

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

UNITED WAY OF THE MIDLANDS  
2201 FARNAM STREET  
OMAHA, NE 68102



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CLIENT'S COPY

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

JULY 19, 2016

UNITED WAY OF THE MIDLANDS  
2201 FARNAM STREET  
OMAHA, NE 68102

UNITED WAY OF THE MIDLANDS:

ENCLOSED IS THE ORGANIZATION'S 2014 EXEMPT ORGANIZATION  
RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

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

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

SINCERELY,

HAYES & ASSOCIATES, LLC

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2014**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ 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](http://www.irs.gov/form990).

**A** For the 2014 calendar year, or tax year beginning **JUL 1, 2014** and ending **JUN 30, 2015**

<b>B</b> Check if applicable:  <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>UNITED WAY OF THE MIDLANDS</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>2201 FARNAM STREET</b> City or town, state or province, country, and ZIP or foreign postal code <b>OMAHA, NE 68102</b> <b>F</b> Name and address of principal officer: <b>SHAWNA FORSBERG</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>47-0376605</b> <b>E</b> Telephone number <b>402-342-8232</b> <b>G</b> Gross receipts \$ <b>23,894,520.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> 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		
<b>J</b> Website: ▶ <b>WWW.UWMIDLANDS.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1923</b>		<b>M</b> State of legal domicile: <b>NE</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>UNITED WAY OF THE MIDLANDS ENGAGES THE PASSION AND RESOURCES OF OUR NEIGHBORS AND COMMUNITY</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	<b>19</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	<b>19</b>
<b>5</b>	Total number of individuals employed in calendar year 2014 (Part V, line 2a) .....	<b>5</b>	<b>82</b>
<b>6</b>	Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>6000</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b>	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g) .....	22,563,904.	22,138,918.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	193,600.	245,242.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	173,362.	218,306.
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	420,914.	421,187.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	23,351,780.	23,023,653.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) .....	17,615,363.	17,402,096.
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	0.	0.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) .....	3,746,090.	4,188,517.
<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,998,687.</b>	0.	0.
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	1,617,606.	1,506,274.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	22,979,059.	23,096,887.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 .....	372,721.	-73,234.
<b>20</b>	Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26) .....	27,515,967.	27,193,643.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 .....	15,717,591.	15,710,242.
		11,798,376.	11,483,401.

**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.

<b>Sign Here</b>	Signature of officer <b>PAMELA SCHAWLB, COO</b> Type or print name and title	Date _____		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>BRAD YODER</b>	Preparer's signature <b>BRAD YODER</b>	Date <b>07/19/16</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P00948709</b>
	Firm's name ▶ <b>HAYES &amp; ASSOCIATES, LLC</b>	Firm's EIN ▶ <b>47-0716239</b>		
	Firm's address ▶ <b>1015 NORTH 98TH STREET; SUITE 200 OMAHA, NE 68114</b>	Phone no. <b>402-390-2480</b>		

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

Part III Statement of Program Service Accomplishments

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

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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] 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 \$ 17,991,146. including grants of \$ 17,402,096. ) (Revenue \$ 421,187. ) COMMUNITY ENGAGEMENT AND VISION

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

4b (Code: ) (Expenses \$ 1,021,024. including grants of \$ ) (Revenue \$ ) OMAHA DATA COLLABORATIVE

THE OMAHA DATA COLLABORATIVE PROVIDES GUIDANCE ON WHAT IS NEEDED FOR THE MOST VULNERABLE CHILDREN TO BE HEALTHY, SAFE, AND SUCCESSFUL IN SCHOOL AND LIFE. WE ALIGN THE PASSION AND RESOURCES OF THE COMMUNITY TO ENSURE EVERY CHILD HAS HIGH QUALITY SERVICES AND PROGRAMS, AND THE SAME TYPE OF OMAHA. ODC PROVIDES DATA AND OUTCOMES EVALUATION TO COMMUNITY BASED PROGRAMS, FUNDERS, AND OTHERS IN ORDER TO DETERMINE HOW WE BEST WEAVE A TAPESTRY OF SUPPORT AROUND OUR COMMUNITY'S MOST VULNERABLE CHILDREN. WE ANALYZE INPUTS AND OUTPUTS IN ORDER TO CODIFY WHAT IS WORKING AND ENSURE THAT ALL COMMUNITY MEMBERS ARE AWARE HOW WE CAN BEST MOBILIZE RESOURCES TO BRIDGE GAPS CHILDREN MAY HAVE TO THEIR SCHOOL AND

4c (Code: ) (Expenses \$ 1,016,197. including grants of \$ ) (Revenue \$ 214,867. ) INFORMATION AND REFERRAL

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

4d Other program services (Describe in Schedule O.) (Expenses \$ 283,173. including grants of \$ ) (Revenue \$ 30,375.)

4e Total program service expenses 20,311,540.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	<b>2</b> X	
<b>3</b> 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> .....	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> 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> .....	<b>4</b>	X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>	X
<b>6</b> 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> .....	<b>6</b>	X
<b>7</b> 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> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> 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> .....	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> 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> .....	<b>11a</b> X	
<b>b</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> .....	<b>11b</b> X	
<b>c</b> 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> .....	<b>11c</b>	X
<b>d</b> 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> .....	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b>	X
<b>f</b> 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> .....	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b>	X
<b>b</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> .....	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</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> .....	<b>14b</b>	X
<b>15</b> 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> .....	<b>15</b>	X
<b>16</b> 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> .....	<b>16</b>	X
<b>17</b> 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> .....	<b>17</b>	X
<b>18</b> 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> .....	<b>18</b>	X
<b>19</b> 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> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> 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	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

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

Input box for Schedule O check

Main table with columns for question numbers (1a-14b), Yes, and No. Includes rows for Form 1096, Form W-2G, Form W-3, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4947(a)(1), and Form 720.



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

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

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, significant changes, asset diversion, members, and documentation.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, document retention, compensation, and joint ventures.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: MIKE ALFIERI - 402-522-7944 2201 FARNAM STREET, OMAHA, NE 68102

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

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

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAN O'NEILL MEMBER	1.00	X						0.	0.	0.
(19) JOY STEIN MEMBER	1.00	X						0.	0.	0.
(20) KAREN BRICKLEMYER PAST PRESIDENT/CEO	45.00			X				180,423.	0.	23,810.
(21) SHAWNA FORSBERG PRESIDENT/CEO	45.00			X				118,249.	0.	28,924.
(22) PAMELA SCHWALB COO	45.00			X				131,152.	0.	22,190.
(23) ANNE HERMAN SVP - ANALYTICS, PERFORMANCE AND ACC	40.00					X		147,004.	0.	30,637.
(24) JEFFREY BECKMAN SVP - RESOURCE DEVELOPMENT	40.00					X		144,810.	0.	27,986.
<b>1b Sub-total</b>								721,638.	0.	133,547.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								721,638.	0.	133,547.

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 <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>	220,471.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	50,613.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	21,867,834.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		1,261,593.				
	<b>h Total.</b> Add lines 1a-1f .....		22,138,918.				
	<b>Program Service Revenue</b>	<b>2 a</b> CONTRACT FEES .....	<b>Business Code</b> 561000	245,242.	245,242.		
<b>b</b> .....							
<b>c</b> .....							
<b>d</b> .....							
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....			245,242.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		116,477.			116,477.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real					
		(ii) Personal					
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities					
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses .....		870,867.			
		<b>c</b> Gain or (loss) .....		101,829.			
	<b>d</b> Net gain or (loss) .....		101,829.			101,829.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....					
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....						
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....						
	<b>c</b> Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue		<b>Business Code</b>					
<b>11 a</b> DONOR DESIGNATION FEES .....		561000	369,504.	369,504.			
	<b>b</b> MISCELLANEOUS INCOME .....		900099	51,683.	51,683.		
		<b>c</b> .....					
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			421,187.			
<b>12 Total revenue.</b> See instructions. ....			23,023,653.	666,429.	0.	218,306.	

**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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	17,402,096.	17,402,096.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	413,692.	165,477.	91,573.	156,642.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,938,212.	1,735,570.	244,510.	958,132.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	581,974.	340,866.	49,328.	191,780.
<b>10</b> Payroll taxes	254,639.	144,094.	25,181.	85,364.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	37,226.		37,226.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	26,520.		26,520.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	335,151.	87,950.	185,766.	61,435.
<b>12</b> Advertising and promotion	203,705.	11,372.	15,845.	176,488.
<b>13</b> Office expenses	43,443.	2,017.	24,128.	17,298.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	121,798.	65,119.	11,565.	45,114.
<b>17</b> Travel	49,811.	19,725.	11,261.	18,825.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	68,336.	19,437.	4,830.	44,069.
<b>20</b> Interest				
<b>21</b> Payments to affiliates	222,313.	118,859.	21,109.	82,345.
<b>22</b> Depreciation, depletion, and amortization	108,088.	57,789.	10,263.	40,036.
<b>23</b> Insurance	24,254.	12,967.	2,303.	8,984.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <u>EQUIPMENT LEASING &amp; MAINTENANCE</u>	143,106.	76,511.	13,588.	53,007.
<b>b</b> <u>TELEPHONE</u>	51,456.	37,423.	2,863.	11,170.
<b>c</b> <u>AWARDS &amp; GRANTS</u>	41,087.	4,766.	2,649.	33,672.
<b>d</b> <u>POSTAGE AND SHIPPING</u>	17,266.	1,797.	3,624.	11,845.
<b>e</b> All other expenses	12,714.	7,705.	2,528.	2,481.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	23,096,887.	20,311,540.	786,660.	1,998,687.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	7,555,884.	<b>1</b>	5,907,954.
	<b>2</b> Savings and temporary cash investments .....	6,094.	<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	6,712,801.	<b>3</b>	7,844,731.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	163,865.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,779,781.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,449,573.	1,107,279.	<b>10c</b> 1,330,208.
	<b>11</b> Investments - publicly traded securities .....	5,025,095.	<b>11</b>	5,073,187.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	6,982,412.	<b>12</b>	6,873,698.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	126,402.	<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	27,515,967.	<b>16</b>	27,193,643.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	355,589.	<b>17</b>	485,415.
	<b>18</b> Grants payable .....	15,162,002.	<b>18</b>	15,224,827.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	200,000.	<b>25</b>	0.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	15,717,591.	<b>26</b>	15,710,242.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	7,371,126.	<b>27</b>	7,493,685.
	<b>28</b> Temporarily restricted net assets .....	950,824.	<b>28</b>	640,672.
	<b>29</b> Permanently restricted net assets .....	3,476,426.	<b>29</b>	3,349,044.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> Total net assets or fund balances .....	11,798,376.	<b>33</b>	11,483,401.
<b>34</b> Total liabilities and net assets/fund balances .....	27,515,967.	<b>34</b>	27,193,643.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	23,023,653.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	23,096,887.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-73,234.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	11,798,376.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-133,027.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-108,714.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	11,483,401.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2014)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

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

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

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



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	20908356.	30188712.	22775628.	22719403.	22138917.	118731016
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	20908356.	30188712.	22775628.	22719403.	22138917.	118731016
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						118731016

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 .....	20908356.	30188712.	22775628.	22719403.	22138917.	118731016
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	55,750.	147,441.	87,209.	99,883.	116,477.	506,760.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	537,401.	1252131.	772,515.	614,514.	666,429.	3842990.
<b>11 Total support.</b> Add lines 7 through 10						123080766
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	96.47 %
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 .....	<b>15</b>	96.41 %
<b>16a 33 1/3% support test - 2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2014.** 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 - 2013.** 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 on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9(a)) 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>		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> 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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), 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? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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? If "Yes," then in <b>Part VI</b> 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.		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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? Provide details in <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

**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. 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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
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 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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 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	<b>Distributable Amount.</b> 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
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2014 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
<b>1</b> Distributable amount for 2014 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2014:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b> From 2013			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2014 distributable amount			
<b>i</b> Carryover from 2009 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2014 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> Excess from 2013			
<b>e</b> Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

**Part VI** Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Lined area for supplemental information input.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Name of the organization

UNITED WAY OF THE MIDLANDS

Employer identification number

47-0376605

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)



Name of organization <b>UNITED WAY OF THE MIDLANDS</b>	Employer identification number <b>47-0376605</b>
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**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
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>1,259,443.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>1,206,254.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>726,418.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>665,995.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>607,266.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>9</u>	 <hr/> <hr/> <hr/>	\$ <u>604,383.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>UNITED WAY OF THE MIDLANDS</b>	Employer identification number  <b>47-0376605</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ <u>547,010.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ <u>490,167.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>489,576.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>UNITED WAY OF THE MIDLANDS</b>	Employer identification number  <b>47-0376605</b>
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**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	STOCK _____ _____ _____	\$ 1,259,443.	09/11/15
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization <b>UNITED WAY OF THE MIDLANDS</b>	Employer identification number <b>47-0376605</b>
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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 info. once.) ▶ \$ \_\_\_\_\_  
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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public Inspection

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

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of a historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

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

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

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

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

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

(i) Revenue included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

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

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

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

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21, 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 in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,982,412.	5,999,155.	5,569,829.	2,972,876.	3,113,499.
b Contributions	194,018.	410,079.	324,684.	2,499,856.	41,878.
c Net investment earnings, gains, and losses	54,948.	750,055.	416,571.	157,195.	12,803.
d Grants or scholarships	220,471.	176,877.	239,059.	41,731.	86,289.
e Other expenditures for facilities and programs	137,209.		72,870.	18,367.	109,015.
f Administrative expenses					
g End of year balance	6,873,698.	6,982,412.	5,999,155.	5,569,829.	2,972,876.

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

- a Board designated or quasi-endowment  51.28 %
- b Permanent endowment  48.72 %
- c Temporarily restricted endowment  \_\_\_\_\_ %

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

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

- (i) unrelated organizations
- (ii) related organizations

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

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

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to 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		197,001.		197,001.
b Buildings		2,462,951.	1,584,869.	878,082.
c Leasehold improvements				
d Equipment		322,714.	149,951.	172,763.
e Other		797,115.	714,753.	82,362.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,330,208.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to 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) <b>BENEFICIAL INTEREST IN</b>		
(B) <b>UMWF</b>	6,873,698.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	6,873,698.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to 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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to 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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	18,687,309.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-133,027.	
b	Donated services and use of facilities	2b	95,870.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-108,714.	
e	Add lines 2a through 2d	2e		-145,871.
3	Subtract line 2e from line 1	3		18,833,180.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	4,190,473.	
c	Add lines 4a and 4b	4c		4,190,473.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		23,023,653.

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

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

1	Total expenses and losses per audited financial statements		1	19,002,284.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	95,870.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		95,870.
3	Subtract line 2e from line 1	3		18,906,414.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	4,190,473.	
c	Add lines 4a and 4b	4c		4,190,473.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		23,096,887.

**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.

**PART V, LINE 4:**

RELATED ORGANIZATION ENDOWMENT FUND USE IS TO SUPPORT UNITED WAY OF THE MIDLANDS

**PART X, LINE 2:**

THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION IS NOT IDENTIFIED BY THE INTERNAL REVENUE SERVICE AS A PRIVATE FOUNDATION. THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. AT JUNE 30, 2015, THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS.



**Part XIII** Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN BENEFICIAL INTEREST IN UNITED WAY OF THE MIDLANDS

FOUNDATION -108,714.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS 4,190,473.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS 4,190,473.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

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

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEARTLAND FAMILY SERVICE 2101 S 42ND ST OMAHA, NE 68105-2911	47-0390618	501C3	1,268,066.	0.			GENERAL SUPPORT
COMMUNITY HEALTH CHARITIES NEBRASKA - 212 S 74TH ST, STE 205 - OMAHA, NE 68114	23-7162972	501C3	1,077,592.	0.			GENERAL SUPPORT
LUTHERAN FAMILY SERVICES OF NE INC 124 S 24 ST, STE 230 OMAHA, NE 68102-1246	23-7267972	501C3	1,013,724.	0.			GENERAL SUPPORT
CATHOLIC CHARITIES OF OMAHA 3300 N 60TH ST OMAHA, NE 68104	47-0376612	501C3	982,205.	0.			GENERAL SUPPORT
VISITING NURSE ASSOC. OF THE MIDLAN - 12565 W CENTER RD STE 100 - OMAHA, NE 68144	47-0384379	501C3	927,845.	0.			GENERAL SUPPORT
AMERICAN RED CROSS OMAHA COUNCIL BLUFFS - 2912 SO 80TH AVE - OMAHA, NE 68124	53-0196605	501C3	875,767.	0.			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **154.**

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

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

Schedule I (Form 990) (2014)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF GREATER OMAHA 430 SO 20TH ST OMAHA, NE 68102-2506	47-0376586	501C3	824,477.	0.			GENERAL SUPPORT
BOYS AND GIRLS CLUBS OF THE MIDLANDS - 2610 HAMILTON - OMAHA, NE 68131-1675	47-0467350	501C3	818,026.	0.			GENERAL SUPPORT
FAMILY HOUSING ADVISORY SERVICES 2401 LAKE ST. STE 201 OMAHA, NE 68111	47-0526720	501C3	602,978.	0.			GENERAL SUPPORT
GIRLS INCORPORATED OF OMAHA 2811 NO 45TH ST OMAHA, NE 68104-4596	47-0562184	501C3	598,487.	0.			GENERAL SUPPORT
THE SALVATION ARMY-NE 10755 BURT ST OMAHA, NE 68114-2065	36-2167910	501C3	589,384.	0.			GENERAL SUPPORT
ONEWORLD COMMUNITY HEALTH CENTERS I 4920 SO 30TH ST STE 103 OMAHA, NE 68107	47-0548990	501C3	563,355.	0.			GENERAL SUPPORT
URBAN LEAGUE OF NEBRASKA INC 3040 LAKE ST OMAHA, NE 68111	47-0384575	501C3	518,170.	0.			GENERAL SUPPORT
WOMEN'S CENTER FOR ADVANCEMENT 222 S 29TH ST OMAHA, NE 68131-3543	27-3205476	501C3	418,099.	0.			GENERAL SUPPORT
LATINO CENTER OF THE MIDLANDS 4821 SO 24TH ST OMAHA, NE 68107	23-7208431	501C3	374,538.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMPLETELY KIDS 2566 ST MARYS AVE OMAHA, NE 68105	27-5111197	501C3	353,132.	0.			GENERAL SUPPORT
CHILD SAVING INSTITUTE 4545 DODGE ST OMAHA, NE 68132-3251	45-0489204	501C3	330,340.	0.			GENERAL SUPPORT
BOY SCOUTS MID AMERICA COUNCIL 12401 W MAPLE RD OMAHA, NE 68164	47-0376545	501C3	329,456.	0.			GENERAL SUPPORT
KIDS CAN! COMMUNITY CENTER 4860 Q ST OMAHA, NE 68117	47-0376597	501C3	316,564.	0.			GENERAL SUPPORT
BIG BROTHERS-BIG SISTERS OF THE MID - 10831 OLD MILL RD STE 400 - OMAHA, NE 68154	47-0466144	501C3	244,431.	0.			GENERAL SUPPORT
GIRL SCOUTS - SPIRIT OF NEBRASKA 2121 SO 44TH ST OMAHA, NE 68105-2800	47-0432299	501C3	227,937.	0.			GENERAL SUPPORT
CATHOLIC CHARITIES - DIOCESE OF DES MOINES - 601 GRAND AVE - DES MOINES, IA 50309	53-0196617	501C3	196,848.	0.			GENERAL SUPPORT
OLLIE WEBB CENTER THE ARC CENTER 1941 S 42ND ST STE 122 OMAHA, NE 68105-2942	47-0399179	501C3	165,018.	0.			GENERAL SUPPORT
CATHOLIC CHARITIES FOUNDATION 3300 NORTH 60 ST OMAHA, NE 68104	47-0744276	501C3	160,033.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LABOR UNITED INC 6910 PACIFIC STREET, SUITE 450 OMAHA, NE 68106	46-1574082	501C3	143,602.	0.			GENERAL SUPPORT
COUNCIL BLUFFS SENIOR CENTER 714 S MAIN ST COUNCIL BLUFFS, IA 51503	42-1174208	501C3	141,440.	0.			GENERAL SUPPORT
JEWISH COMMUNITY SERVICES 333 S 132ND ST OMAHA, NE 68154-2106	47-0384659	501C3	108,511.	0.			GENERAL SUPPORT
MICAH HOUSE 1415 AVE J COUNCIL BLUFFS, IA 51501	42-1292393	501C3	100,000.	0.			GENERAL SUPPORT
AMERICAN HEART ASSOCIATION 9900 NICHOLAS ST STE 200 OMAHA, NE 68144	13-5613797	501C3	94,341.	0.			GENERAL SUPPORT
CHARLES DREW HEALTH CENTER 2915 GRANT ST. OMAHA, NE 68111	47-0666715	501C3	89,133.	0.			GENERAL SUPPORT
UNITED WAY OF GREATER ST LOUIS 910 NO 11TH ST ST LOUIS, MO 63101	43-0714167	501C3	82,804.	0.			GENERAL SUPPORT
UNITED WAY OF THE DUPAGE AREA/W.COOK - 1000 JORIE BLVD - OAK BROOK, IL 60523	45-1534557	501C3	78,605.	0.			GENERAL SUPPORT
GIRL SCOUTS OF GREATER IOWA 10715 HICKMAN RD DES MOINES, IA 50322	42-0698218	501C3	77,782.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREMONT AREA UNITED WAY 605 N BROAD ST FREMONT, NE 68025-4932	47-6000166	501C3	75,954.	0.			GENERAL SUPPORT
COLLECTIVE FOR YOUTH 105 N 31ST AVE STE 103 OMAHA, NE 68102	27-4577729	501C3	72,193.	0.			GENERAL SUPPORT
OPEN DOOR MISSION 2828 N 23 ST EAST OMAHA, NE 68110	47-0411375	501C3	60,712.	0.			GENERAL SUPPORT
MUNROE MEYER INSTITUTE 985450 NEBRASKA MED CTR OMAHA, NE 68198	47-0049123	501C3	55,000.	0.			GENERAL SUPPORT
UNITED WAY OF BENTON & FRANKLIN COUNTY - 401 N YOUNG ST - KENNEWICK, WA 99336	91-0682177	501C3	51,449.	0.			GENERAL SUPPORT
PONCA TRIBE OF NEBRASKA PO BOX 288 NIOBRARA, NE 68760	47-0744117	501C3	49,555.	0.			GENERAL SUPPORT
CREIGHTON UNIVERSITY 2500 CALIFORNIA PLAZA OMAHA, NE 68178	47-0376583	501C3	48,931.	0.			GENERAL SUPPORT
COMMUNITY HEALTH CHARITIES PO BOX 75153 BALTIMORE, MD 21275	13-6167225	501C3	48,017.	0.			GENERAL SUPPORT
FOOD BANK FOR THE HEARTLAND 10525 J ST OMAHA, NE 68127	47-0637701	501C3	42,277.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEARTLAND EQUINE THERAPEUTIC RIDING - 10130 S 222ND ST - GRETNA, NE 68028	36-3713040	501C3	37,719.	0.			GENERAL SUPPORT
UNITED WAY OF TROY OHIO INC. PO BOX 36 TROY, OH 45373-0036	31-0619209	501C3	35,064.	0.			GENERAL SUPPORT
MILITARY FAMILY AND VETTRAN SERVICES - PO BOX 45754 - SAN FRANCISCO, CA 94145	94-3193418	501C3	34,525.	0.			GENERAL SUPPORT
CHRISTIAN URBAN EDUCATION SERVICES 2207 WIRT ST OMAHA, NE 68110	47-0818922	501C3	34,465.	0.			GENERAL SUPPORT
CHRISTIAN SERVICE CHARITIES 44330 PREMIER PLZ, STE 220 ASHBURN, VA 20147	94-3193374	501C3	33,611.	0.			GENERAL SUPPORT
SIENA/FRANCIS HOUSE 1702 NICHOLAS ST OMAHA, NE 68102	47-0601005	501C3	32,870.	0.			GENERAL SUPPORT
UNITED WAY OF HUDSON COUNTY 857 BERGEN AVE JERSEY CITY, NJ 07306-4405	22-1487218	501C3	30,013.	0.			GENERAL SUPPORT
UNITED WAY OF THE BATTLE CREEK&KALAMAZOO REGION - 709 S WESTRIDGE AVE - KALAMAZOO, MI 49007	38-1359193	501C3	29,491.	0.			GENERAL SUPPORT
HELP ADULT SERVICES 1941 S 42ND ST, STE 200 OMAHA, NE 68105	36-3412688	501C3	27,049.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VISITING NURSE ASSOC OF THE MIDLAND - 12565 W CNTER RD STE100 - OMAHA, NE 68144-3810	47-0690286	501C3	26,428.	0.			GENERAL SUPPORT
UNITED WAY OF TARRANT COUNTY 1500 N MAIN ST., STE 200 FORT WORTH, TX 76164-8903	75-0858360	501C3	25,254.	0.			GENERAL SUPPORT
UNITED WAY OF SAN ANTONIO & BEXAR COUNTY - 700 S ALAMO - SAN ANTONIO, TX 78293	74-1272381	501C3	24,546.	0.			GENERAL SUPPORT
A WOMAN'S TOUCH PREGNANCY COUNSELING - 6220 MAPLE ST - OMAHA, NE 68104	23-7300162	501C3	24,235.	0.			GENERAL SUPPORT
AMERICAN CANCER SOCIETY-OMAHA 9850 NICHOLAS ST STE 200 OMAHA, NE 68114-2159	74-1185665	501C3	23,684.	0.			GENERAL SUPPORT
UNITED WAY OF SALINE COUNTY P O BOX 534 MARSHALL, MO 65340-2103	43-1582959	501C3	22,983.	0.			GENERAL SUPPORT
ANIMAL CHARITIES OF AMERICA PO BOX 45754 SAN FRANCISCO, CA 94145	94-3193389	501C3	22,917.	0.			GENERAL SUPPORT
THE KIM FOUNDATION OF OMAHA 13609 CALIFORNIA ST, SUITE 500 OMAHA, NE 68154	47-0837377	501C3	21,941.	0.			GENERAL SUPPORT
HEALTH AND MEDICAL RESEARCH CHARITIES AMERICA - PO BOX 45754 - SAN FRANCISCO, CA 94145	94-3217739	501C3	20,989.	0.			GENERAL SUPPORT

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF GREATER KANSAS CITY PO BOX 871400 KANSAS CITY, MO 64187-1400	44-0545812	501C3	20,690.	0.			GENERAL SUPPORT
MICAH HOUSE CORP. 1415 AVE J COUNCIL BLUFFS, IA 51501	42-1292393	501C3	18,565.	0.			GENERAL SUPPORT
MILE HIGH UNITED WAY INC 711 PARK AVENUE WEST DENVER, CO 80205	84-0404235	501C3	18,470.	0.			GENERAL SUPPORT
UNITED WAY OF NEBRASKA CITY INC PO BOX 293 NEBRASKA CITY, NE 68410-0293	23-7155162	501C3	18,466.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY OF OMAHA INC. - 1701 NO 24TH STREET - OMAHA, NE 68110	36-3283625	501C3	18,405.	0.			GENERAL SUPPORT
UNITED WAY OF METROPOLITAN CHICAGO 75 REMITTANCE DR STE 75828 CHICAGO, IL 60675-5828	30-0200478	501C3	17,474.	0.			GENERAL SUPPORT
UNITED WAY CA CAPITAL REGION INC 10389 OLD PLACERVILLE RD SACRAMENTO, CA 95827	94-1225382	501C3	17,082.	0.			GENERAL SUPPORT
UNITED WAY OF EAST CENTRAL IOWA 317 7TH AVE SE, STE 401 CEDAR RAPIDS, IA 52401	42-0861239	501C3	16,838.	0.			GENERAL SUPPORT
NEBRASKA HUMANE SOCIETY 8929 FORT ST OMAHA, NE 68134-2843	47-0378997	501C3	16,829.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOUNDED WARRIOR PROJECT 7020 AC SKINNER PKWY JACKSONVILLE, FL 32256	20-2370934	501C3	16,811.	0.			GENERAL SUPPORT
CHRISTIAN CHARITIES USA PO BOX 45754 SAN FRANCISCO, CA 94145	94-3255961	501C3	16,675.	0.			GENERAL SUPPORT
GLOBAL IMPACT PO BOX 409616 ATLANTA ALEXANDRIA, GA 30384	52-1273585	501C3	16,643.	0.			GENERAL SUPPORT
HOPE CENTER FOR KIDS INC. 2200 NO. 20TH ST OMAHA, NE 68110	47-0826512	501C3	15,802.	0.			GENERAL SUPPORT
PURPOSE DRIVEN ADVOCACY CTR, LLC 6401 N 56TH ST OMAHA, NE 68104	27-0803749	501C3	15,315.	0.			GENERAL SUPPORT
ALEGENT HEALTH FOUNDATION 12809 W DODGE RD OMAHA, NE 68154	47-0648586	501C3	14,848.	0.			GENERAL SUPPORT
CANCERCURE OF AMERICA PO BOX 45754 SAN FRANCISCO, CA 94145	81-0648432	501C3	14,786.	0.			GENERAL SUPPORT
OFFUTT AFB - OFFUTT YOUTH PROGRAMS 106 PEACEKEEPER DR STE 320 OFFUTT AFB, NE 68113-4022	47-0538754	501C3	14,638.	0.			GENERAL SUPPORT
GREATER TWIN CITIES UNITED WAY 404 S 8 ST MINNEAPOLIS, MN 55404	41-1973442	501C3	14,618.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN NATIONAL RED CROSS 431 18TH ST NW FL 3 STE W309A WASHINGTON, DC 20006	53-0196605	501C3	13,979.	0.			GENERAL SUPPORT
MID-PLAINS UNITED WAY PO BOX 172 NORTH PLATTE, NE 69103-0172	47-0525576	501C3	13,652.	0.			GENERAL SUPPORT
NEBRASKA CHILDREN'S HOME SOCIETY 4939 SO 118 ST OMAHA, NE 68137	47-0378995	501C3	13,419.	0.			GENERAL SUPPORT
PLANNED PARENTHOOD OF THE HEARTLAND - PO BOX 4557 - DES MOINES, IA 50305-4557	42-0727488	501C3	13,332.	0.			GENERAL SUPPORT
UNITED WAY OF GREATER HOUSTON 50 WAUGH DR HOUSTON, TX 77007	74-1167964	501C3	13,289.	0.			GENERAL SUPPORT
UNITED WAY OF JOHNSON COUNTY IA 1150 5TH ST STE 290 CORALVILLE, IA 52241-2933	42-6062055	501C3	13,135.	0.			GENERAL SUPPORT
CHILDREN'S MEDICAL AND RESEARCH CHARITIES OF AMERICA - PO BOX 45754 - SAN FRANCISCO, CA 94145	27-0093393	501C3	12,909.	0.			GENERAL SUPPORT
MONTGOMERY COUNTY UNITED WAY 1600 LAKE FRONT CIR #248 THE WOODLANDS, TX 77380	23-7282537	501C3	12,553.	0.			GENERAL SUPPORT
GREATER SUSQUEHANNA VALLEY UNITED WAY - 335 MARKET ST STE 2A - SUNBURY, PA 17801	23-1697631	501C3	12,471.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF NORTHWEST ARKANSAS 100 PARKWOOD ST LOWELL, AR 72745	71-0305700	501C3	12,206.	0.			GENERAL SUPPORT
UNITED WAY OF NORTHERN NEW JERSEY PO BOX 6835 BRIDGEWATER, NJ 08807	22-1487249	501C3	12,194.	0.			GENERAL SUPPORT
UNITED WAY OF CENTRAL MARYLAND INC PO BOX 64282 BALTIMORE, MD 21264-4282	52-0591543	501C3	11,774.	0.			GENERAL SUPPORT
DEAN FRICKE MEMORIAL FOOD PANTRY 113 N 18TH ST OMAHA, NE 68102	91-1854582	501C3	11,769.	0.			GENERAL SUPPORT
OPERATION SANTA 1616 CAPITAL AVE OMAHA, NE 68102-4901	47-0666545	501C3	11,652.	0.			GENERAL SUPPORT
UNITED WAY OF THE BAY AREA 221 MAIN ST STE 300 SAN FRANCISCO, CA 94105	94-1312348	501C3	11,491.	0.			GENERAL SUPPORT
UNITED WAY OF TREASURE VALLEY INC. - P O BOX 7963 - BOISE, ID 83707	82-0299013	501C3	10,906.	0.			GENERAL SUPPORT
MEDICAL RESEARCH CHARITIES 125 WASHINGTON ST, STE 201 SALEM, MA 01970	94-3148591	501C3	10,829.	0.			GENERAL SUPPORT
UNITED WAY OF WEST TENNESSEE INC. PO BOX 2086 JACKSON, TN 38302-2086	62-0590257	501C3	10,764.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF MONMOUTH COUNTY 1415 WYCKOFF ROAD FARMINGDALE, NJ 07727-3940	22-1828435	501C3	10,734.	0.			GENERAL SUPPORT
OMAHA HOME FOR BOYS 4343 N 52ND ST OMAHA, NE 68104-2895	47-0376529	501C3	10,665.	0.			GENERAL SUPPORT
NORTHSTAR FOUNDATION P O BOX 4817 OMAHA, NE 68104-0817	26-0494022	501C3	10,488.	0.			GENERAL SUPPORT
CHILDREN'S CHARITIES OF AMERICA PO BOX 45754 SAN FRANCISCO, CA 94145	94-3148588	501C3	10,412.	0.			GENERAL SUPPORT
AMERICA'S CHARITIES PO BOX 79110 BALTIMORE, MD 21279	54-1517707	501C3	10,369.	0.			GENERAL SUPPORT
STEPHEN CENTER INC 2723 Q ST OMAHA, NE 68107	36-3363994	501C3	10,353.	0.			GENERAL SUPPORT
UNITED WAY OF THE MID-SOUTH PO BOX 750730 MEMPHIS, TN 38175-0730	56-1010742	501C3	10,149.	0.			GENERAL SUPPORT
UNITED WAY OF LINCOLN & LANCASTER C 238 S 13TH ST LINCOLN, NE 68508-2004	47-0376624	501C3	10,115.	0.			GENERAL SUPPORT
CHILDREN FIRST-AMERICA'S CHARITIES PO BOX 791110 BALTIMORE, MD 21279	30-0186795	501C3	9,546.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWEST SUBURBAN UNITED WAY 231200 MOMENTUM PLACE CHICAGO, IL 60689-5311	23-7116020	501C3	9,437.	0.			GENERAL SUPPORT
HEALTH FIRST - AMERICA'S CHARITIES PO BOX 791110 BALTIMORE, MD 21279	30-0186796	501C3	9,262.	0.			GENERAL SUPPORT
FOX VALLEY UNITED WAY 44 E GALENA BLVD AURORA, IL 60505-3314	36-2195467	501C3	8,980.	0.			GENERAL SUPPORT
EARTH SHARE CAMPAIGN 0552 DEPT 4011 WASHINGTON, DC 20042-4011	52-1601960	501C3	8,878.	0.			GENERAL SUPPORT
UNITED WAY OF KING COUNTY 720 SECOND AVENUE SEATTLE, WA 98104	91-0565555	501C3	8,851.	0.			GENERAL SUPPORT
UNITED WAY OF SAN DIEGO COUNTY 4699 MURPHY CANYON RD SAN DIEGO, CA 92123-5371	95-2213995	501C3	8,745.	0.			GENERAL SUPPORT
CONSERVATION & PRESERVATION CHARITIES AMERICA - PO BOX 45754 - SAN FRANCISCO, CA 94145	94-3217738	501C3	8,696.	0.			GENERAL SUPPORT
SIOUXLAND FREEDOM PARK, INC. 1615 1ST AVENUE SOUTH SIOUX CITY, NE 68776	27-4533675	501C3	8,625.	0.			GENERAL SUPPORT
KICKS FOR A CURE PO BOX 241603 OMAHA, NE 68124	20-8105379	501C3	8,298.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WELLNESS COUNCIL OF THE MIDLANDS 6001 DODGE ST ROOM 219 OMAHA, NE 68182-0874	47-0642708	501C3	8,276.	0.			GENERAL SUPPORT
ACCIDENT FUND INSURANCE CO. OF AMERICA - PO BOX 77000 - DETROIT, MI 48277-0125	38-3207001	501C3	8,197.	0.			GENERAL SUPPORT
UNITED WAY OF NEW YORK CITY 2 PARK AVE FLR 2 NEW YORK, NY 10016-1550	13-2617681	501C3	7,982.	0.			GENERAL SUPPORT
CHARITIES WITHOUT BORDERS PO BOX 45754 SAN FRANCISCO, CA 94145	94-3148590	501C3	7,804.	0.			GENERAL SUPPORT
FOOD BANK OF SIOUXLAND 1313 11TH ST SIOUX CITY, IA 51105	42-1381516	501C3	7,751.	0.			GENERAL SUPPORT
BLAIR FAMILY YMCA 1278 WILBUR STREET BLAIR, NE 68008-2373	47-0782711	501C3	7,717.	0.			GENERAL SUPPORT
HEART MINISTRY CENTER - OMAHA 2222 BINNEY ST OMAHA, NE 68110-2038	81-0614816	501C3	7,520.	0.			GENERAL SUPPORT
UNITED WAY OF LAREDO INC. P O BOX 1711 LAREDO, TX 78044	74-1543862	501C3	7,397.	0.			GENERAL SUPPORT
UNITED WAY OF DENTON COUNTY INC. 625 DALLAS DRIVE STE 525 DENTON, TX 76205	75-1251128	501C3	7,349.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF WILL COUNTY 54 N OTTAWA ST STE 300 JOLIET, IL 60432	36-2515625	501C3	7,120.	0.			GENERAL SUPPORT
ORANGE COUNTY UNITED WAY 18012 MITCHELL AVE S IRVINE, CA 92614	33-0047994	501C3	7,063.	0.			GENERAL SUPPORT
UNITED WAY OF THE COLUMBIA WILLIAMETE - 619 SW 11TH AVE STE 300 - PORTLAND, OR 97205-2646	93-0582124	501C3	6,863.	0.			GENERAL SUPPORT
UNITED WAY OF DUNN COUNTY PO BOX 3266 MENOMONIE, WI 54751-0667	39-6099810	501C3	6,793.	0.			GENERAL SUPPORT
ANIMAL WELFARE FUND 125 WASHINGTON ST, STE #201 SALEM, MA 01970-3536	26-0610986	501C3	6,736.	0.			GENERAL SUPPORT
AMERICAN RED CROSS, SIOUXLAND 4200 WAR EAGLE DR SIOUX CITY, IA 51109	53-0196605	501C3	6,722.	0.			GENERAL SUPPORT
MILITARY SUPPORT GROUPS OF AMERICA PO BOX 45754 SAN FRANCISCO, CA 94145	27-2242752	501C3	6,675.	0.			GENERAL SUPPORT
MEYER REHABILITATION FOUNDATION 985440 UNO MED CTR OMAHA, NE 68198-5440	39-2011488	501C3	6,599.	0.			GENERAL SUPPORT
UNITED WAY OF UMATILLA & MORROW COUNTY - P O BOX 1225 - PENDLETON, OR 97801	93-0454995	501C3	6,561.	0.			GENERAL SUPPORT

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELKHORN PUBLIC SCHOOLS FOUNDATION 20214 VETERANS DRIVE, STE 400 ELKHORN, NE 68022	36-3226778	501C3	6,526.	0.			GENERAL SUPPORT
SAR UNIT 813 HIGHWAY 1 MURRAY, NE 68409	47-0804764	501C3	6,423.	0.			GENERAL SUPPORT
RECONNAISSANCE CREWS BOOSTER CLUB 301 LOOKING GLASS AVE OFFUTT AFB, NE 68113-3120	36-3398555	501C3	6,154.	0.			GENERAL SUPPORT
UNITED WAY OF SALT LAKE 257 E 200 S., STE 300 SALT LAKE CITY, UT 84111	87-0227091	501C3	6,122.	0.			GENERAL SUPPORT
LUTHERAN SERVICE CORPS OF OMAHA 6220 N 30 ST OMAHA, NE 68111-1298	47-0754771	501C3	6,111.	0.			GENERAL SUPPORT
UNITED WAY OF TAMPA BAY INC. 5201 W KENNEDY BLVD STE 600 TAMPA, FL 33609-1820	59-3725701	501C3	6,091.	0.			GENERAL SUPPORT
MAKE A WISH FOUNDATION NEBRASKA 11926 ARBOR ST #102 OMAHA, NE 68144	47-0671096	501C3	5,967.	0.			GENERAL SUPPORT
CATHOLIC SOCIAL SERVICES-LINCOLN 2241 O ST LINCOLN, NE 68510	47-0751554	501C3	5,905.	0.			GENERAL SUPPORT
CHARITIES UNDER 1% OVERHEAD PO BOX 45754 SAN FRANCISCO, CA 94145	27-3132554	501C3	5,785.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTH EMERGENCY SERVICES INC. 2679 FARNAM ST STE 205 OMAHA, NE 68131-3653	47-0586898	501C3	5,712.	0.			GENERAL SUPPORT
CHRISTIAN OUTREACH PROGRAM ELKHORN 3434 N 204TH STREET ELKHORN, NE 68022	20-0840435	501C3	5,545.	0.			GENERAL SUPPORT
UNITED WAY OF GREATER MERCER 3150 BRUNSWICK PIKE, STE 230 LAWRENCEVILLE, NJ 08648-2420	21-0683073	501C3	5,404.	0.			GENERAL SUPPORT
UNITED WAY OF METROPOLITAN DALLAS 1800 N LAMAR STREET DALLAS, TX 75202	75-6005352	501C3	5,391.	0.			GENERAL SUPPORT
UNITED WAY OF CENTRAL CAROLINAS INC - 301 S BREVARD ST - CHARLOTTE, NC 28202	56-0529948	501C3	5,370.	0.			GENERAL SUPPORT
AAA CENTER FOR PREGNANCY COUNSELING - 6510 SORENSON PKWY - OMAHA, NE 68152	47-0700371	501C3	5,272.	0.			GENERAL SUPPORT
CHILDREN'S RESPITE CARE CENTER INC 13336 INDUSTRIAL RD STE 101 OMAHA, NE 68137	47-0718409	501C3	5,216.	0.			GENERAL SUPPORT
UNITED WAY OF NORTHERN NEVADA AND THE SIERRA - 639 ISBELL RD., SUITE #460 - RENO, NV 89509-4967	88-0059327	501C3	5,205.	0.			GENERAL SUPPORT
ARCHDIOCESE FOR THE MILITARY SERVICE - PO BOX 4469 - WASHINGTON, DC 20017	13-1624090	501C3	5,137.	0.			GENERAL SUPPORT

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED SERVICE ORGANIZATIONS (USO) 2111 WILSON BLVD STE 1200 ARLINGTON, VA 22201	13-1610451	501C3	5,122.	0.			GENERAL SUPPORT
COLUMBUS AREA UNITED WAY PO BOX 1372 COLUMBUS, NE 68602	47-6029411	501C3	5,055.	0.			GENERAL SUPPORT
UNITED WAY OF GREATER PHILADELPHIA AND SOUTHERN NEW JERSEY - 1709 BENJAMIN FRANKLIN PKWY - PHILADELPHIA, PA 19103-1208	23-1556045	501C3	5,041.	0.			GENERAL SUPPORT
BATAVIA COMMUNITY CHEST/UNITED WAY PO BOX 372 BATAVIA, IL 60510	36-3208945	501C3	5,022.	0.			GENERAL SUPPORT

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

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

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

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)**

**Compensation Information**

OMB No. 1545-0047

**2014**

Open to Public Inspection

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.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF THE MIDLANDS

Employer identification number

47-0376605

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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 (e.g., 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 in line 1a? .....

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

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

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

**a** Receive a severance payment or change-of-control payment? .....

**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 in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" to line 5a or 5b, describe in Part III.

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

**a** The organization? .....

**b** Any related organization? .....

If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) 2014

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KAREN BRICKLEMYER PAST PRESIDENT/CEO	(i)	150,423.	30,000.	0.	18,042.	5,768.	204,233.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PAMELA SCHWALB COO	(i)	121,552.	9,600.	0.	5,465.	16,725.	153,342.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ANNE HERMAN SVP - ANALYTICS, PERFORMANCE AND ACC	(i)	147,004.	0.	0.	14,700.	15,937.	177,641.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JEFFREY BECKMAN SVP - RESOURCE DEVELOPMENT	(i)	135,810.	9,000.	0.	7,241.	20,745.	172,796.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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.

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

**2014**

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.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	1	1,259,443.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

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

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

Schedule M (Form 990) (2014)





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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF THE MIDLANDS

Employer identification number

47-0376605

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

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

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

LIFE SUCCESS. WE MEET PEOPLE AND ENTITIES WHERE THEY ARE AT IN ORDER TO  
CREATE LONG-TERM SYSTEMATIC CHANGE.

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

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

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

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

COURT-REFERRAL

COURT-REFERRAL PROVIDES AN ALTERNATIVE TO INCARCERATION FOR OFFENDERS,

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

Schedule O (Form 990 or 990-EZ) (2014)

432211  
08-27-14

Name of the organization UNITED WAY OF THE MIDLANDS	Employer identification number 47-0376605
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BOTH YOUTH AND ADULTS, WHO HAVE BEEN ORDERED BY THE JUDICIAL SYSTEM TO MAKE RETRIBUTION TO THE COMMUNITY THROUGH VOLUNTEER SERVICE. TRAINED SPECIALISTS PROVIDE PLACEMENT, MONITORING AND REPORTING SERVICES TO ENSURE THE SUCCESSFUL COMPLETION OF COURT-ORDERED HOURS. THESE INDIVIDUALS ARE PLACED IN NOT-FOR-PROFIT ORGANIZATIONS TO PROVIDE MUCH NEEDED ASSISTANCE IN CARRYING OUT EACH HOST ORGANIZATIONS MISSION. THE INDIVIDUALS GAIN AND ENHANCE MARKETABLE SOCIAL AND JOB SKILLS. THE JUDICIAL SYSTEM GAINS A COST-EFFECTIVE MEANS FOR MANAGING OFFENDERS. THE ENTIRE COMMUNITY IS IMPACTED AND RECEIVES BENEFITS FROM THIS PROGRAM.

EXPENSES \$ 143,354. INCLUDING GRANTS OF \$ 0. REVENUE \$ 26,775.

DISASTER PREPAREDNESS

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

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

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

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

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

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

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

EXPENSES \$ 15,963. INCLUDING GRANTS OF \$ 0. REVENUE \$ 3,600.

COMPREHENSIVE VOLUNTEERISM

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

ALSO A YOUTH SERVICE COMPONENT TARGETS YOUTH FROM FOURTH GRADE THROUGH HIGH SCHOOL FOR PARTICIPATION IN COMMUNITY IMPACT THROUGH STRUCTURED

Name of the organization

UNITED WAY OF THE MIDLANDS

Employer identification number

47-0376605

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

EXPENSES \$ 123,856. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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 11:

THE 990 IS REVIEWED AND APPROVED BY THE FINANCE COMMITTEE BEFORE FILING. A COPY OF THE 990 IS PROVIDED TO ALL BOARD MEMBERS BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

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

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

THE ORGANIZATION HAS AN EXECUTIVE COMPENSATION COMMITTEE MADE UP OF KEY MEMBERS OF THE EXECUTIVE COMMITTEE. THE UNITED WAY HIRES AN OUTSIDE CONSULTANT TO PROVIDE COMPARABLE SALARY DATA FOR ALL OF THE SENIOR STAFF

Name of the organization UNITED WAY OF THE MIDLANDS	Employer identification number 47-0376605
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AND PRESENT IT AT THE MEETING. DETAILED MINUTES ARE TAKEN AND SIGNED OFF  
ON BY ALL COMMITTEE MEMBERS THAT ATTENDED THE MEETING.

FORM 990, PART VI, SECTION C, LINE 19:  
ON OUR WEBSITE, ON OTHER WEBSITES, AND UPON REQUEST

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:  
CHANGE IN BENEFICIAL INTEREST IN NET ASSETS -108,714.

FORM 990, PART XII, LINE 2C  
THE FINANCE COMMITTEE REVIEWS THE AUDITED FINANCIAL STATEMENTS IN DRAFT  
FORM PRIOR TO THE ISSUANCE OF THE FINAL REPORT.

AMENDED RETURN CHANGE, PART XII, LINE 2 C  
THE ORGANIZATION DOES HAVE A COMMITTEE THAT PROVIDES OVERSIGHT TO THE  
AUDIT AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT.

### Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

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

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

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

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

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

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

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

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



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

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

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UNITED WAY OF THE MIDLANDS FOUNDATION	C	220,471.	CASH
(2) UNITED WAY OF THE MIDLANDS FOUNDATION	Q	137,209.	COST
(3)			
(4)			
(5)			
(6)			

**Part VI Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

Lined area for supplemental information.