

Swindoll, Janzen, Hawk & Loyd, LLC  
200 N. Main, PO Box 2889  
Hutchinson, KS 67504-2889

United Way of Reno County  
924 North Main  
Hutchinson, KS 67504-2230



## Forms 990 / 990-EZ Return Summary

For calendar year 2021, or tax year beginning **09/01/21**, and ending **08/31/22**

48-0833061

### UNITED WAY OF RENO COUNTY

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u>1,638,241</u>
<b>Revenue</b>		
Contributions	<u>1,843,492</u>	
Program service revenue		
Investment income	<u>3,841</u>	
Capital gain / loss	<u>7,937</u>	
Fundraising / Gaming:		
Gross revenue		
Direct expenses		
Net income		
Other income	<u>10,318</u>	
<b>Total revenue</b>		<u>1,865,588</u>
<b>Expenses</b>		
Program services	<u>1,265,758</u>	
Management and general	<u>142,973</u>	
Fundraising	<u>152,831</u>	
<b>Total expenses</b>		<u>1,561,562</u>
<b>Excess / (deficit)</b>		<u>304,026</u>
Changes		<u>-135,171</u>
<b>Net Asset / Fund Balance at End of Year</b>		<u>1,807,096</u>

Reconciliation of Revenue	
Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total revenue per return</b>	<u>1,865,588</u>

Reconciliation of Expenses	
Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total expenses per return</b>	<u>1,561,562</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>1,658,546</u>	<u>1,823,423</u>	
Liabilities	<u>20,305</u>	<u>16,327</u>	
Net assets	<u>1,638,241</u>	<u>1,807,096</u>	<u>168,855</u>

#### Miscellaneous Information

Amended return \_\_\_\_\_  
 Return / extended due date 01/17/23  
 Failure to file penalty \_\_\_\_\_

## Form 990-T Return Summary

For calendar year 2021, or tax year beginning **09/01/21**, and ending **08/31/22**

**48-0833061**

### UNITED WAY OF RENO COUNTY

<b>Income &amp; Losses (Form 990-T, Sch A)</b>	# of Schedules	<u>1</u>	
Income from all activities			
Losses from all activities		<u>-2,345</u>	
<b>Unrelated business taxable income from all trades</b>			
<b>Income Adjustments (Form 990-T, Part I)</b>			
Disallowed fringe benefits			
Charitable contributions			
Net operating loss (prior to 2018)			
Specific deduction			
Section 199A Deduction (Trusts Only)			
<b>Total adjustments</b>			
<b>Unrelated business taxable income</b>			
<b>Taxes &amp; Credits (Form 990-T, Part II and III)</b>			
Regular tax			
Other tax: <input type="checkbox"/> Proxy <input type="checkbox"/> AMT <input type="checkbox"/> Facilities			
<b>Tax Due</b>			
Foreign tax credit and other credits			
General business credits			
Prior year minimum tax credit			
<b>Total nonrefundable credits</b>			
Other taxes			
<b>Total tax</b>			
<b>Payments &amp; Penalties</b>			
Estimated tax payments and Tax withheld			
Paid with extension			
Refundable credits and other payments			
<b>Payments</b>			
<b>Net tax due</b>			
Estimated tax penalty			
Interest on late payments			
Failure to file penalty			
Failure to pay penalty			
<b>Penalties</b>			
<b>Balance due</b>			
Total overpayment			
Overpayment applied to next year's tax			
<b>Refund</b>			

COPY

**Next Year's Estimates**

1st quarter	_____
2nd quarter	_____
3rd quarter	_____
4th quarter	_____
<b>Total</b>	=====

**Miscellaneous Information**

Amended return \_\_\_\_\_  
 Return / extended due date 01/17/23

Form **8879-TE**

**IRS e-file Signature Authorization for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning 9/01, 2021, and ending 8/31, 2022

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

**2021**

Department of the Treasury  
Internal Revenue Service

Name of filer

**UNITED WAY OF RENO COUNTY**

EIN or SSN

**48-0833061**

Name and title of officer or person subject to tax **LISA GLEASON**

**EXECUTIVE DIRECTOR**

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b>	<b>1,865,588</b>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b>	
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b>	
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	<b>4b</b>	
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c)	<b>5b</b>	
<b>6a</b> Form 990-T check here <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4)	<b>6b</b>	
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1)	<b>7b</b>	
<b>8a</b> Form 5227 check here <input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D)	<b>8b</b>	
<b>9a</b> Form 5330 check here <input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19)	<b>9b</b>	
<b>10a</b> Form 8038-CP check here <input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22)	<b>10b</b>	

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize SWINDOLL, JANZEN, HAWK & LOYD, LLC to enter my PIN 21000 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_ Date **06/07/23**

**Part III Certification and Authentication**

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

**48479867460**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **STACIE WILSON, CPA** Date **06/07/23**

**ERO Must Retain This Form — See Instructions**

**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE**

**IRS e-file Signature Authorization for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning 9/01, 2021, and ending 8/31, 2022

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**Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

**2021**

Department of the Treasury  
Internal Revenue Service  
Name of filer

EIN or SSN

**UNITED WAY OF RENO COUNTY**

**48-0833061**

Name and title of officer or person subject to tax **LISA GLEASON**  
**EXECUTIVE DIRECTOR**

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here	<input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize SWINDOLL, JANZEN, HAWK & LOYD, LLC to enter my PIN 21000 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_ Date **06/07/23**

**Part III Certification and Authentication**

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

**48479867460**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **STACIE WILSON, CPA** Date **06/07/23**

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

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

**2021**

**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2021 calendar year, or tax year beginning **09/01/21**, and ending **08/31/22**

<b>B</b> Check if applicable:	<b>C</b> Name of organization <b>UNITED WAY OF RENO COUNTY</b>	<b>D</b> Employer identification number <b>48-0833061</b>
<input type="checkbox"/> Address change	Doing business as	<b>E</b> Telephone number <b>620-669-9329</b>
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>924 NORTH MAIN</b>	<b>G</b> Gross receipts \$ <b>1,903,552</b>
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code <b>HUTCHINSON KS 67504-2230</b>	
<input type="checkbox"/> Final return/terminated		
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

<b>F</b> Name and address of principal officer: <b>BRAD PRYOR</b> <b>924 N MAIN</b> <b>HUTCHINSON KS 67502</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
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<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>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶	<b>WWW.UNITEDWAYOFRENOCOUNTY.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>1975</b> <b>M</b> State of legal domicile: <b>KS</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>TO IMPROVE LIVES IN RENO COUNTY BY MOBILIZING THE CARING POWER OF THE RENO COUNTY COMMUNITY.</b>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>14</b>	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>14</b>	
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>6</b>	
	6 Total number of volunteers (estimate if necessary)	<b>6</b>	<b>27</b>	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>-2,345</b>	
b Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>		
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)	<b>1,231,300</b>	<b>1,843,492</b>	
	9 Program service revenue (Part VIII, line 2g)		<b>0</b>	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>65,151</b>	<b>11,778</b>	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>13,460</b>	<b>10,318</b>	
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,309,911</b>	<b>1,865,588</b>	
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>954,058</b>	<b>1,135,656</b>	
	14 Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>255,322</b>	<b>235,043</b>	
	16a Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>152,831</b>			
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>132,619</b>	<b>190,863</b>	
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>1,341,999</b>	<b>1,561,562</b>		
19 Revenue less expenses. Subtract line 18 from line 12	<b>-32,088</b>	<b>304,026</b>		
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16)	<b>1,658,546</b>	<b>1,823,423</b>	
	21 Total liabilities (Part X, line 26)	<b>20,305</b>	<b>16,327</b>	
	22 Net assets or fund balances. Subtract line 21 from line 20	<b>1,638,241</b>	<b>1,807,096</b>	

**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>LISA GLEASON</b>	Date <b>EXECUTIVE DIRECTOR</b>
	▶ Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>STACIE WILSON, CPA</b>	Preparer's signature <b>STACIE WILSON, CPA</b>	Date <b>06/07/23</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P01905944</b>
	Firm's name ▶ <b>SWINDOLL, JANZEN, HAWK &amp; LOYD, LLC</b>	Firm's EIN ▶ <b>48-1041128</b>			
	Firm's address ▶ <b>HUTCHINSON, KS 67504-2889</b>	Phone no. <b>620-662-3358</b>			

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

**TO IMPROVE LIVES IN RENO COUNTY BY MOBILIZING THE CARING POWER OF THE RENO COUNTY COMMUNITY.**

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  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  No

If "Yes," describe these changes on Schedule O.

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 \$ **848,190** including grants of \$ **734,100** ) (Revenue \$ )

**AGENCY ALLOCATION & DEVELOPMENT:**

**MATCH THE RESOURCES OF PEOPLE IN THE COMMUNITY WHO CARE, TO PEOPLE IN THE COMMUNITY WHO NEED HELP AND RESOURCES. UWRC CURRENTLY SUPPORTS 26 LOCAL NONPROFIT ORGANIZATIONS, STREAMLINING THE EFFICIENT DELIVERY OF HUMAN AND HEALTH SERVICES.**

4b (Code: ) (Expenses \$ **306,516** including grants of \$ **306,516** ) (Revenue \$ )

**DISASTER RELIEF:**

**HELP THE RENO COUNTY COMMUNITY RESPOND, AND ULTIMATELY RECOVER, FROM ANY DISASTER. UWRC IS THE FIRST PLACE TO CALL, EITHER THROUGH 211 FOR RESOURCE INFORMATION, OR DIRECTLY TO OUR OFFICE. WE CHAIR THE WORK OF THE RENO COUNTY VOAD (VOLUNTARY ORGANIZATIONS ACTIVE IN DISASTER) THAT HELPS WITH LONG-TERM RECOVERY AFTER A DISASTER THROUGHOUT RENO COUNTY.**

4c (Code: ) (Expenses \$ **53,922** including grants of \$ **51,695** ) (Revenue \$ )

**DOLLY PARTON IMAGINATION LIBRARY:**

**ADMINISTER THE DOLLY PARTON IMAGINATION LIBRARY, WHICH IS AN EARLY LITERACY BOOK PROGRAM FOR ALL CHILDREN UNDER THE AGE OF FIVE IN RENO COUNTY. WE RETAIN FINANCIAL SPONSORS, HANDLE PROGRAM PROMOTIONS & REGISTRATION, AND MAINTAIN A DATABASE OF ALL REGISTRANTS.**

4d Other program services (Describe on Schedule O.)

(Expenses \$ **57,130** including grants of \$ **55,745** ) (Revenue \$ )

4e Total program service expenses **1,265,758**

**Part IV Checklist of Required Schedules**

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



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

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

**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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1a			1
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1b			0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
1c			X

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

Yes No

Table with 3 main columns: Question/Description, Yes, No. Rows include 2a (6 employees), 2b (X), 3a (X), 3b (X), 4a (X), 5a (X), 5b (X), 5c, 6a (X), 6b, 7 (Organizations that may receive deductible contributions under section 170(c)), 7a-7h, 8 (Sponsoring organizations maintaining donor advised funds), 9 (Sponsoring organizations maintaining donor advised funds), 9a-9b, 10 (Section 501(c)(7) organizations), 10a-10b, 11 (Section 501(c)(12) organizations), 11a-11b, 12a (Section 4947(a)(1) non-exempt charitable trusts), 12b, 13 (Section 501(c)(29) qualified nonprofit health insurance issuers), 13a-13c, 14a (X), 14b, 15 (X), 16 (X), 17 (Section 501(c)(21) organizations).

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

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

**Section A. Governing Body and Management**

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

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

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

**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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **LISA GLEASON**  
**HUTCHINSON** **924 N MAIN** **KS 67502** **620-669-9329**

**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.

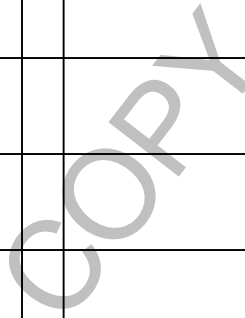
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LISA GLEASON ..... EXECUTIVE DIRECTOR	40.00 ..... 0.00			X			79,800	0	0	
(2) BRAD PRYOR ..... BOARD CHAIR	1.00 ..... 0.00	X		X			0	0	0	
(3) RENAE HUGHES ..... VICE CHAIR	1.00 ..... 0.00	X		X			0	0	0	
(4) MARC MCCRARY ..... TREASURER	1.00 ..... 0.00	X		X			0	0	0	
(5) ANGIE BERGMEIER ..... BOARD MEMBER	0.50 ..... 0.00	X					0	0	0	
(6) JENNIFER BERNING ..... BOARD MEMBER	0.50 ..... 0.00	X					0	0	0	
(7) JENI BRYAN ..... BOARD MEMBER	0.50 ..... 0.00	X					0	0	0	
(8) STEVE DREHER ..... BOARD MEMBER	0.50 ..... 0.00	X					0	0	0	
(9) CARTER FILE ..... BOARD MEMBER	0.50 ..... 0.00	X					0	0	0	
(10) BECKY GLEASON ..... BOARD MEMBER	0.50 ..... 0.00	X					0	0	0	
(11) NIKKI HUTTON ..... BOARD MEMBER	0.50 ..... 0.00	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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>DAWN JOHNSON</b>	0.50									
BOARD MEMBER	0.00	X						0	0	0
(13) <b>KEN JOHNSON</b>	0.50									
BOARD MEMBER	0.00	X						0	0	0
(14) <b>RANDY PARTINGTON</b>	0.50									
BOARD MEMBER	0.00	X						0	0	0
(15) <b>KRYSTAL YOUNG</b>	0.50									
BOARD MEMBER	0.00	X						0	0	0
<b>1b Subtotal</b>								<b>79,800</b>		
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								<b>79,800</b>		



**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 **0**

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

**Section B. Independent Contractors**

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

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

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</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>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,843,492				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 5,820				
	<b>h Total.</b> Add lines 1a-1f			1,843,492			
<b>Program Service Revenue</b>	<b>2a</b>	Business Code					
	<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						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		3,841			3,841	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents		(i) Real				
		<b>6a</b>		7,350			
		<b>b</b> Less: rental expenses	<b>6b</b>	4,295			
	<b>c</b> Rental inc. or (loss)	<b>6c</b>	3,055				
	<b>d</b> Net rental income or (loss)			3,055		-2,345	5,400
	<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities				
		<b>7a</b>		1,606	40,000		
		<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>		33,669		
		<b>c</b> Gain or (loss)	<b>7c</b>	1,606	6,331		
	<b>d</b> Net gain or (loss)			7,937			7,937
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>					
		<b>b</b> Less: direct expenses	<b>8b</b>				
<b>c</b> Net income or (loss) from fundraising events							
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
	<b>b</b> Less: direct expenses	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities							
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
	<b>b</b> Less: cost of goods sold	<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	<b>11a</b> OTHER INCOME	Business Code	7,263	7,263			
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			7,263			
<b>12 Total revenue.</b> See instructions			1,865,588	7,263	-2,345	17,178	

**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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	829,140	829,140		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	306,516	306,516		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	79,800	13,566	26,334	39,900
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	98,996	16,829	32,669	49,498
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	33,773	5,741	11,145	16,887
10 Payroll taxes	22,474	3,821	7,415	11,238
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	13,331		13,331	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	29,219		12,731	16,488
14 Information technology				
15 Royalties				
16 Occupancy	11,003	1,869	3,631	5,503
17 Travel	3,160		3,160	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	12,933		10,330	2,603
20 Interest				
21 Payments to affiliates	21,167	21,167		
22 Depreciation, depletion, and amortization	4,737	603	1,504	2,630
23 Insurance	6,976	1,185	2,302	3,489
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>BAD DEBT EXPENSE</b>	37,899	37,899		
b <b>EQUIPMENT MAINT &amp; REPAIR</b>	14,986	12,915	823	1,248
c <b>COMMUNITY OUTREACH</b>	12,400	12,400		
d <b>SUPPLIES</b>	7,787	1,600	4,331	1,856
e All other expenses	15,265	507	13,267	1,491
25 Total functional expenses. Add lines 1 through 24e	1,561,562	1,265,758	142,973	152,831
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest-bearing	95,913	1	312,307
	2 Savings and temporary cash investments	790,693	2	870,689
	3 Pledges and grants receivable, net	202,810	3	167,931
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	5,702	9	6,141
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 169,580		
	b Less: accumulated depreciation	10b 63,254	10c 144,739	106,326
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	418,689	15	360,029
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	1,658,546	16	1,823,423	
<b>Liabilities</b>	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	20,305	25	16,327
	26 <b>Total liabilities.</b> Add lines 17 through 25	20,305	26	16,327
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	27 Net assets without donor restrictions	875,959	27	934,708
	28 Net assets with donor restrictions	762,282	28	872,388
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 <b>Total net assets or fund balances</b>	1,638,241	32	1,807,096	
33 <b>Total liabilities and net assets/fund balances</b>	1,658,546	33	1,823,423	



**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>	<b>1,865,588</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>1,561,562</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>304,026</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>1,638,241</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>-135,171</b>
<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 on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>1,807,096</b>

**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 on 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		<b>X</b>
<b>2b</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	<b>X</b>	
<b>2c</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 on Schedule O.		<b>X</b>
<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?		<b>X</b>
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
(Form 990)

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2021**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

**UNITED WAY OF RENO COUNTY**

Employer identification number

**48-0833061**

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990) 2021

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,465,994	1,276,553	1,610,245	1,231,300	1,843,492	7,427,584
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	1,465,994	1,276,553	1,610,245	1,231,300	1,843,492	7,427,584
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						7,427,584

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	1,465,994	1,276,553	1,610,245	1,231,300	1,843,492	7,427,584
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	22,365	4,746	12,182	2,245	3,841	45,379
9 Net income from unrelated business activities, whether or not the business is regularly carried on		2,425	4,784	10,093	2,055	19,357
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		8,120	426	2,367	7,263	18,176
11 <b>Total support.</b> Add lines 7 through 10						7,510,496

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

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

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

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	98.90 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	98.67 %

16a **33 1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 14 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) - 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 - 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) - 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 - 18%.

- 19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</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</b> <b>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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>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 on lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**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 line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		Yes	No
<b>2a</b>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b 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? <i>If "Yes" or "No," provide details in Part VI.</i>			
<b>3a</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? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>3b</b>			

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<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 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

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

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



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

**PART II, LINE 10 - OTHER INCOME DETAIL**

<b>RENTAL INCOME</b>	<b>\$ 8,120</b>
----------------------	-----------------

<b>OTHER INCOME</b>	<b>\$ 10,056</b>
---------------------	------------------

COPY

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

UNITED WAY OF RENO COUNTY

Employer identification number

48-0833061

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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...?, 6 Did the organization inform all grantees...?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement reported on line 2(d) above satisfy the requirements..., 9 In Part XIII, describe how the organization reports conservation easements...

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report..., 1b If the organization elected, as permitted under FASB ASC 958, to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

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

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	663,119	571,540	564,960	553,442	448,424
b Contributions	244	56,612	12,000	6,683	92,000
c Net investment earnings, gains, and losses	-79,969	62,278	45,857	13,090	44,645
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	31,929	27,311	51,277	8,255	31,627
g End of year balance	551,465	663,119	571,540	564,960	553,442

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

- a Board designated or quasi-endowment **20.86 %**
- b Permanent endowment **9.07 %**
- c Term endowment **70.07 %**

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

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

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		22,660		22,660
b Buildings		109,797	31,746	78,051
c Leasehold improvements				
d Equipment		37,123	31,508	5,615
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **106,326**

**Part VII Investments – Other Securities.**

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

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

**Part VIII Investments – Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) <b>BENEF INTEREST - POOL OF ASSETS</b>	<b>194,980</b>
(2) <b>BENEF INT IN ASSETS HELD BY OTHERS</b>	<b>115,049</b>
(3) <b>PERM RESTRICTED INVESTMENTS</b>	<b>50,000</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>360,029</b>

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>DUE TO OTHER UNITED WAY ORG'S</b>	<b>7,915</b>
(3) <b>PAYROLL TAX WITHHOLDINGS</b>	<b>7,045</b>
(4) <b>ACCRUED EXPENSES</b>	<b>1,367</b>
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>16,327</b>

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions. Includes a large 'COPY' watermark.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions. Includes a large 'COPY' watermark.

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 X - FIN 48 FOOTNOTE

ACCOUNTING STANDARDS PRESCRIBE A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE ORGANIZATION BELIEVES IT DOES NOT HAVE ANY SIGNIFICANT UNCERTAIN TAX POSITIONS REFLECTED IN ITS CONSOLIDATED FINANCIAL STATEMENTS. TAX YEARS WITH OPEN STATUTES OF LIMITATIONS ARE 2018 AND FORWARD.

**Part XIII** Supplemental Information *(continued)*

COPY

**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" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF RENO COUNTY**

Employer identification number

**48-0833061**

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	AMERICAN RED CROSS 11B NORTH WALNUT HUTCHINSON KS 67501	48-0636042	501C3	12,000				GENERAL SUPPORT
(2)	BIG BROTHERS BIG SISTERS OF RENO CO 930 NORTH MAIN HUTCHINSON KS 67501	23-7056717	501C3	32,000				GENERAL SUPPORT
(3)	BOYS & GIRLS CLUB 600 W 2ND HUTCHINSON KS 67501	48-1088026	501C3	105,000				GENERAL SUPPORT
(4)	BRIGHT HOUSE 125 W 2ND AVE HUTCHINSON KS 67501	48-0936478	501C3	54,000				GENERAL SUPPORT
(5)	CEREBRAL PALSY RESEARCH FOUNDATION PO BOX 5217 WICHTA KS 67208	23-7314938	501C3	15,000				GENERAL SUPPORT
(6)	CHILD CARE LINKS 21 W 2ND HUTCHINSON KS 67501	48-0840803	501C3	11,000				GENERAL SUPPORT
(7)	CHILDREN'S EMERGENCY CENTER PO BOX 54 HUTCHINSON KS 67504	48-0641086	501C3	5,333				GENERAL SUPPORT
(8)	CIRCLES OF HOPE 1602 N MAIN HUTCHINSON KS 67501	36-2167731	501C3	12,000				GENERAL SUPPORT
(9)	EARLY EDUCATION CENTER PO BOX 399 HUTCHINSON KS 67504	48-0798502	501C3	52,000				GENERAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 22
- 3 Enter total number of other organizations listed in the line 1 table ▶ 0

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

Schedule I (Form 990) (2021)

**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" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF RENO COUNTY**

Employer identification number

**48-0833061**

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	HORIZONS MENTAL HEALTH 1600 N LORRAINE HUTCHINSON KS 67501	48-0970362	501C3	20,000				GENERAL SUPPORT
(2)	HOSPICE OF RENO COUNTY 2020 N WALDRON ST SUITE 100 HUTCHINSON KS 67502	48-0927101	501C3	24,000				GENERAL SUPPORT
(3)	HUTCHINSON FAMILY SERVICES 1600 N LORRAINE HUTCHINSON KS 67501	48-0970362	501C3	70,000				GENERAL SUPPORT
(4)	HUTCHINSON MEALS ON WHEELS PO BOX 2504 HUTCHINSON KS 67504	48-1056141	501C3	21,000				GENERAL SUPPORT
(5)	INTERFAITH HOUSING & COMM SERVICES 1326 E AVENUE A HUTCHINSON KS 67501	48-1099496	501C3	53,000				GENERAL SUPPORT
(6)	KANSAS CHILDRENS SERVICE LEAGUE 1365 N CUSTER WICHITA KS 67203	48-0543749	501C3	14,000				GENERAL SUPPORT
(7)	KANSAS STATE UNIVERSITY 105 ANDERSON HALL MANHATTAN KS 66506	48-0771751	GOV	43,345				ASSESS CH CARE NEEDS
(8)	KS LEGAL SERVICES 206 WEST 1ST HUTCHINSON KS 67501	48-0872528	501C3	10,000				GENERAL SUPPORT
(9)	NEW BEGINNINGS 100 E 2ND AVE HUTCHINSON KS 67501	48-1056141	501C3	55,000				GENERAL SUPPORT

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

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

Schedule I (Form 990) (2021)



**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" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF RENO COUNTY**

Employer identification number

**48-0833061**

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SALVATION ARMY PO BOX 310 HUTCHINSON KS 67504	44-0545998	501C3	95,000				GENERAL SUPPORT
(2)	THE DOLLYWOOD FOUNDATION 111 DOLLYWOOD LN PIGEON FORGE TN 37863	62-1348105	501C3	51,695				GENERAL SUPPORT
(3)	VOLUNTEER CENTER 815 N WALNUT HUTCHINSON KS 67501	48-0688389	501C3	36,000				GENERAL SUPPORT
(4)	YMCA 716 EAST 13TH HUTCHINSON KS 67501	48-0946616	501C3	10,000				GENERAL SUPPORT
(5)								
(6)								
(7)								
(8)								
(9)								

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

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

Schedule I (Form 990) (2021)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 UTILITIES, RENTS, OTHER	219	306,516			
2					
3					
4					
5					
6					
7					

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

**PART IV - ADDITIONAL INFORMATION**

MONETARY ASSISTANCE WAS PROVIDED TO AN ESTIMATED 219 INDIVIDUALS DURING THE YEAR. THIS MONEY WAS TO HELP RESIDENTS WITH THEIR RENT, UTILITIES, FOOD, HOME REPAIRS AND VARIOUS OTHER UNMET NEEDS. FUNDS WERE ALSO GIVEN TO VICTIMS OF THE 2022 COTTONWOOD FIRE.

**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF RENO COUNTY**

Employer identification number

**48-0833061**

**FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS**

**COMMUNITY WORK DAY:**

SPONSOR HUNDREDS OF VOLUNTEERS THROUGHOUT THE COMMUNITY FOR AN ANNUAL  
WORK DAY. GROUPS, BOTH LARGE AND SMALL, WORK TOGETHER AND DO HANDS ON  
PROJECTS FOR LOCAL NON-PROFITS THAT NEED ASSISTANCE.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  
THE GOVERNING BODY IS PROVIDED A COPY OF THE TAX RETURN BEFORE IT IS FILED.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
COMPENSATION OF THE EXECUTIVE DIRECTOR IS DEVELOPED THROUGH A PROCESS THAT  
INCLUDES REVIEW AND APPROVAL BY THE GOVERNING BOARD AND COMPARABLE  
COMPENSATION DATA. DOCUMENTATION OF THIS PROCESS AND THE RESULTS ARE  
MAINTAINED BY THE ORGANIZATION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
THE ORGANIZATION MAINTAINS DOCUMENTS FOR PUBLIC INSPECTION UPON REQUEST.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

UNITED WAY OF RENO COUNTY

Employer identification number

48-0833061

**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
(1) CORNERSTONE HOMES, LLC 924 N MAIN 37-1849151 HUTCHINSON KS 67501	RENTAL	KS	8,303		UNITED WAY
(2)					
(3)					
(4)					
(5)					

**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
(1)							
(2)							
(3)							
(4)							
(5)							

**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 alloc.?		(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	
(1) .....												
(2) .....												
(3) .....												
(4) .....												

**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
(1) .....									
(2) .....									
(3) .....									
(4) .....									

**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.

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

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

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**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)			
(2)			
(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 section 501(c)(3) organizations?		(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		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													

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**Part VII**

**Supplemental Information.**

Provide additional information for responses to questions on Schedule R. See instructions.

COPY



Form **990-T**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0047

**2021**

For calendar year 2021 or other tax year beginning **09/01/21**, and ending **08/31/22**

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Open to Public Inspection  
for 501(c)(3)  
Organizations Only

Department of the Treasury  
Internal Revenue Service

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

<p><b>A</b> <input type="checkbox"/> Check box if address changed.</p> <p><b>B</b> Exempt under section</p> <p><input checked="" type="checkbox"/> 501( <b>C</b> ) ( <b>3</b> )</p> <p><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)</p> <p><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)</p> <p><input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	<p><b>Print or Type</b></p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)</p> <p><b>UNITED WAY OF RENO COUNTY</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.</p> <p><b>924 NORTH MAIN</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code</p> <p><b>HUTCHINSON KS 67504-2230</b></p>	<p><b>D</b> Employer identification number</p> <p><b>48-0833061</b></p> <p><b>E</b> Group exemption number (see instructions)</p> <p><b>F</b> <input type="checkbox"/> Check box if an amended return.</p>
<p><b>C</b> Book value of all assets at end of year ▶ <b>1,823,423</b></p>		<p><b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p> <p><b>H</b> Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439</p> <p><b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶ <input type="checkbox"/></p> <p><b>J</b> Enter the number of attached Schedules A (Form 990-T) ▶ <b>1</b></p> <p><b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation</p>	
<p><b>L</b> The books are in care of ▶ <b>LISA GLEASON</b></p>		<p>Telephone number ▶ <b>620-669-9329</b></p>	

**Part I Total Unrelated Business Taxable income**

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	1	-2,345
2 Reserved .....	2	
3 Add lines 1 and 2 .....	3	-2,345
4 Charitable contributions (see instructions for limitation rules) .....	4	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	5	-2,345
6 Deduction for net operating loss. See instructions .....	6	0
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	7	-2,345
8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....	8	1,000
9 <b>Trusts.</b> Section 199A deduction. See instructions .....	9	
10 <b>Total deductions.</b> Add lines 8 and 9 .....	10	1,000
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	11	0

**Part II Tax Computation**

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) .....	1	0
2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	2	0
3 <b>Proxy tax.</b> See instructions .....	3	
4 Other tax amounts. See instructions .....	4	
5 Alternative minimum tax (trusts only) .....	5	
6 <b>Tax on noncompliant facility income.</b> See instructions .....	6	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	7	0

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2021)

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)
1b Other credits (see instructions)
1c General business credit. Attach Form 3800 (see instructions)
1d Credit for prior year minimum tax (attach Form 8801 or 8827)
1e Total credits. Add lines 1a through 1d
2 Subtract line 1e from Part II, line 7
3 Other amounts due. Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach statement)
4 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)
6a Payments: A 2020 overpayment credited to 2021
6b 2021 estimated tax payments. Check if section 643(g) election applies
6c Tax deposited with Form 8868
6d Foreign organizations: Tax paid or withheld at source (see instructions)
6e Backup withholding (see instructions)
6f Credit for small employer health insurance premiums (attach Form 8941)
6g Other credits, adjustments, and payments: Form 2439 Form 4136 Other
7 Total payments. Add lines 6a through 6g
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid
11 Enter the amount of line 10 you want: Credited to 2022 estimated tax Refunded

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.
3 Enter the amount of tax-exempt interest received or accrued during the tax year
4 Enter available pre-2018 NOL carryovers here \$ -4,692. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.
5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.
6a Did the organization change its method of accounting? (see instructions)
6b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge.
Signature of officer: STACIE WILSON, CPA Date: 06/07/23 Title: EXECUTIVE DIRECTOR
Preparer: STACIE WILSON, CPA Date: 06/07/23
Firm's name: SWINDOLL, JANZEN, HAWK & LOYD, LLC Firm's EIN: 48-1041128
Firm's address: HUTCHINSON, KS 67504-2889 Phone no.: 620-662-3358

May the IRS discuss this return with the preparer shown below (see instructions)?
[X] Yes [ ] No

**SCHEDULE A  
(Form 990-T)**

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

**A** Name of the organization  
**UNITED WAY OF RENO COUNTY**

**B** Employer identification number  
**48-0833061**

**C** Unrelated business activity code (see instructions) ▶ **236000**

**D** Sequence: **1** of **1**

**E** Describe the unrelated trade or business ▶ **CORNERSTONE HOMES**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1a</b>	Gross receipts or sales			
<b>b</b>	Less returns and allowances			
	<b>c</b> Balance			
<b>2</b>	Cost of goods sold (Part III, line 8)			
<b>3</b>	Gross profit. Subtract line 2 from line 1c			
<b>4a</b>	Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions			
<b>b</b>	Net gain (loss) (Form 4797) (attach Form 4797). See instructions			
<b>c</b>	Capital loss deduction for trusts			
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement)			
<b>6</b>	Rent income (Part IV)	1,950	4,295	-2,345
<b>7</b>	Unrelated debt-financed income (Part V)			
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Part VI)			
<b>9</b>	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)			
<b>10</b>	Exploited exempt activity income (Part VIII)			
<b>11</b>	Advertising income (Part IX)			
<b>12</b>	Other income (see instructions; attach statement)			
<b>13</b>	<b>Total.</b> Combine lines 3 through 12	1,950	4,295	-2,345

Part II Deductions Not Taken Elsewhere		See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income		
<b>1</b>	Compensation of officers, directors, and trustees (Part X)			
<b>2</b>	Salaries and wages			
<b>3</b>	Repairs and maintenance			
<b>4</b>	Bad debts			
<b>5</b>	Interest (attach statement). See instructions			
<b>6</b>	Taxes and licenses			
<b>7</b>	Depreciation (attach Form 4562). See instructions	1,279		
<b>8</b>	Less depreciation claimed in Part III and elsewhere on return	1,279		0
<b>9</b>	Depletion			
<b>10</b>	Contributions to deferred compensation plans			
<b>11</b>	Employee benefit programs			
<b>12</b>	Excess exempt expenses (Part VIII)			
<b>13</b>	Excess readership costs (Part IX)			
<b>14</b>	Other deductions (attach statement)			
<b>15</b>	<b>Total deductions.</b> Add lines 1 through 14			
<b>16</b>	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			-2,345
<b>17</b>	Deduction for net operating loss. See instructions			
<b>18</b>	<b>Unrelated business taxable income.</b> Subtract line 17 from line 16			-2,345

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold

Enter method of inventory valuation ▶

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Includes Yes/No checkboxes for section 263A rules.

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Part IV description of property. Row 1: Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A B C D

Table with 4 columns (A, B, C, D) for Rent Income. Rows include: 2 Rent received or accrued (a From personal property, b From real and personal property), 3 Total rents received or accrued by property.

3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ▶ 1,950

4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) 4,295

5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ▶ 4,295

Part V Unrelated Debt-Financed Income (see instructions)

Table for Part V description of debt-financed property. Row 1: Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A B C D

Table with 4 columns (A, B, C, D) for Unrelated Debt-Financed Income. Rows include: 2 Gross income from or allocable to debt-financed property, 3 Deductions directly connected with or allocable to debt-financed property (a Straight line depreciation, b Other deductions, c Total deductions), 4 Amount of average acquisition debt, 5 Average adjusted basis, 6 Divide line 4 by line 5, 7 Gross income reportable.

8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ▶

9 Allocable deductions. Multiply line 3c by line 6

10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ▶

11 Total dividends-received deductions included in line 10 ▶

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organization			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10. Enter here and on Part I, line 8, column (A)

Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

**Totals** .....

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				

Add amounts in column 2. Enter here and on Part I, line 9, column (A)

Add amounts in column 5. Enter here and on Part I, line 9, column (B)

**Totals** .....

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity: _____	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	<b>2</b>
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	<b>3</b>
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	<b>4</b>
5 Gross income from activity that is not unrelated business income .....	<b>5</b>
6 Expenses attributable to income entered on line 5 .....	<b>6</b>
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	<b>7</b>

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

Form with columns A, B, C, D and checkboxes for reporting multiple periodicals.

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns (A, B, C, D) and rows for Gross advertising income, Direct advertising costs, Advertising gain (loss), Readership costs, Circulation income, Excess readership costs, and Excess readership costs allowed as a deduction.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business.

Part XI Supplemental Information (see instructions)

Series of horizontal dotted lines for supplemental information.

Form <b>990-T</b>	<b>Schedule A Loss Carryover Calculation</b> Description <b>CORNERSTONE HOMES</b>	<b>2021</b>
Name <b>UNITED WAY OF RENO COUNTY</b>		Taxpayer Identification Number <b>48-0833061</b>
Unincorporated Business Income Tax Code: <b>236000</b> Activity: <b>CONSTRUCTION OF BUILDINGS</b>		

Each activity may carryforward losses after 2018

1 Activity income .....	1	-2,345
2 Activity deductions .....	2	
3 Activities income or loss, after deductions .....	3	-2,345
4 Enter losses carried over to this year (no amounts prior to 2018) plus any carried-back amounts .....	4	
5 Enter 100% of the amount on Line 3, if both lines 3 and 4 are positive. ....	5	
6 Take the lesser of Line 4 or Line 5. <b>Enter here and on Line 17 of Form 990-T, Sch A, Part II</b> .....	6	
7 Remaining losses to be carried forward to 2022 (Subtract Line 6 from line 4) .....	7	
8 If line 3 is less than zero, enter that amount here as a positive number .....	8	2,345
9 Total loss carried forward to 2022 (Add lines 7 and 8) .....	9	2,345

Electronic Filing includes the report of additional amounts for this activity

E1 Post-2017 loss amounts from 2020, indefinite carryover (Reported with Form 990-T, Pt IV, with above UBIT code) .....	E1	
E2 Prior year activity losses included on Schedule A, Line 17 .....	E2	

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# Federal Statements

## Cornerstone Homes

### Schedule A (990T), Part IV, Line 4 - Rent Expense Information

Description	Deduction
CORNERSTONE HOMES	\$
DEPRECIATION	1,279
INSURANCE	303
MISCELLANEOUS	2,713
TOTAL	\$ <u>4,295</u>

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Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

### Depreciation and Amortization (Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2021**

Attachment Sequence No. **179**

**UNITED WAY OF RENO COUNTY**

Identifying number  
**48-0833061**

Business or activity to which this form relates

#### INDIRECT DEPRECIATION

#### Part I Election To Expense Certain Property Under Section 179

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>1,050,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,620,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	▶ 13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

#### Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>4,714</b>

#### Part III MACRS Depreciation (Don't include listed property. See instructions.)

##### Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	<b>0</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

##### Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

##### Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

#### Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>4,714</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

48-0833061

**Federal Asset Report**

FYE: 8/31/2022

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>										
1	Bookcase & Credenza	1/01/73	811				811	7 MO S/L	811	0
3	Two Drawer File	8/01/79	159				159	7 MO S/L	159	0
7	Storage Cabinet	7/21/98	288				288	7 MO S/L	288	0
8	Refrigerator	7/31/98	181				181	7 MO S/L	181	0
9	Chair - Rosemary	7/11/00	213				213	7 MO S/L	213	0
12	Battery	6/20/01	498				498	5 MO S/L	498	0
14	Laserjet Printer	5/16/02	819				819	5 MO S/L	819	0
15	File cabinet	8/05/02	250				250	7 MO S/L	250	0
16	HON Cabinet	7/16/04	300				300	7 MO S/L	300	0
17	HP laptop/projector	8/02/06	2,518				2,518	5 MO S/L	2,518	0
19	TV	10/17/07	352				352	5 MO S/L	352	0
24	Round Table	6/26/98	156				156	7 MO S/L	156	0
25	Office furniture modules (2)	11/01/09	1,415				1,415	5 MO S/L	1,415	0
27	Land - N. Main	8/15/12	22,660				22,660	0 -- Land	0	0
28	Building - 924 N. Main	8/15/12	97,477				97,477	40 MO S/L	22,135	2,437
29	UW Sign	8/30/12	1,836				1,836	7 MO S/L	1,836	0
30	Computers	4/19/12	3,720				3,720	5 MO S/L	3,720	0
32	Building Improvements	8/31/12	895				895	15 MO S/L	537	59
33	Underground Sprinkler System	8/31/12	3,585				3,585	15 MO S/L	2,151	239
34	Phone & Ethernet Wiring-924 N. Main	8/31/12	2,080				2,080	15 MO S/L	1,248	139
35	New Furnace	11/15/12	3,923				3,923	40 MO S/L	866	98
36	Board Room Tables	3/15/13	1,964				1,964	7 MO S/L	1,964	0
37	Refrigerator for Apartment	7/12/13	600				600	5 MO S/L	600	0
40	Xerox Color Copier	4/01/14	1,000				1,000	5 MO S/L	1,000	0
Sold/Scrapped: 8/31/22										
41	2 Sets of Cubicle	1/30/15	4,665				4,665	7 MO S/L	4,387	278
42	Firewall Software	9/19/14	2,024				2,024	3 MO S/L	2,024	0
45	Computer Software	3/13/15	1,225				1,225	3 MO S/L	1,225	0
46	Computer Server	5/15/15	1,150				1,150	7 MO S/L	1,041	109
47	Website Design	8/16/16	1,290				1,290	3 MO S/L	1,290	0
51	Cubicle	1/30/15	2,335				2,335	7 MO S/L	334	333
52	Microwave	4/01/19	300				300	7 MO S/L	43	43
53	Copier	7/01/21	4,896				4,896	5 MO S/L	163	979
<b>Total Other Depreciation</b>			<u>165,585</u>				<u>165,585</u>		<u>54,524</u>	<u>4,714</u>
<b>Total ACRS and Other Depreciation</b>			<u>165,585</u>				<u>165,585</u>		<u>54,524</u>	<u>4,714</u>
<b>Amortization:</b>										
18	Donation Tracker Software	7/13/06	4,995				4,995	3 MO Amort	4,995	0
			<u>4,995</u>				<u>4,995</u>		<u>4,995</u>	<u>0</u>
<b>Grand Totals</b>			170,580				170,580		59,519	4,714
<b>Less: Dispositions and Transfers</b>			1,000				1,000		1,000	0
<b>Less: Start-up/Org Expense</b>			0				0		0	0
<b>Net Grand Totals</b>			<u>169,580</u>				<u>169,580</u>		<u>58,519</u>	<u>4,714</u>

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Other Depreciation:</b>					
1	Bookcase & Credenza	1/01/73	811	0	0
3	Two Drawer File	8/01/79	159	0	0
7	Storage Cabinet	7/21/98	288	0	0
8	Refrigerator	7/31/98	181	0	0
9	Chair - Rosemary	7/16/00	213	0	0
12	Battery	6/20/01	498	0	0
14	Laserjet Printer	5/16/02	819	0	0
15	File cabinet	8/05/02	250	0	0
16	HON Cabinet	7/16/04	300	0	0
17	HP laptop/projector	8/02/06	2,518	0	0
19	TV	10/17/07	352	0	0
24	Round Table	6/26/98	156	0	0
25	Office furniture modules (2)	11/01/09	1,415	0	0
27	Land - N. Main	8/15/12	22,660	0	0
28	Building - 924 N. Main	8/15/12	97,477	2,437	0
29	UW Sign	8/30/12	1,836	0	0
30	Computers	4/19/12	3,720	0	0
32	Building Improvements	8/31/12	895	60	0
33	Underground Sprinkler System	8/31/12	3,585	239	0
34	Phone & Ethernet Wiring-924 N. Main	8/31/12	2,080	138	0
35	New Furnace	11/15/12	3,923	99	0
36	Board Room Tables	3/15/13	1,964	0	0
37	Refrigerator for Apartment	7/12/13	600	0	0
41	2 Sets of Cubicle	1/30/15	4,665	0	0
42	Firewall Software	9/19/14	2,024	0	0
45	Computer Software	3/13/15	1,225	0	0
46	Computer Server	5/15/15	1,150	0	0
47	Website Design	8/16/16	1,290	0	0
51	Cubicle	1/30/15	2,335	334	0
52	Microwave	4/01/19	300	43	0
53	Copier	7/01/21	4,896	980	0
	<b>Total Other Depreciation</b>		<u>164,585</u>	<u>4,330</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>164,585</u>	<u>4,330</u>	<u>0</u>
<b>Amortization:</b>					
18	Donation Tracker Software	7/13/06	<u>4,995</u>	<u>0</u>	<u>0</u>
			<u>4,995</u>	<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		<u>169,580</u>	<u>4,330</u>	<u>0</u>

Form <b>990-T</b>	<b>Business Income Activity Summary</b>	<b>2021</b>
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Name <b>UNITED WAY OF RENO COUNTY</b>	Taxpayer Identification Number <b>48-0833061</b>
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**Business Activity Income (and allocation of Prior-2018 NOL)**

A. Total Pre-2018 Net Operating Losses Carried Forward .....	A. <u>4,692</u>
B. Total Pre-2018 Net Operating Loss allocated to Sch A activities .....	B. _____
C. Total Pre-2018 Net Operating Loss allocated to Form 990-T, Line 6 .....	C. _____
D. Pre-2018 Applied (Sum of B and C) .....	D. _____
E. Pre-2018 Remaining (Line A minus Line D) .....	E. <u>4,692</u>
F. Pre-2018 Net Operating Losses Expiring this Year .....	F. _____
G. Pre-2018 Net Operating Losses Carried Forward .....	G. <u>4,692</u>

Unrelated Business Income Activity with Income	Code	Net Income	Allocated Pre2018 NOL
1. _____		1. _____	_____
2. _____		2. _____	_____
3. _____		3. _____	_____
4. _____		4. _____	_____
5. _____		5. _____	_____
6. _____		6. _____	_____
7. _____		7. _____	_____
8. _____		8. _____	_____
9. _____		9. _____	_____
10. _____		10. _____	_____
11. _____		11. _____	_____
12. _____		12. _____	_____
13. _____		13. _____	_____
14. _____		14. _____	_____
15. All other revenue _____		15. _____	_____
16. Total taxable income .....		16. _____	_____

**Business Activity Losses**

Unrelated Business Income Activity with Losses	Code	Current Year Loss
1. <b>CORNERSTONE HOMES</b> .....	<b>236000</b>	1. <u>-2,345</u>
2. _____		2. _____
3. _____		3. _____
4. _____		4. _____
5. All other activities .....		5. _____
6. Totals .....		6. <u>-2,345</u>

## Net Operating Loss Carryover Worksheet for Pre-2018 Losses

Form **990-T**

**2021**

For calendar year 2021, or tax year beginning **09/01/21**, ending **08/31/22**

Name

**UNITED WAY OF RENO COUNTY**

Employer Identification Number  
**48-0833061**

Preceding Taxable Year	Adj. To NOL Inc/(Loss) After Adj.	Prior Year		Current Year	
		NOL Utilized (Income Offset)	Carryovers to Current Year	Income Offset By Prior Carryover	Next Year Carryover
17th 08/31/02					
16th 08/31/03					
15th 08/31/04					
14th 08/31/05					
13th 08/31/06					
12th 08/31/07					
11th 08/31/08					
10th 08/31/09					
9th 08/31/10					
8th 08/31/11					
7th 08/31/12					
6th 08/31/13					
5th 08/31/14					
4th 08/31/15					
3rd 08/31/16					
2nd 08/31/17	-4,079	2,425	1,654		1,654
1st 08/31/18	-3,038		3,038		3,038
NOL carryover available to current year			4,692		
Current year	0				
NOL carryover available to next year					4,692

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Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2020 &amp; 2021</b>
For calendar year 2021, or tax year beginning <b>09/01/21</b> , ending <b>08/31/22</b>		

Name \_\_\_\_\_ Taxpayer Identification Number \_\_\_\_\_

**UNITED WAY OF RENO COUNTY**

**48-0833061**

		2020	2021	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	1,231,300	1,843,492	612,192
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue			
	5. Investment income	2,245	3,841	1,596
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	62,906	7,937	-54,969
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	13,460	10,318	-3,142
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>1,309,911</b>	<b>1,865,588</b>	<b>555,677</b>
<b>Expenses</b>	13. Grants and similar amounts paid	954,058	1,135,656	181,598
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	79,800	79,800	
	16. Salaries, other compensation, and employee benefits	175,522	155,243	-20,279
	17. Professional fundraising fees			
	18. Other professional fees	18,802	13,331	-5,471
	19. Occupancy, rent, utilities, and maintenance	7,814	11,003	3,189
	20. Depreciation and Depletion	4,344	4,737	393
	21. Other expenses	101,659	161,792	60,133
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>1,341,999</b>	<b>1,561,562</b>	<b>219,563</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>-32,088</b>	<b>304,026</b>	<b>336,114</b>
<b>Other Information</b>	24. Total exempt revenue	1,309,911	1,865,588	555,677
	25. Total unrelated revenue	2,993	-2,345	-5,338
	26. Total excludable revenue	75,618	24,441	-51,177
	27. Total assets	1,658,546	1,823,423	164,877
	28. Total liabilities	20,305	16,327	-3,978
	29. Retained earnings	1,638,241	1,807,096	168,855
	30. Number of voting members of governing body	14	14	
31. Number of independent voting members of governing body	14	14		
32. Number of employees	6	6		
33. Number of volunteers	54	27		

Form <b>990T</b>	<b>Two Year Comparison Report</b>	<b>2020 &amp; 2021</b>
For calendar year 2021, or tax year beginning <b>09/01/21</b> , ending <b>08/31/22</b>		

Name **UNITED WAY OF RENO COUNTY** Taxpayer Identification Number **48-0833061**

		2020	2021	Differences
<b>Business Taxable Income</b>	1. Number of unrelated business activities for this return	1	1	
	2. Unrelated business taxable income from all trades	677	-2,345	-3,022
	3. Charitable contributions			
	4. Section 199A deduction (trusts only)			
	5. <b>Taxable income before NOL loss</b>	677		-677
	6. Net operating loss (pre-2018)			
	7. Specific deduction	1,000		-1,000
	8. <b>Unrelated business taxable income.</b>			
<b>Tax &amp; Credits</b>	9. Income tax (corporate or trust)			
	10. Proxy tax			
	11. Other taxes			
	12. <b>Total taxes</b>			
	13. Other credits			
	14. General business credit			
	15. Credit for prior year minimum tax			
	16. <b>Total credits</b>			
	17. <b>Net tax after credits</b>			
	18. Recapture taxes and 965 tax			
	19. <b>Total Taxes</b>			
<b>Due/Refund</b>	20. Prior year overpayment and estimated tax payments			
	21. Payment made with extension			
	22. Backup withholding and foreign withholding			
	23. Other payments			
	24. <b>Total payments</b>			
	25. <b>Balance due/(Overpayment)</b>			
	26. Overpayment applied to next year			
	27. Penalties			
	28. <b>Total due/(Refund)</b>			
29. Activity Losses NOL (Post-2017)		-2,345	-2,345	

Form <b>SchA</b> (990T)	<b>Two Year Comparison for Unrelated Business Activity</b>	<b>2020 &amp; 2021</b>
For calendar year 2021, or tax year beginning <b>09/01/21</b> , ending <b>08/31/22</b>		

Organization Name <b>UNITED WAY OF RENO COUNTY</b>	Taxpayer Identification Number <b>48-0833061</b>
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Activity: **CORNERSTONE HOMES** Unincorporated Business Income Tax Code: **236000**

		2020	2021	Differences	
<b>Revenue</b>	1. Gross profit/loss on business activities	1.			
	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.			
	4. Rental income (net of expense)	4.	2,993	-2,345	
	5. Unrelated debt-financed income (net of expense)	5.			
	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.			
	10. Other income	10.			
	<b>11. Total trade or business income.</b> Combine lines 1 through 10	<b>11.</b>	<b>2,993</b>	<b>-2,345</b>	<b>-5,338</b>
<b>Expenses</b>	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.			
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
	16. Interest	16.			
	17. Taxes and licenses	17.			
	18. Depreciation and Depletion	18.			
	19. Contributions to deferred compensation plans	19.			
	20. Employee benefit programs	20.			
	21. Other deductions	21.			
	<b>22. Total deductions.</b> Add lines 12 through 22	<b>22.</b>			
	<b>23. Taxable income before deductions.</b> Subtract line 23 from 11	<b>23.</b>	<b>2,993</b>	<b>-2,345</b>	<b>-5,338</b>
	24. Deductible losses	24.	2,316		-2,316
	<b>25. Unrelated business taxable income (loss)</b>	<b>25.</b>	<b>677</b>	<b>-2,345</b>	<b>-3,022</b>



Form <b>990</b>	<b>Tax Return History</b>	<b>2021</b>
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Name <b>UNITED WAY OF RENO COUNTY</b>	Employer Identification Number <b>48-0833061</b>
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	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants .....		1,276,553	1,610,245	1,231,300	1,843,492	
Membership dues .....						
Program service revenue .....						
Capital gain or loss .....		18,291	24,923	62,906	7,937	
Investment income .....		4,746	12,182	2,245	3,841	
Fundraising revenue (income/loss) .....						
Gaming revenue (income/loss) .....						
Other revenue .....		10,545	6,210	13,460	10,318	
<b>Total revenue</b> .....		<b>1,310,135</b>	<b>1,653,560</b>	<b>1,309,911</b>	<b>1,865,588</b>	
Grants and similar amounts paid .....		857,129	1,123,999	954,058	1,135,656	
Benefits paid to or for members .....						
Compensation of officers, etc. ....			79,800	79,800	79,800	
Other compensation .....		274,051	185,952	175,522	155,243	
Professional fees .....		18,703	19,705	18,802	13,331	
Occupancy costs .....		11,501	9,538	7,814	11,003	
Depreciation and depletion .....		5,620	4,190	4,344	4,737	
Other expenses .....		209,917	99,400	101,659	161,792	
<b>Total expenses</b> .....		<b>1,376,921</b>	<b>1,522,584</b>	<b>1,341,999</b>	<b>1,561,562</b>	
<b>Excess or (Deficit)</b> .....		<b>-66,786</b>	<b>130,976</b>	<b>-32,088</b>	<b>304,026</b>	
<b>Total exempt revenue</b> .....		<b>1,310,135</b>	<b>1,653,560</b>	<b>1,309,911</b>	<b>1,865,588</b>	
Total unrelated revenue .....		2,425	-2,316	2,993	-2,345	
Total excludable revenue .....		31,157	45,631	75,618	24,441	
Total Assets .....		1,424,976	1,567,327	1,658,546	1,823,423	
Total Liabilities .....		44,194	16,398	20,305	16,327	
Net Fund Balances .....		1,380,782	1,550,929	1,638,241	1,807,096	

Form <b>990T</b>	<b>Tax Return History</b>	<b>2021</b>
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Name <b>UNITED WAY OF RENO COUNTY</b>	Employer Identification Number <b>48-0833061</b>
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\* Income shown net of expenses

	2017	2018	2019	2020	2021	2022
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*		2,425	-2,316			
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
<b>Total trade or business income.</b>		<b>2,425</b>	<b>-2,316</b>	<b>677</b>		
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

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Form <b>990T</b>	<b>Tax Return History</b>	<b>2021</b>
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Name <b>UNITED WAY OF RENO COUNTY</b>	Employer Identification Number <b>48-0833061</b>
--	---

	2017	2018	2019	2020	2021	2022
Other deductions .....						
Net income (first activity, year 2019 & prior)		2,425	-2,316	677		
UBTI from all trades .....	0	2,425	0	677	0	
Charitable contributions .....						
Net operating loss deduction .....		2,425				
Specific deduction .....		1,000	1,000	1,000		
Section 199A deduction (trusts) .....						
Income after deductions .....						
Income tax (corporate or trust) .....						
Other taxes .....						
<b>Total taxes</b> .....						
General business credit .....						
Other credits .....						
<b>Net tax after credits</b> .....						
Estimated tax payments .....						
Other payments .....						
<b>Balance due/Overpayment</b> .....						

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**Federal Statements**

**Taxable Dividends from Securities**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
DIVIDENDS	\$ 3,841				14	
TOTAL	\$ 3,841					

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**Federal Statements**

**Form 990, Part IX, Line 24e - All Other Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
PAID TO OTHER AGENCIES	\$ 5,978	\$	\$ 5,978	\$
BUSINESS LUNCHESES	4,061		4,061	
TELEPHONE & NETWORKS	2,982	507	984	1,491
DUES & SUBSCRIPTIONS	1,844		1,844	
MISCELLANEOUS	350		350	
VOLUNTEER SUPPORT	50		50	
TOTAL	<u>\$ 15,265</u>	<u>\$ 507</u>	<u>\$ 13,267</u>	<u>\$ 1,491</u>

COPY

## Federal Statements

### Schedule A, Part II, Line 1(e)

Description	Amount
OTHER	\$ 1,843,492
TOTAL	\$ 1,843,492

### Schedule A, Part II, Line 8(e)

Description	Amount
DIVIDENDS	\$ 3,841
TOTAL	\$ 3,841

### Schedule A, Part II, Line 9(e)

Description	Amount
UW OF RENO COUNTY	\$ 5,400
CORNERSTONE HOMES	-2,345
LESS: DEDUCTIONS	-1,000
TOTAL	\$ 2,055

**Swindoll, Janzen, Hawk & Loyd, LLC**  
**200 N. Main, PO Box 2889**  
**Hutchinson, KS 67504-2889**  
**620-662-3358**

June 5, 2023

**CONFIDENTIAL**

United Way of Reno County  
924 North Main  
Hutchinson, KS 67504-2230

Dear Lisa:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)  
Exempt Organization Business Income Tax Return (Form 990-T)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

**Federal Filing Instructions**

Your Form 990 for the year ended 8/31/22 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization. **Please review and sign this IRS e-file Signature Authorization and mail, fax, or return to our office as soon as possible:**

Swindoll, Janzen, Hawk & Loyd, LLC  
200 N. Main, PO Box 2889  
Hutchinson, KS 67504-2889

Fax: 620-662-3350

***Important:* Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office.**

Your Form 990-T for the tax year ended 8/31/22 shows no balance due.

Your Form 990-T is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return.

Your electronically filed 990-T is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS *e-file*

Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization. **Please review and sign this IRS e-file Signature Authorization and mail, fax, or return to our office as soon as possible:**

Swindoll, Janzen, Hawk & Loyd, LLC  
200 N. Main, PO Box 2889  
Hutchinson, KS 67504-2889

Fax: 620-662-3350

***Important:* Your return will not be filed with the IRS until the signed Form 8879-EO for Form 990-T has been received by this office.**

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

We recommend that you use certified mail with postmarked receipts for proof of timely filing.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Swindoll, Janzen, Hawk & Loyd, LLC



**Swindoll, Janzen, Hawk & Loyd, LLC**  
**200 N. Main, PO Box 2889**  
**Hutchinson, KS 67504-2889**  
**620-662-3358**

June 7, 2023

**CONFIDENTIAL**

United Way of Reno County  
924 North Main  
Hutchinson, KS 67504-2230

Dear Lisa:

We appreciate the opportunity to work with you. This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of services we are providing. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We have prepared your federal and state exempt organization returns from information which you furnished us. We also performed any bookkeeping necessary for preparation of these income tax returns. It is your responsibility to provide all information required for preparation of complete and accurate returns, including all income from all sources, including those outside of the United States. We did not audit or otherwise verify the information provided.

Returns were prepared in accordance with appropriate tax laws. We used our judgment to resolve questions in your favor where the tax law is unclear, or where there were conflicts between the taxing authorities' interpretation of the law and other supportable positions. However, you should be aware that tax laws provide for a penalty to be imposed when a taxpayer makes a substantial understatement of tax liability. You are responsible for ensuring that personal expenses, if any, are segregated from business expenses. You should also know that IRS audit procedures will almost always include questions on items that require strict documentation. In preparing your returns, we relied on your representations that we have been informed of all transactions and that you understand, and have complied with, the documentation requirements. If you have questions about these issues, please contact us.

Our fees for these services will generally be based on time expended and out-of-pocket costs, including computer charges. However, they might also include other factors deemed relevant, including the difficulty of the return and the skill required to perform the accounting, tax, or other services properly, and time limitations imposed either by you or the circumstances. Progress billings may be made on a monthly basis. Our invoices are due and payable on presentation. If such balance is not paid in full within thirty (30) days of the date the invoice is rendered, the outstanding portion of such balance shall be subject to a late payment charge calculated as interest thereon at the rate of 18% per annum from the date due until paid. Collection costs will be borne by you.

The entity's returns may be selected for examination or audit by the taxing authorities. You should retain all documents, canceled checks and other data that form the basis of income, deductions, credits and payments shown on the return. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. In the event of such governmental tax examination, we would be pleased to represent you under the terms of a separate engagement

letter.

Although we are available to provide the entity with tax planning advice, we are not obligated to do so unless you specifically request it.

It is our understanding that the primary and only intent of the services provided to you under this agreement is for the use of the management of this entity and the professional services rendered by us are not to benefit or influence any other person, firm or entity. Moreover, as of the time of this engagement, we have not been notified, in writing or otherwise, that the professional accounting services rendered under this agreement will be made available to any other person, firm or entity for use in connection with any specified transaction. Consequently, only you are entitled to rely upon the services provided pursuant to this engagement unless we mutually agree otherwise in a separate writing.

This engagement embodies the entire agreement and understanding between the parties hereto and there are no promises, warranties, covenants or conditions made by any of the parties except as herein expressly contained. The terms and conditions of this engagement shall be governed and construed in accordance with the laws of the State of Kansas and may only be modified in a writing signed by all the parties. Jurisdiction and venue of any dispute or cause of action arising out of or related to the subject matter of this agreement shall lie in the State of Kansas; and any litigation arising out of or related to the professional services rendered hereunder shall be brought in the State of Kansas.

Our work in connection with the preparation of your income tax returns did not include any procedures designed to discover errors or other irregularities, should any exist.

**You have final responsibility for these income tax returns and, therefore, you should carefully review them before you sign and file them.** We will provide you with a copy of your final returns for review prior to electronic transmission. The IRS requires that you sign an e-file authorization form indicating you have reviewed the return, it is correct to the best of your knowledge, and you authorize us to submit it electronically. We cannot transmit any return until we have the appropriate signed authorizations.

This engagement will be considered complete upon acceptance of your e-filed returns by the taxing authorities. In the event your returns are not e-filed, you will have final responsibility for mailing your returns to the applicable taxing authorities, unless you have authorized us to do so on your behalf.

**If the tax services and terms outlined above are in accordance with your understanding, please sign this letter in the space provided and return it to us.** We appreciate this opportunity to serve you. Please feel free to call us if you have any questions.

Sincerely,

Swindoll, Janzen, Hawk & Loyd, LLC

Accepted By: \_\_\_\_\_

Date: \_\_\_\_\_