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

4b (Code:) (Expenses \$ 2,222,263. including grants of \$ 10,000.) (Revenue \$ 1,831,422.)

NE 211 CONTACT CENTER HAS BEEN THE HELPLINE FOR ALL NEBRASKANS FOR OVER 40 YEARS, AND DURING SUCH DISASTERS IN THE PAST TWO YEARS AS FLOODING, STRAIGHT-LINE WINDS, AND THE COVID-19 PANDEMIC. THERE WERE NEARLY 325,000 CONTACTS IN THE PAST YEAR WITH HOUSING AND UTILITY ASSISTANCE MAKING UP OVER 70%, AND HEALTH, FOOD, AND EMPLOYMENT ASSISTANCE, AS WELL AS OTHER NEEDS MAKING UP THE REST.

4c (Code:) (Expenses \$ 1,341,913. including grants of \$) (Revenue \$ 1,669,603.)

SEE SCHEDULE O

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O (Expenses \$ 2,601,057. including grants of \$ 130,077.) (Revenue \$ 279,189.)

4e Total program service expenses 35,525,667.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable trusts.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (22), 1b (22), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

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

REBECCA BLUM 2201 FARNAM STREET OMAHA, NE 68102 402-522-7941

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHAWNA FORSBERG PRESIDENT/CEO	45.00 NONE			X				305,225.	NONE	30,018.
(2) PAMELA SCHWALB COO	45.00 NONE			X				184,576.	NONE	33,981.
(3) LAURA ANN TATTEN SVP DONOR ENGAGEMENT	40.00 NONE					X		196,662.	NONE	21,260.
(4) MATTHEW WALLEN SVP COMMUNITY IMPACT/ANALYTICS	40.00 NONE					X		165,100.	NONE	17,400.
(5) JILL SAMUELSON SVP MARKETING & COMMUNICATIONS	40.00 NONE					X		157,612.	NONE	16,710.
(6) MICHAEL MICHALSKI FORMER SVP FINANCE & ADMIN	40.00 NONE			X				79,552.	NONE	9,743.
(7) STEVE KANIEWSKI MEMBER	1.00 NONE	X						NONE	NONE	NONE
(8) TIM BURKE CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(9) SUSAN COURTNEY MEMBER	1.00 NONE	X						NONE	NONE	NONE
(10) GAIL DEBOER MEMBER	1.00 NONE	X						NONE	NONE	NONE
(11) IA HAGAN MEMBER	1.00 NONE	X						NONE	NONE	NONE
(12) DR. CHERYL LOGAN MEMBER	1.00 NONE	X						NONE	NONE	NONE
(13) CORY SHAW MEMBER	1.00 NONE	X						NONE	NONE	NONE
(14) JERRY CROUSE MEMBER	1.00 NONE	X						NONE	NONE	NONE

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) NATE DODGE MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(16) BOB GUNIA MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(17) CLARK PONTHER MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(18) DAN WATERS SECRETARY	1.00 NONE	X		X			NONE	NONE	NONE	
(19) BRIAN WOOLFOLK MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(20) JIM RICHARDSON TREASURER	1.00 NONE	X		X			NONE	NONE	NONE	
(21) JAMIE GUTIERREZ MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(22) AVI ATHOLI MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(23) THEOLA COOPER MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(24) JESSICA HEIDEBRECHT MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(25) CAROL HENRICH MEMBER	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total							1,088,727.	NONE	129,112.	
c Total from continuation sheets to Part VII, Section A							NONE	NONE	NONE	
d Total (add lines 1b and 1c)							1,088,727.	NONE	129,112.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **5**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
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 listed above) who received more than \$100,000 in compensation from the organization

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) DEREK LEATHERS MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(27) PAUL MAASS MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(28) JOSEPH SULLIVAN III MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(29) RANDY WOOD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(30) TRAVIS KLEIN SVP FINANCE & ADMINISTRATION	40.00 NONE			X			NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ NONE

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	46,924.					
	d Related organizations	1d	NONE					
	e Government grants (contributions) . .	1e	1,930,368.					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	32,842,688.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,664,914.					
	h Total. Add lines 1a-1f			34,819,980.				
	Program Service Revenue				Business Code			
2a CONTRACT FEES			561000	1,397,462.	1,397,462.			
b DONOR DESIGNATION FEES			900099	104,756.	104,756.			
c MISCELLANEOUS INCOME			561000	227.	227.			
d _____								
e _____								
f All other program service revenue								
g Total. Add lines 2a-2f				1,502,445.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			62,003.			62,003.	
	4 Income from investment of tax-exempt bond proceeds .			NONE				
	5 Royalties			NONE				
	6a Gross rents	6a	(i) Real	(ii) Personal				
			b Less: rental expenses	6b				
			c Rental income or (loss)	6c	NONE	NONE		
	d Net rental income or (loss)				NONE			
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
			b Less: cost or other basis and sales expenses . .	7b	2,131,961.			
			c Gain or (loss)	7c	167,525.			
	d Net gain or (loss)				167,525.		167,525.	
	8a Gross income from fundraising events (not including \$ 46,924. of contributions reported on line 1c). See Part IV, line 18	8a			432,585.			
			b Less: direct expenses	8b	266,305.			
			c Net income or (loss) from fundraising events			166,280.		
	9a Gross income from gaming activities. See Part IV, line 19	9a			NONE			
b Less: direct expenses			9b		NONE			
c Net income or (loss) from gaming activities					NONE			
10a Gross sales of inventory, less returns and allowances	10a			NONE				
		b Less: cost of goods sold	10b		NONE			
		c Net income or (loss) from sales of inventory			NONE			
Miscellaneous Revenue				Business Code				
	11a _____							
	b _____							
	c _____							
	d All other revenue							
e Total. Add lines 11a-11d				NONE				
12 Total revenue. See instructions				36,718,233.	1,502,445.		229,528.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	12,178,062.	12,178,062.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	15,584,995.	15,584,995.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	698,752.	501,005.	5,590.	192,157.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	5,180,903.	4,129,813.	41,452.	1,009,638.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	285,395.	204,628.	2,283.	78,484.
9 Other employee benefits	524,612.	439,253.	3,910.	81,449.
10 Payroll taxes	446,838.	351,678.	3,659.	91,501.
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	NONE			
c Accounting	53,375.	38,270.	427.	14,678.
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	67,719.	48,538.	569.	18,612.
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	719,530.	637,324.	5,135.	77,071.
12 Advertising and promotion	NONE			
13 Office expenses	129,487.	106,647.	1,223.	21,617.
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	321,471.	208,956.	6,430.	106,085.
17 Travel	68,414.	60,296.	335.	7,783.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	263,567.	171,423.	2,299.	89,845.
20 Interest	NONE			
21 Payments to affiliates	223,437.	145,234.	4,469.	73,734.
22 Depreciation, depletion, and amortization	270,701.	204,563.	3,802.	62,336.
23 Insurance	25,967.	17,810.	467.	7,690.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PRINTING & PUBLICATIONS	258,335.	241,669.	4,971.	11,695.
b EQUIPMENT RENTAL & MAINTENAN	140,139.	106,410.	1,929.	31,800.
c AWARDS & GIFTS	21,929.	15,810.	337.	5,782.
d DUES & SUBSCRIPTIONS	47,055.	27,902.	591.	18,562.
e All other expenses _____	125,669.	105,381.	1,083.	19,205.
25 Total functional expenses. Add lines 1 through 24e	37,636,352.	35,525,667.	90,961.	2,019,724.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,388,412.	1	2,852,742.
	2 Savings and temporary cash investments	NONE	2	NONE
	3 Pledges and grants receivable, net	4,616,524.	3	4,479,162.
	4 Accounts receivable, net	728,234.	4	1,205,417.
	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	NONE	5	NONE
	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)	NONE	6	NONE
	7 Notes and loans receivable, net	NONE	7	NONE
	8 Inventories for sale or use	NONE	8	NONE
	9 Prepaid expenses and deferred charges	254,391.	9	377,163.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,168,326.		
	b Less: accumulated depreciation	10b 1,558,065.		
	11 Investments - publicly traded securities.	SEE SCHEDULE O 11,346,307.	11	10,302,837.
	12 Investments - other securities. See Part IV, line 11	2,318,441.	12	1,822,362.
	13 Investments - program-related. See Part IV, line 11.	NONE	13	NONE
	14 Intangible assets	NONE	14	NONE
	15 Other assets. See Part IV, line 11	NONE	15	NONE
16 Total assets. Add lines 1 through 15 (must equal line 33)	25,379,446.	16	22,649,944.	
Liabilities	17 Accounts payable and accrued expenses	809,006.	17	1,058,054.
	18 Grants payable	10,924,880.	18	10,346,485.
	19 Deferred revenue	656,414.	19	663,181.
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24 Unsecured notes and loans payable to unrelated third parties.	NONE	24	NONE
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	355,995.	25	731,910.
	26 Total liabilities. Add lines 17 through 25.	12,746,295.	26	12,799,630.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	7,782,433.	27	5,655,532.
	28 Net assets with donor restrictions.	4,850,718.	28	4,194,782.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	12,633,151.	32	9,850,314.
33 Total liabilities and net assets/fund balances.	25,379,446.	33	22,649,944.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	36,718,233.
2	Total expenses (must equal Part IX, column (A), line 25)	2	37,636,352.
3	Revenue less expenses. Subtract line 2 from line 1	3	-918,119.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12,633,151.
5	Net unrealized gains (losses) on investments	5	-1,864,718.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	9,850,314.

Part XII Financial Statements and Reporting

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

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

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

Form **990** (2021)

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF THE MIDLANDS

Employer identification number

47-0376605

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

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

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

Schedule A (Form 990) 2021

JSA
1E1210 1.000

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2021 (73.21%); 15 Public support percentage from 2020 Schedule A, Part II, line 14 (78.58%); 16a 33 1/3% support test - 2021 (checked); 16b 33 1/3% support test - 2020; 17a 10%-facts-and-circumstances test - 2021; 17b 10%-facts-and-circumstances test - 2020; 18 Private foundation.

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

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.)

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
CONTRACT FEES	149,231.	147,504.	112,343.	889,187.	1,397,462.	2,695,727.
DONOR DESIGNATION FEES	216,023.	186,423.	126,456.	105,314.	104,756.	738,972.
MISCELLANEOUS INCOME	14,832.	13,681.	15,442.	509.	227.	44,691.
GOODFELLOW TRANSFER				879,848.		879,848.
TOTALS	380,086.	347,608.	254,241.	1,874,858.	1,502,445.	4,359,238.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

UNITED WAY OF THE MIDLANDS

47-0376605

Organization type (check one):

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

[X] 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), 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), 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).

Name of organization

UNITED WAY OF THE MIDLANDS

Employer identification number

47-0376605

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 1,413,354.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 1,531,795.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 980,083.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 1,503,627.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 15,114,017.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A	\$ 836,533.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <p style="text-align: center;">UNITED WAY OF THE MIDLANDS</p>	Employer identification number <p style="text-align: center;">47-0376605</p>
---	---

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	PUBLICLY TRADED STOCK _____ _____ _____	\$ 1,531,795.	06/30/2022
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization <p style="text-align:center;">UNITED WAY OF THE MIDLANDS</p>	Employer identification number <p style="text-align:center;">47-0376605</p>
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Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule C (Form 990) 2021

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

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

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

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

4-Year Averaging Period Under Section 501(h)

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 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 from the prior year?

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

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

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.

Blank lines for providing supplemental information as requested in the instructions.

Part IV Supplemental Information (continued)

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

UNITED WAY OF THE MIDLANDS

47-0376605

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

Part II Conservation Easements.

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

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

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

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

Table with 3 columns: Line number, Description, and Amount. Includes rows for art collections and financial gain reporting.

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

Schedule D (Form 990) 2021

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,510,300.	6,302,499.	6,246,228.	6,044,686.	5,938,617.
b Contributions	1,460,532.		76,500.		
c Net investment earnings, gains, and losses	-1,013,992.	1,420,926.	184,283.	313,583.	146,981.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,183,799.	213,125.	204,512.	112,041.	40,912.
f Administrative expenses					
g End of year balance	6,773,041.	7,510,300.	6,302,499.	6,246,228.	6,044,686.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 47.9000 %
 - b Permanent endowment 50.5800 %
 - c Term endowment 1.5200 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | X |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,514,566.	452,673.	1,061,893.
c Leasehold improvements				
d Equipment		509,579.	278,855.	230,724.
e Other		1,144,181.	826,537.	317,644.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,610,261.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) BENEFICIAL INTEREST-OCF FUNDS	1,822,362.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	1,822,362.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REFUNDABLE ADVANCES	731,910.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	731,910.

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

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

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

Table with 5 main rows and sub-rows (a-e). Row 1: Total revenue, gains, and other support per audited financial statements 34,396,746. Row 2: Amounts included on line 1 but not on Form 990, Part VIII, line 12. Includes sub-rows a-e for adjustments, with a total of -539,530. Row 3: Subtract line 2e from line 1, resulting in 34,936,276. Row 4: Amounts included on Form 990, Part VIII, line 12, but not on line 1. Includes sub-rows a-c for adjustments, with a total of 1,781,957. Row 5: Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 36,718,233.

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

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

Table with 5 main rows and sub-rows (a-e). Row 1: Total expenses and losses per audited financial statements 37,179,583. Row 2: Amounts included on line 1 but not on Form 990, Part IX, line 25. Includes sub-rows a-e for adjustments, with a total of 1,325,188. Row 3: Subtract line 2e from line 1, resulting in 35,854,395. Row 4: Amounts included on Form 990, Part IX, line 25, but not on line 1. Includes sub-rows a-c for adjustments, with a total of 1,781,957. Row 5: Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 37,636,352.

Part XIII Supplemental Information.

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

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

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

SCHEDULE D, PART V, LINE 4

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

SCHEDULE D, PART XI, LINE 4B

\$1,714,238 DONOR DESIGNATIONS REPORTED AS GRANT EXPENSE ON TAX RETURN
\$67,719 INVESTMENT FEES NETTED WITH NET INVESTMENT INCOME REPORTED
AS INVESTMENT EXPENSE ON TAX RETURN

SCHEDULE D, PART XII, LINE 4B

\$1,714,238 DONOR DESIGNATIONS REPORTED AS GRANT EXPENSE ON TAX RETURN
\$67,719 INVESTMENT FEES NETTED WITH NET INVESTMENT INCOME REPORTED
AS INVESTMENT EXPENSE ON TAX RETURN

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 2D

\$266,305 FUNDRAISING EVENT EXPENSES

SCHEDULE D, PART XII, LINE 4B

\$266,305 FUNDRAISING EVENT EXPENSES

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2021

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public
Inspection**

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

Name of the organization

Employer identification number

UNITED WAY OF THE MIDLANDS

47-0376605

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		BLUE COLLAR BOX (event type)	GUNS 'N HOSES (event type)	NONE (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	187,833.	291,676.	479,509.	
	2	Less: Contributions	3,948.	42,976.	46,924.	
	3	Gross income (line 1 minus line 2)	183,885.	248,700.	432,585.	
Direct Expenses	4	Cash prizes	NONE	NONE	NONE	
	5	Noncash prizes	NONE	NONE	NONE	
	6	Rent/facility costs	NONE	NONE	NONE	
	7	Food and beverages	140.	NONE	140.	
	8	Entertainment	NONE	NONE	NONE	
	9	Other direct expenses	103,257.	162,908.	266,165.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)				266,305.
	11	Net income summary. Subtract line 10 from line 3, column (d)				166,280.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE G, PART II, LINE 9

EVENT	BLUE COLLAR BOXING	GUNS 'N HOSES
PROFESSIONAL FEES	3,058	605
SUPPLIES	-	49
POSTAGE	1	207
PRINTING & PUBLICATIONS	6,280	11,720
CONFERENCES & MEETINGS	93,918	150,286
MEMBERSHIP DUES	-	41
TOTAL	103,257	162,908

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization

UNITED WAY OF THE MIDLANDS

Employer identification number

47-0376605

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF NEBRASKA AT OMAHA 6001 DODGE ST OMAHA, NE 68182	47-0049123	GOVERNMENT	50,000.				READING CAMPAIGN
(2) AFRICAN AMERICAN EMPOWERMENT NETWORK 105 N 31ST AVENUE, STE 101 OMAHA, NE 68131	26-4296811	501C3	155,000.				CIRT ALLOCATIONS
(3) AMERICAN RED CROSS OMAHA COUNCIL BLUFFS MET 2912 SO 80TH AVE OMAHA, NE 68124	53-0196605	501C3	35,000.				CIRT ALLOCATIONS
(4) APPLIED INFORMATION MANAGEMENT 1905 HARNEY ST STE 300 OMAHA, NE 68102	47-0749200	501C3	35,000.				CIRT ALLOCATIONS
(5) BETHLEHEM HOUSE 2301 SO 15 ST OMAHA, NE 68108	33-1066685	501C3	20,000.				CIRT ALLOCATIONS
(6) BIG BROTHERS BIG SISTERS OF THE MIDLANDS 10831 OLD MILL RD STE 400 OMAHA, NE 68154	47-0466144	501C3	130,000.				CIRT ALLOCATIONS
(7) BOY SCOUTS, MID-AMERICA COUNCIL 12401 W MAPLE RD OMAHA, NE 68164	47-0376545	501C3	50,000.				CIRT ALLOCATIONS
(8) BOYS TOWN 14090 MOTHER TERESA LANE	47-0376606	501C3	82,000.				CIRT ALLOCATIONS
(9) CASA - DOUGLAS COUNTY, NEBRASKA 2412 ST. MARY'S AVE OMAHA, NE 68105	35-2171298	501C3	17,500.				CIRT ALLOCATIONS
(10) CATHOLIC CHARITIES DIOCESE OF DES MOINES CO 601 GRAND AVE DES MOINES, IA 50309	53-0196617	501C3	70,000.				CIRT ALLOCATIONS
(11) CATHOLIC CHARITIES OF THE ARCHDIOCESE OF OM 3300 N 60 ST OMAHA, NE 68104	47-0376612	501C3	185,000.				CIRT ALLOCATIONS
(12) CHARLES DREW HEALTH CENTER 2915 GRANT STREET OMAHA, NE 68111	47-0666715	501C3	131,000.				CIRT ALLOCATIONS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 118

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) 2021

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2021

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Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

UNITED WAY OF THE MIDLANDS

47-0376605

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CHILD SAVING INSTITUTE 4545 DODGE ST OMAHA, NE 68132-3251	45-0489204	501C3	136,400.				CIRT ALLOCATIONS
(2) CHRISTIAN HOME ASSOCIATION CHILDRENS SQUARE 520 N 7TH ST COUNCIL BLUFFS, IA 51503-0709	42-0680314	501C3	20,000.				CIRT ALLOCATIONS
(3) CITY SPROUTS PO BOX 31593 OMAHA, NE 68131	47-0791737	501C3	25,000.				CIRT ALLOCATIONS
(4) COLLECTIVE FOR YOUTH 105 N 31ST AVENUE, STE 103 OMAHA, NE 68131	27-4577729	501C3	30,000.				CIRT ALLOCATIONS
(5) COLLEGE POSSIBLE 900 S 74TH PLAZA OMAHA, NE 68114	41-1968798	501C3	21,000.				CIRT ALLOCATIONS
(6) COMMUNITY ALLIANCE REHABILITATION SERVICES 4001 LEAVENWORTH ST OMAHA, NE 68105-1026	47-0756970	501C3	168,000.				CIRT ALLOCATIONS
(7) COMPLETELY KIDS 2566 ST MARYS AVE OMAHA, NE 68105	27-5111197	501C3	240,000.				CIRT ALLOCATIONS
(8) CRCC 5321 S 138TH ST OMAHA, NE 68137	47-0718409	501C3	25,000.				CIRT ALLOCATIONS
(9) D2 CENTER 1941 S 42ND ST, STE 503 OMAHA, NE 68105	46-4140587	501C3	45,000.				CIRT ALLOCATIONS
(10) FAMILY HOUSING ADVISORY SERVICES, INC. 2401 LAKE ST. STE 201 OMAHA, NE 68111	47-0526720	501C3	432,500.				CIRT ALLOCATIONS
(11) FAMILY INC 3501 HARRY LANGDON BLVD, STE 150	51-0657063	501C3	47,000.				CIRT ALLOCATIONS
(12) GENERATION DIAMOND CORPORATION 4825 S 25TH STREET, #100 OMAHA, NE 68107	81-2162843	501C3	25,000.				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) 2021

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2021

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Department of the Treasury
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Name of the organization

UNITED WAY OF THE MIDLANDS

Employer identification number

47-0376605

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GIRL SCOUTS SPIRIT OF NEBRASKA 2121 SO 44TH ST OMAHA, NE 68105-2800	47-0432299	501C3	50,000.				CIRT ALLOCATIONS
(2) GOODWILL INDUSTRIES INC 4805 N 72ND STREET OMAHA, NE 68134-2304	47-0378996	501C3	36,000.				CIRT ALLOCATIONS
(3) GREATER OMAHA ATTENDANCE AND LEARNING SERVI 3215 CUMING ST OMAHA, NE 68131-2000	45-5608246	501C3	45,000.				CIRT ALLOCATIONS
(4) HABITAT FOR HUMANITY OF COUNCIL BLUFFS 1228 SOUTH MAIN STREET	42-1394987	501C3	40,000.				CIRT ALLOCATIONS
(5) HEART MINISTRY CENTER - OMAHA 2222 BINNEY ST OMAHA, NE 68110-2038	81-0614816	501C3	95,000.				CIRT ALLOCATIONS
(6) HEARTLAND EQUINE THERAPEUTIC RIDING ACADEMY 10130 S 222ND ST OMAHA, NE 68028	36-3713040	501C3	20,000.				CIRT ALLOCATIONS
(7) HEARTLAND FAMILY SERVICE 2101 S 42ND ST OMAHA, NE 68105-2911	47-0390618	501C3	574,000.				CIRT ALLOCATIONS
(8) HEARTLAND HOPE MISSION 2021 U ST OMAHA, NE 68107-3666	14-1869352	501C3	40,000.				CIRT ALLOCATIONS
(9) HOPE CENTER, INC. 2200 NO. 20TH ST OMAHA, NE 68110	47-0826512	501C3	50,000.				CIRT ALLOCATIONS
(10) HOUSING FOUNDATION FOR SARPY COUNTY 8214 ARMSTRONG CIRCLE BELLEVUE, NE 68147	46-2348565	501C3	37,750.				CIRT ALLOCATIONS
(11) INCOMMON (FORMERLY MOSAIC COMMUNITY DEVELOP 1340 PARK AVE OMAHA, NE 68105	47-0842143	501C3	20,000.				CIRT ALLOCATIONS
(12) INTERCULTURAL SENIOR CENTER 3010 R ST OMAHA, NE 68107	27-2460810	501C3	58,000.				CIRT ALLOCATIONS

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

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

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Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2021

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Name of the organization

Employer identification number

UNITED WAY OF THE MIDLANDS

47-0376605

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) INTERNATIONAL COUNCIL FOR REFUGEES & IMMIGR 6901 DODGE ST, STE 104 OMAHA, NE 68132	27-1544492	501C3	80,500.				CIRT ALLOCATIONS
(2) IOWA JAG INC 400 E 14TH ST., GRIMES ST OFC BLDG	42-1492988	501C3	30,000.				CIRT ALLOCATIONS
(3) JEWISH FEDERATION OF OMAHA 333 S 132ND ST OMAHA, NE 68154-2106	47-0384659	501C3	45,000.				CIRT ALLOCATIONS
(4) KIDS CAN COMMUNITY CENTER 4860 Q ST OMAHA, NE 68117	47-0376597	501C3	220,000.				CIRT ALLOCATIONS
(5) LATINO CENTER OF THE MIDLANDS 4821 SO 24TH ST OMAHA, NE 68107	23-7208431	501C3	310,000.				CIRT ALLOCATIONS
(6) LEGAL AID OF NEBRASKA 209 S. 19TH STREET, SUITE 200	47-0483506	501C3	30,000.				CIRT ALLOCATIONS
(7) LUTHERAN FAMILY SERVICES OF NEBRASKA, INC. 124 S 24TH ST, STE 230 OMAHA, NE 68102-1246	23-7267972	501C3	482,500.				CIRT ALLOCATIONS
(8) MERCY HOUSING MIDWEST 7421 EDNA COURT LAVISTA, NE 68128	47-0772351	501C3	25,000.				CIRT ALLOCATIONS
(9) MICAH HOUSE CORPORATION 1415 AVE J COUNCIL BLUFFS, IA 51501	42-1292393	501C3	100,000.				CIRT ALLOCATIONS
(10) NEBRASKA CENTER FOR WORKFORCE DEVELOPMENT & 6001 GROVER ST., SUITE 200 OMAHA, NE 68106	83-2702323	501C3	203,000.				CIRT ALLOCATIONS
(11) NEBRASKA CENTER FOR WORKFORCE DEVELOPMENT & 6001 GROVER ST., SUITE 200 OMAHA, NE 68106	83-2702323	501C3	130,077.				CIRT ALLOCATIONS
(12) NEBRASKA CHILDREN'S HOME SOCIETY 4939 SO 118 ST OMAHA, NE 68137	47-0378995	501C3	49,500.				CIRT ALLOCATIONS

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

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

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Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization

UNITED WAY OF THE MIDLANDS

Employer identification number

47-0376605

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NEBRASKA DIAPER BANK (FORMERLY KNOW AS THE 9100 F ST STE 100 OMAHA, NE 68127	47-4953614	501C3	25,000.				CIRT ALLOCATIONS
(2) NEBRASKA URBAN INDIAN HEALTH COALITION 2240 LONDON CT OMAHA, NE 68102	47-0697260	501C3	50,000.				CIRT ALLOCATIONS
(3) NEW LIFE FAMILY ALLIANCE 3610 DODGE ST STE 204 OMAHA, NE 68131	46-4850869	501C3	15,000.				CIRT ALLOCATIONS
(4) NEW VISIONS 1435 N 15TH ST	42-1407712	501C3	88,500.				CIRT ALLOCATIONS
(5) SANTA MONICA 130 N 39TH ST OMAHA, NE 68131	47-0547017	501C3	25,000.				CIRT ALLOCATIONS
(6) SIENA/FRANCIS HOUSE 1702 NICHOLAS ST OMAHA, NE 68102	47-0601005	501C3	237,500.				CIRT ALLOCATIONS
(7) STEPHEN CENTER, INC 2723 Q ST OMAHA, NE 68107	36-3363994	501C3	80,000.				CIRT ALLOCATIONS
(8) TEAMMATES - OMAHA MENTORING PROGRAM 6801 O ST OMAHA, NE 68510	47-0840990	501C3	25,000.				CIRT ALLOCATIONS
(9) WHISPERING ROOTS, INC. 12418 S 79TH AVE OMAHA, NE 68046	46-1579222	501C3	30,000.				CIRT ALLOCATIONS
(10) WOMEN'S CENTER FOR ADVANCEMENT 222 S 29TH ST OMAHA, NE 68131-3543	27-3205476	501C3	185,000.				CIRT ALLOCATIONS
(11) YOUTH EMERGENCY SERVICES, INC. 2679 FARNAM ST STE 205 OMAHA, NE 68131-3653	47-0586898	501C3	46,000.				CIRT ALLOCATIONS
(12) YOUTURN 4344 N 34TH AVE OMAHA, NE 68111	81-2894077	501C3	15,000.				CIRT ALLOCATIONS

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

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Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

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Name of the organization

Employer identification number

UNITED WAY OF THE MIDLANDS

47-0376605

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) COMMUNITY HEALTH CHARITIES 212 S 74TH ST, STE 205 OMAHA, NE 68114	23-7162972	501C3	584,736.				CONTRACT AGREEMENT
(2) BRIGHT MINDS-BRIGHTER FUTURES EARLY LEARNIN 2635 N 103RD CT OMAHA, NE 68134	85-1768824	501C3	20,000.				DEI
(3) CAROLES HOUSE OF HOPE INC. 7815 HARNEY ST OMAHA, NE 68114	80-0741577	501C3	20,000.				DEI
(4) CODE BLACK INC. 3741 N 43RD OMAHA, NE 68111	87-2961342	501C3	25,000.				DEI
(5) FINANCIAL BEGINNINGS PO BOX 4243 OMAHA, NE 68104	20-3530960	501C3	20,000.				DEI
(6) HEARTLAND WORKERS CENTER 4923 S 24TH ST STE 3A OMAHA, NE 68107	27-1709471	501C3	25,280.				DEI
(7) MIDLANDS AFRICAN CHAMBER INC 7930 BLONDO STREET OMAHA, NE 68134	85-1935551	501C3	55,000.				DEI
(8) MIDLANDS LATINO COMMUNITY DEVELOPMENT CORPO 4923 S 24TH ST, STE 201	14-1973678	501C3	72,220.				DEI
(9) NEBRASKA ENTERPRISE FUND 1516 CUMING AVE OMAHA, NE 68102	31-1543695	501C3	35,000.				DEI
(10) OMAHA 100 INCORPORATED 2401 LAKE ST, STE 150 OMAHA, NE 68111	36-3752051	501C3	35,000.				DEI
(11) ROOM FOR ROOTS INC 17213 SAGE ST OMAHA, NE 68136	84-2903645	501C3	20,000.				DEI
(12) SOUTHSIDE REDEVELOPMENT CORPORATION 2411 O STREET STE 1 OMAHA, NE 68107	84-2173880	501C3	22,500.				DEI

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Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2021

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Name of the organization

Employer identification number

UNITED WAY OF THE MIDLANDS

47-0376605

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WOMENS FUND OF GREATER OMAHA INC 1111 N 13TH ST. SUITE 106 OMAHA, NE 68102	47-0840885	501C3	50,000.				DEI
(2) 211 PROGRAM 2201 FARNAM ST OMAHA, NE 68102	47-0376605	501C3	10,000.				GOODFELLOWS
(3) EASTERN NEBRASKA COMMUNITY ACTION PARTNERSH 3333 FARNAM ST, STE 500 OMAHA, NE 68131	47-0488296	501C3	10,000.				GOODFELLOWS
(4) FAMILY HOUSING ADVISORY SERVICES, INC. 2401 LAKE ST. STE 201 OMAHA, NE 68111	47-0526720	501C3	10,000.				GOODFELLOWS
(5) HEART MINISTRY CENTER - OMAHA 2222 BINNEY ST OMAHA, NE 68110-2038	81-0614816	501C3	10,000.				GOODFELLOWS
(6) HEARTLAND FAMILY SERVICE 2101 S 42ND ST OMAHA, NE 68105-2911	47-0390618	501C3	10,000.				GOODFELLOWS
(7) TOGETHER 1616 CASS ST OMAHA, NE 68102-1011	47-0589290	501C3	10,000.				GOODFELLOWS
(8) AUTISM ACTION PARTNERSHIP 14301 FIRST NATIONAL BANK PKWY STE 115	20-6892034	501C3	30,000.				KARNETT PAYOUT
(9) EASTER SEALS NEBRASKA 12565 W CENTER RD, STE 100 OMAHA, NE 68144	47-0457872	501C3	50,000.				KARNETT PAYOUT
(10) GOODWILL INDUSTRIES INC 4805 N 72ND STREET OMAHA, NE 68134-2304	47-0378996	501C3	35,000.				KARNETT PAYOUT
(11) HEARTLAND EQUINE THERAPEUTIC RIDING ACDM 10130 S 222ND ST OMAHA, NE 68028	36-3713040	501C3	48,320.				KARNETT PAYOUT
(12) LEGAL AID OF NEBRASKA 209 S. 19TH STREET, SUITE 200	47-0483506	501C3	40,000.				KARNETT PAYOUT

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Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2021

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Employer identification number

UNITED WAY OF THE MIDLANDS

47-0376605

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) OLLIE WEBB CENTER INC. 1941 S 42ND ST STE 122 OMAHA, NE 68105	47-0399179	501C3	25,000.				KARNETT PAYOUT
(2) SHELTERING TREE, INC. 1323 WILLIAM ST OMAHA, NE 68108	03-0605993	501C3	22,100.				KARNETT PAYOUT
(3) MILLARD PUBLIC SCHOOLS 5606 S 147TH ST OMAHA, NE 68137	47-6002642	GOVERNMENT	10,000.				MPSF ALLOCATION
(4) IOWA-NEBRASKA NAACP 1620 PLEASANT STREET, SUITE 210	42-1375132	501C3	23,000.				NDHHS
(5) METROPOLITAN COMMUNITY COLLEGE FOUNDATION PO BOX 3777 OMAHA, NE 68103	47-0596504	501C3	60,000.				OPPORTUNITY YOUTH
(6) MILLARD PUBLIC SCHOOLS 5606 S 147TH ST OMAHA, NE 68137	47-6002642	GOVERNMENT	6,000.				PARTNERSHIP
(7) YATES FUND 1125 S 103RD STREET STE 200 OMAHA, NE 68124	86-3766216	501C3	50,000.				PARTNERSHIP
(8) FAMILY INC 3501 HARRY LANGDON BLVD, STE 150	51-0657063	501C3	25,000.				RAISE ME TO READ
(9) FAMILY HOUSING ADVISORY SERVICES, INC. 2401 LAKE ST. STE 201 OMAHA, NE 68111	47-0526720	501C3	210,000.				SIEMER GRANT
(10) BOYS AND GIRLS CLUB OF THE MIDLANDS 2610 HAMILTON OMAHA, NE 68131-1675	47-0467350	501C3	400,000.				CIRT ALLOCATIONS
(11) FRIENDS OF IOWA CASA & ICFCRB 321 E. 12TH ST, 4TH FLOOR, LUCAS BUILDING	42-1471727	501C3	12,000.				CIRT ALLOCATIONS
(12) GIRLS INCORPORATED OF OMAHA 2811 NO 45TH ST OMAHA, NE 68104-4596	47-0562184	501C3	300,000.				CIRT ALLOCATIONS

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Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
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OMB No. 1545-0047

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Name of the organization

UNITED WAY OF THE MIDLANDS

Employer identification number

47-0376605

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) IOWA LEGAL AID 1111 9TH STREET, STE 230	42-1079227	501C3	17,500.				CIRT ALLOCATIONS
(2) JUSTICE FOR OUR NEIGHBORS NEBRASKA 4223 CENTER STREET OMAHA, NE 68105	74-3195841	501C3	20,000.				CIRT ALLOCATIONS
(3) MIDLANDS LATINO COMMUNITY DEVELOPMENT CORPO 4923 S 24TH ST, STE 201	14-1973678	501C3	66,700.				CIRT ALLOCATIONS
(4) NE CENTER FOR WORKFORCE DEVELOPMENT & EDUCA 6001 GROVER ST., SUITE 200 OMAHA, NE 68106	83-2702323	501C3	50,000.				CIRT ALLOCATIONS
(5) NO MORE EMPTY POTS 1127 N 20TH ST OMAHA, NE 68102	27-2427728	501C3	30,000.				CIRT ALLOCATIONS
(6) OMAHA COMMUNITY BROADCASTING 1416 N 38TH ST OMAHA, NE 68131	47-0732357	501C3	10,000.				CIRT ALLOCATIONS
(7) OMAHA HEALTHY KIDS ALLIANCE 5006 UNDERWOOD AVE OMAHA, NE 68132-2236	20-5085175	501C3	25,000.				CIRT ALLOCATIONS
(8) OMAHA HOME FOR BOYS 4343 N 52ND ST OMAHA, NE 68104-2895	47-0376529	501C3	161,800.				CIRT ALLOCATIONS
(9) ONEWORLD COMMUNITY HEALTH CENTERS, INC. 4920 SO 30TH ST, STE 103 OMAHA, NE 68107	47-0548990	501C3	305,000.				CIRT ALLOCATIONS
(10) PARTNERSHIP 4 KIDS 1004 FARNAM ST, STE 200 OMAHA, NE 68102	47-0762798	501C3	52,000.				CIRT ALLOCATIONS
(11) PROJECT HOUSEWORKS 7831 WAKELEY PLAZA OMAHA, NE 68114	47-0793980	501C3	30,000.				CIRT ALLOCATIONS
(12) RESTORING DIGNITY 8000 CHICAGO ST OMAHA, NE 68114	82-4375187	501C3	35,000.				CIRT ALLOCATIONS

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

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Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
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Employer identification number

UNITED WAY OF THE MIDLANDS

47-0376605

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) RISE 3555 FARNAM ST, STE 235 OMAHA, NE 68131	27-3611908	501C3	63,500.				CIRT ALLOCATIONS
(2) SOMALI COMMUNITY SERVICE INC 1136 NW RADIAL HWY OMAHA, NE 68132	27-1523260	501C3	10,500.				CIRT ALLOCATIONS
(3) THE SALVATION ARMY-NE 10755 BURT ST OMAHA, NE 68114-2065	36-2167910	501C3	85,300.				CIRT ALLOCATIONS
(4) THE SIMPLE FOUNDATION 1111 N 13TH ST, STE 400 OMAHA, NE 68131	46-5272775	501C3	15,000.				CIRT ALLOCATIONS
(5) TOGETHER INC OF METRO OMAHA 1616 CASS ST OMAHA, NE 68102-1011	47-0589290	501C3	107,500.				CIRT ALLOCATIONS
(6) TRI CITY FOOD PANTRY 302 AMERICAN PKWY PAPIILLION, NE 68046	47-0741222	501C3	10,500.				CIRT ALLOCATIONS
(7) URBAN LEAGUE OF NEBRASKA, INC. 3040 LAKE ST OMAHA, NE 68111	47-0384575	501C3	280,000.				CIRT ALLOCATIONS
(8) VISITING NURSE ASSOCIATION 12565 W CENTER RD STE 100	47-0384379	501C3	397,100.				CIRT ALLOCATIONS
(9) YMCA OF GREATER OMAHA 430 SO 20TH ST OMAHA, NE 68102-2506	47-0376586	501C3	295,850.				CIRT ALLOCATIONS
(10) OMAHA PUBLIC SCHOOLS FOUNDATION 3861 FARNAM ST. OMAHA, NE 68131	36-3301526	501C3	150,000.				GOODFELLOWS
(11)							
(12)							

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

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Schedule I (Form 990) 2021

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 MACCH RENT & UTILITY ASSISTANCE	3,830	15,584,995.			
2					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART I, LINE 2

WE TRACK THE GRANT FUNDS USING A SEPARATE COST CENTER AND REQUIRE REGULAR STATUS REPORTS, BOTH FINANCIAL AND PROGRESS, FROM THE GRANTEES.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF THE MIDLANDS

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SHAWNA FORSBERG PRESIDENT/CEO	(i)	265,263.	30,836.	9,126.	29,000.	1,018.	335,243.	
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
2 PAMELA SCHWALB COO	(i)	161,970.	17,189.	5,417.	19,191.	14,790.	218,557.	
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
3 JILL SAMUELSON SVP MARKETING & COMMU	(i)	142,351.	14,082.	1,179.	15,725.	985.	174,322.	
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
4 LAURA ANN TATTEN SVP DONOR ENGAGEMENT	(i)	176,452.	17,510.	2,700.	19,484.	1,776.	217,922.	
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
5 MATTHEW WALLEN SVP COMMUNITY IMPACT/	(i)	148,542.	14,700.	1,858.	16,415.	985.	182,500.	
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 1A

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

UNITED WAY OF THE MIDLANDS

47-0376605

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles.				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	15	1,664,914.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

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

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

Schedule M (Form 990) 2021

JSA

1E1298 1.000

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

FORM 990, SCH M, PART II

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF THE MIDLANDS

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

2021

**Open to Public
Inspection**

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 identification number

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	18,316	487	9,502
TELEPHONE	87,065	596	9,703
	-----	-----	-----
TOTAL OTHER EXPENSES	105,381	1,083	19,205

Name of the organization

Employer identification number

UNITED WAY OF THE MIDLANDS

47-0376605

FORM 990, PART III - PROGRAM SERVICE
=====

LINE 4C, PROGRAM SERVICE

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 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 AND APTITUDES.

Name of the organization

Employer identification number

UNITED WAY OF THE MIDLANDS

47-0376605

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

=====

DESCRIPTION -----	GRANTS -----	EXPENSES -----	REVENUE -----
ANALYTICS AND PERFORMANCE - ENSURE DOLLARS ARE INVESTED WISELY AND THE EXPECTED RESULTS OF THAT INVESTMENT ARE ACHIEVED. PROGRAMS RECEIVING COMMUNITY INVESTMENT ARE REQUIRED TO REPORT EVERY 6 MONTS TO DEMONSTRATE PROGRESS TOWARD THEIR EXPECTED OUTCOMES.			
TOTALS	130,077.	2,601,057.	279,189.
	-----	-----	-----
TOTALS	130,077.	2,601,057.	279,189.
	=====	=====	=====

Name of the organization

Employer identification number

UNITED WAY OF THE MIDLANDS

47-0376605

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

DESCRIPTION -----	ENDING BOOK VALUE -----	COST OR FMV -----
CASH EQUIVALENTS	524,336.	FMV
FIXED INCOME	6,097,228.	FMV
EQUITY FUNDS	3,493,096.	FMV
COMPLEMENTARY STRATEGIES	50,094.	FMV
REAL ESTATE FUNDS	111,653.	FMV
COMMODITIES	26,430.	FMV

TOTALS	10,302,837.	
	=====	