Form	990

_	0	00	Detur	of Organization Ex	mat From Inco			OMB No. 1545-0047
Form	9	90	Return	n of Organization Exe	empt From Inco	me lax		2018
			Under section 501(c)), 527, or 4947(a)(1) of the Interr	nal Revenue Code (exce	pt private founda	tions)	2010
Donar	tment of	the Treasury	► Do not en	ter social security numbers on	this form as it may be n	nade public.		Open to Public
		nue Service	► Go to w	ww.irs.gov/Form990 for instru	ctions and the latest inf	ormation.		Inspection
A F	For the	e 2018 calend	ar year, or tax year begin	ning	11-01 , 2018 , and e	ending	<u>10-3</u>	1,2019
B	Check if	applicable:	C Name of organization UNIT	ED WAY OF THE MARK TW	AIN AREA		D	Employer identification no.
ļ	Address	change	Doing business as				4	3-0716604
1	Name ch	ange	Number and street (or P.O. bo	x if mail is not delivered to street address)		Room/suite	E	Telephone number
	nitial ret	urn	P O BOX 81				C	573)221-2761
F	-inal retu	urn/terminated	City or town, state or province,	country, and ZIP or foreign postal code			G	Gross receipts
#	Amende	d return	HANNIBAL, MO 63	3401				\$ 474,825
- 4	Applicati	on pending	F Name and address of principal			H(a) Is this a group	return for su	
			SAME AS C ABOVI			H(b) Are all subo		
1	Fax-exer	npt status: X	_) < (insert no.) 4947(a)(1) or	527			t. (see instructions)
	Vebsite	-	TEDWAYMTA.ORG			H(c) Group exe		, ,
				ociation Other ►	L Year of formation:		of legal do	
Pa		Summar					or logar ac	
	1		/	on or most significant activities:	INCREASING THE	CADCITY FOR		
	1.	-	-	on of most significant activities.	INCREASING THE	CAPCIII FOR	FLOFI	DE TO CARE FOR
e		ONE ANOT	пек					
an								
Activities & Governance				10 20 102 20 10	L (<u>.</u>		
õ	2			discontinued its operations or dis				
ي م	3			0,00,0000	••••		3	24
es	4			s of the governing body (Part VI, I	,		4	24
viti	5	Total numbe	r of individuals employed in	calendar year 2018 (Part V, line	2a)		5	2
Acti	6	Total numbe	r of volunteers (estimate if i	necessary)			6	
	7a	Total unrelat	ed business revenue from	Part VIII, column (C), line 12 .			7a	0
	b	Net unrelate	d business taxable income	from Form 990-T, line 38	•••••		7b	0
						Prior Year		Current Year
	8	Contributions	s and grants (Part VIII, line	1h)		309	,996	465,516
ne	9	Program ser	vice revenue (Part VIII, line	e 2g)				0
Revenue	10	Investment ir	ncome (Part VIII, column (A	A), lines 3, 4, and 7d)	[1	,982	2,973
Re	11	Other revenu	ue (Part VIII, column (A), lin	ies 5, 6d, 8c, 9c, 10c, and 11e)		(1	,552)	6,336
	12	Total revenue	e - add lines 8 through 11 (must equal Part VIII, column (A), I	ine 12)		,426	474,825
	13			X, column (A), lines 1-3)	,		,321	224,752
	14		to or for members (Part I)				,	0
	15			e benefits (Part IX, column (A), line		76	,907	83,521
es		,	1 7 1 2	column (A), line 11e)	,	/0	7507	00,021
ens			0	lumn (D), line 25) ►				
Expenses	17			nes 11a-11d, 11f-24e)		4.7	012	E4 303
		•		. ,			,912	54,392
	18			equal Part IX, column (A), line 25			,140	362,665
. ທ	19	Revenue les	s expenses. Subtract line	18 from line 12	•••••		,714)	112,160
Net Assets or Fund Balances		Total access	(Dort V line 40)			Beginning of Current		End of Year
sset Bala	20		. ,				,524	502,178
let A	21		,				,418	20,912
				line 21 from line 20		369	,106	481,266
	rt II		re Block					
				rn, including accompanying schedules and s cer) is based on all information of which pre		knowledge and belief, i	tis	
. .		JIM	HUMPHREYS					
Sig	n	Signatur	e of officer				Date	
Her	е	JIM	HUMPHREYS, TRES					
		Type or	print name and title					
		Print/Type pre	eparer's name	Preparer's signature	Date	Check	if PTI	N
Paie	d	Jim Hum		-	01-07-2020	self-employ		P00798871
	pare			phreys and Associates	1	Firm's EIN		
	Onl			t Ely Road		Phone no.		
				MO 63401			73_221	L-4650
Mav	the IP	S discuse this						
			on Act Notice, see the se		• • • • • • • • • • • • •			
	ahei	- or a reduction						Form 990 (2018)

Form	n 990 (2018) UNITED WAY OF THE MARK TWAIN AREA	43-0716604	Page 2
Pa	rt 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:		
	INCREASING THE CAPCITY FOR PEOPLE TO CARE FOR ONE ANOTHER		
2	Did the organization undertake any significant program services during the year which were not listed on the		
-	prior Form 990 or 990-EZ?	Yes	x No
	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	X 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 measure	ed by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c	others,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$245,628 including grants of \$) (Revenue	\$)
	THE UNITED WAY OF THE MARK TWAIN AREA USED CONTRIBUTIONS TO FUND HUMAN SERVI		IN
	THE NORTHEAST MISSOURI. ALLOCATIONS ARE BASED ON A NEEDS ASSESSMENT SURVEY O	F THE AREA	
	COVERED.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
44	Other program services (Describe in Schedule O.)		
4d	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses $ 245,628 $)	
EEA		Form	n 990 (2018)
			. ,

	1990 (2018) UNITED WAY OF THE MARK TWAIN AREA 43-0716	604	F	Page 3
Pa	rt IV Checklist of Required Schedules		1	1
_			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		37	
~	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			v
4	candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	. 3		Х
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	. 4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	• –		Δ
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	. 5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	· 🔽		21
Ū	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	. 6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	. 7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	. 8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	. 9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	. 10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	. 11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	. 11b		Х
С	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	. 11c		Х
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		37	X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4.45		v
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	. 11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120	X	
b	Schedule D, Parts XI and XII	. <u>12a</u>	_ A	
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	. 12b		Х
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	. 14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	. 15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	. 16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	. 17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	. 18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III		<u> </u>	Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retum?	. 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	. 21		Х

Form	990 (2018) UNITED WAY OF THE MARK TWAIN AREA 43-07166	04	Р	age 4
Pa	TTIV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
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? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
~~	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			37
07	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		х
20	entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	21		
28	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		~~~
D	Schedule L. Part IV	28b		х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		- 25
Ŭ	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
Par				
	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			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable 1b)		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	<u> </u>
		Form	aan (20181

Form **990** (2018)

Form	990 (2018) UNITED WAY OF THE MARK TWAIN AREA 43-07166	04	F	Page 5			
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
_			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax						
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	3a		Х			
3a b	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b					
4a							
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х			
b	If "Yes," enter the name of the foreign country:	-+a		A			
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the						
u	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or						
-	gifts were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods						
	and services provided to the payor?	7a		Х			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was						
	required to file Form 8282?	7c		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
	sponsoring organization have excess business holdings at any time during the year?	8		Х			
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х			
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders						
b	Gross income from other sources (Do not net amounts due or paid to other sources						
	against amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note. See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which						
	the organization is licensed to issue qualified health plans						
С	Enter the amount of reserves on hand						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0	14b		L			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	excess parachute payment(s) during the year	15		Х			
	If "Yes," see instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X			
	If "Yes," complete Form 4720, Schedule O.						

Form 990 (2018)

Form	990 (2018) UNITED WAY OF THE MARK TWAIN AREA 43-07166	04	P	Page 6
Par	Tt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	a "No"		
-	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction	s.		
	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	tion A. Governing Body and Management			
	<u></u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		100	110
iu	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 24			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
D.	stockholders, or persons other than the governing body?	7b		х
		10		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		37	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	<u> </u>
9	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 in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
ĉ	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i>		21	
C		120	Х	
40	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		Х
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	□ Own website □ Another's website ☑ Upon request □ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	JIM HUMPHREYS (573)221-2761, P O BOX 81, HANNIBAL, MO 63401			

Form 990 (20	018) UNITED WAY OF THE MARK TWAIN AREA	43-0716604	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated Employe	es, and
	Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		<u></u>
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete organization	this table for all persons required to be listed. Report compensation for the calendar year ending with or with s tax year.	in the	

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

			0130			culle			u3icc.	
					C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average	· ·				nan one s both ar		Reportable	Reportable	Estimated
	hours per					/trustee)		compensation	compensation from	amount of
	week (list any					,		from	related	other
	hours for	0 =	=	0	x	ΦТ	т	the	organizations	compensation
	related organizations	r dir	nstitu	Officer	eye	mpl	Forme	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	dua	tior	Ÿ	Key employee	byee	ę	(W-2/1033-1000)		and related
	line)	r trus	a tr		oye) mp				organizations
		Individual trustee or director	Institutional trustee		Φ	bens				
			ö			Highest compensated employee				
						-				
(1) JILL JANES										
PRESIDENT				Х				C	o o	0
(2) JIM HUMPHREYS										
TRESURER				х				c	o o	0
										U
VICE PRESIDENT				х				C	o o	0
				Δ				L L		0
(4) DENISE DAMRON										_
EXE DIRECTOR					Χ			50,750	0	0
(5)										
<u>(6)</u>										
(7)										
<u>(8)</u>										
<u> </u>										
(9)										
<u>(9)</u>										
(40)										
(10)										
(11)										
(12)										
(13)										
	F									
(14)										
<u>(14)</u>										
										5 666 (0010)

	90 (2018) UNITED WAY OF THE									43-0716	604	F	9age 8
Part	VII Section A. Officers, Directors, Trustees	, Key Emplo	yees,	and			st Con	nper	sated Employees	s (continued)			
	(A) Name and title	(B) Average hours per week (list any	box, u office	unless r and	s pers a dire	ition ore th on is ector/	nan one both an trustee)		(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Hignest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	oi	mpensation from the rganization nd relate ganization	on d
<u>(15)</u>													
(16)													
<u>(17)</u>													
(18)													
(19)													
(20)													
(21)													
<u>(</u> 22)													
(23)													
(24)													
(25)													
1b c	Sub-total Total from continuation sheets to Part VII, Section		· · ·				 	► ►					
d	Total (add lines 1b and 1c)								50,750				0
2	Total number of individuals (including but not limited reportable compensation from the organization	to those list	ed abc	ove)	who	rec	eived	more	e than \$100,000 of	0			
												Yes	No
3	Did the organization list any former officer, directo	r, or trustee,	key er	nplo	yee	, or I	highes	st co	mpensated				
	employee on line 1a? If "Yes," complete Schedule										3		X
4	For any individual listed on line 1a, is the sum of rep												
	organization and related organizations greater than individual										4		Х
5	Did any person listed on line 1a receive or accrue co												Λ
•	for services rendered to the organization? If "Yes,"			-			-				5		Х
Secti	on B. Independent Contractors												
1	Complete this table for your five highest compensate compensation from the organization. Report compenyear.												
	(A)								(B)			(C)	
	Name and business address								Description of	services	Com	npensatio	n
									-				

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	

Form 99	90 (20	18) UNITED W	AY OF THE	MARK TWAIN AR	EA		43-07166	04 Page 9
Part	VIII	Statement of Revenu	le					
		Check if Schedule O contair	is a response o	r note to any line in th	nis Part VIII			[
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<u></u>	1a	Federated campaigns	/	a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	[1	b				
, Gi	c	Fundraising events	[1	c				
Sifts ar /	d	Related organizations	[1	d				
imil İmil	е	Government grants (contribution	ons)	e				
er S	f	All other contributions, gifts, gr	ants,					
Oth		and similar amounts not includ	ed above	f 465,516				
out	g	Noncash contributions include	d in lines 1a-1f:	\$				
0 "	h	Total. Add lines 1a-1f			465,516			
				Business Code				
nue	2a							
Program Service Revenue	b							
	c							
Serv	d							
ä	е							
rogr	f	All other program service rever	nue	•				
	g	Total. Add lines 2a-2f						
	3	Investment income (including di	vidends. interes	st.				
		and other similar amounts) .		[™]	2,973	2,973		
	4	Income from investment of tax-	exempt bond pr	oceeds 🕨				
	5	Royalties		<u></u>				
			(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss) .						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	-			
	b	Less: cost or other basis and sales expenses						
	c	Gain or (loss)			-			
		Net gain or (loss)		 				
e		Gross income from fundraising						
ent		events (not including \$						
Other Revenue		of contributions reported on line	e 1c).					
erl		See Part IV, line 18		a				
g	b	Less: direct expenses			-			
		Net income or (loss) from fundr						
		Gross income from gaming act	-					
		See Part IV, line 19		a				
	b	Less: direct expenses			-			
		Net income or (loss) from gami						
		Gross sales of inventory, less	5					
	IVa	returns and allowances		a				
	b	Less: cost of goods sold			-			
		Net income or (loss) from sales						
		Miscellaneous Revenue	•	Business Code				
	11a	UNREALIZED GAIN (LOS	S)		6,336	6,336		
	b					.,		
	c							
		All other revenue						
		Total. Add lines 11a-11d .			6,336			
		Total revenue. See instructions			474,825	9,309	0	(

(2018) UNITED WAY OF THE MARK TWAIN AREA

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				
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	224,752	224,752		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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				
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	77,622	19,406	19,405	38,811
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	5,899	1,470	1,490	2,939
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees	450		450	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	3,634		3,634	
12	Advertising and promotion				
13	Office expenses	1,276		1,276	
14	Information technology				
15	Royalties				
16	Occupancy	12,832		12,832	
17		1,817			1,817
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,410			2,410
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	640		640	
23	Insurance	475		475	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	CAMPAIGN EXPENSE	24,120			24,120
b	DUES	4,804			4,804
С	TELEPHONE	1,934		1,934	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e .	362,665	245,628	42,136	74,901
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 • if				
	following SOP 98-2 (ASC 958-720)				

	990 (20	,	4	3-07166	04 Page 11
Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X		• • • • •	
			(A)		(B)
	r		Beginning of year		End of year
	1	Cash - non-interest-bearing	113,652	1	225,315
	2	Savings and temporary cash investments	266,381	2	273,389
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 69,220			
	b	Less: accumulated depreciation 10b 65,746	491	10c	3,474
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	380,524	16	502,178
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors,			
litie		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		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	11,418	25	20,912
	26	Total liabilities. Add lines 17 through 25	11,418	26	20,912
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔀 and			
s		complete lines 27 through 29, and lines 33 and 34.			
nce	27	Unrestricted net assets	369,106	27	481,266
alaı	28	Temporarily restricted net assets		28	
ЧB	29	Permanently restricted net assets		29	
-un		Organizations that do not follow SFAS 117 (ASC 958), check here 🛛 🕨 🗌 and			
٩ ۲		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
let /	32	Retained earnings, endowment, accumulated income, or other funds		32	
z	33	Total net assets or fund balances	369,106	33	481,266
	34	Total liabilities and net assets/fund balances	380,524	34	502,178
EEA					Form 990 (2018)

Form	990 (2018) UNITED WAY OF THE MARK TWAIN AREA	43-07	16604		Pa	age 12
Par	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		4	74,8	325
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		3	862,0	565
3	Revenue less expenses. Subtract line 2 from line 1	. 3		1	.12,	L60
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4		3	869,3	L06
5	Net unrealized gains (losses) on investments	. 5				
6	Donated services and use of facilities	. 6				
7	Investment expenses	. 7				
8	Prior period adjustments	. 8				
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	. 10		4	81,2	266
Par	rt XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII			• •		<u>. </u>
					Yes	No
1	Accounting method used to prepare the Form 990: 🛛 Cash 🗌 Accrual 🗌 Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		•••	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?	• • • •	•••	2b	X	<u> </u>
	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		•••	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?	• • • •	•••	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					l
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
EEA				Form	990 (2	2018)

SCHEDULE A	
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							.		J OMB No. 1545-0047
SCI	HED	OULE A			ity Status and F				204.0
(For	n 99	0 or 990-EZ)	Complete if the organiz		01(c)(3) organization or a s ich to Form 990 or Form		(a)(1) non	exempt charitable trust.	Open to Public
		of the Treasury enue Service	•		ov/Form990 for instruct		the latest	information	Inspection
		e organization	, , , , , , , , , , , , , , , , , , ,	00 to 1111.10.9t				Employer identifica	•
		-	E MARK TWAIN A	REA				43-071660	
Pa	-				rganizations must co	omplete	this part		
				· · · · ·	s 1 through 12, check onl				-
1	Ŭ		•		urches described in sect		,		
2		A school desc	ribed in section 170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 c	or 990-EZ).	.)		
3					n described in section 1				
4		A medical res	earch organization ope	rated in conjunctio	on with a hospital describ	ed in sect	ion 170(b)	(1)(A)(iii). Enter the	
		hospital's nam	e, city, and state:						
5		An organizatio	n operated for the bene	efit of a college or	university owned or opera	ated by a g	overnmen	tal unit described in	
		section 170(b)(1)(A)(iv). (Complete	Part II.)					
6		A federal, stat	e, or local government	or governmental u	init described in section	170(b)(1)	(A)(v).		
7	Х	An organizatio	n that normally receive	s a substantial par	t of its support from a gov	vernmental	unit or fro	m the general public	
	_	described in s	ection 170(b)(1)(A)(vi). (Complete Part	II.)				
8	Ц	A community	rust described in secti	ion 170(b)(1)(A)(v	i). (Complete Part II.)				
9		•	•		ion 170(b)(1)(A)(ix) ope		•	-	ge
		-	r a non-land-grant colle	ege of agriculture (s	see instructions). Enter the	e name, cit	y, and stat	e of the college or	
		university:							
10		•	•	. ,	3 1/3% of its support from				5
		•			subject to certain exception		·		
					isiness taxable income (le		,	rom businesses	
11			•		section 509(a)(2). (Com		,		
12	Н	•	•	-	test for public safety. Se the benefit of, to perform			carry out the numore	e.
12		•	•		bed in section 509(a)(1)				
				-	ne type of supporting orga				.,
	а				vised, or controlled by its				
	u				/ appoint or elect a major		•		
			•		IV, Sections A and B.				
	b	_ ·· `		•	ontrolled in connection w	ith its supp	orted ora	anization(s), by having	1
				•	on vested in the same pe		-		
			on(s). You must com		•				
	с		•		anization operated in cor	nnection w	ith, and fu	nctionally integrated w	vith,
					u must complete Part I				
	d	Type III n	on-functionally integ	rated. A supporting	g organization operated i	in connecti	on with its	supported organization	on(s)
		that is not	functionally integrated.	The organization g	generally must satisfy a d	istribution r	equiremer	nt and an attentiveness	
		requireme	nt (see instructions). Y	ou must complet	e Part IV, Sections A a	nd D, and	Part V.		
	е	Check this	box if the organization	received a written	determination from the IF	RS that it is	a Type I,	Type II, Type III	
		functionall	y integrated, or Type II	I non-functionally in	ntegrated supporting orga	anization.			
	f	Enter the num	per of supported organ	izations					
	g	Provide the fol	lowing information abo	ut the supported or	rganization(s).	T			
	(i) Name of supported	lorganization	(ii) EIN	(iii) Type of organization	(iv) Is the o	-	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))	listed in you docum		support (see instructions)	other support (see instructions)
							I	, ´´	,
						Yes	No		
(A)									
(B)									
(C)									
(D)									

(E)

			E MARK TWAIN			43-0716604	Page 2
Pa	rt II Support Schedule for Org						
	(Complete only if you chec						under
	Part III. If the organization	fails to qualify ι	under the tests	listed below, p	lease complete	e Part III.)	
	tion A. Public Support	I					
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	505,302	507 , 704	447,715	309,996	465,516	2,236,233
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	Total. Add lines 1 through 3	505,302	507,704	447,715	309,996	465,516	2,236,233
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)						209,038
6	Public support. Subtract line 5 from line 4						2,027,195
	tion B. Total Support						270277199
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	505,302	. /	447,715	. ,		2,236,233
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	726		6,910			21,270
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10 .						2,257,503
12	Gross receipts from related activities, etc. (see instructions)				12	
13	First five years. If the Form 990 is for the	organization's first,	second, third, four	th, or fifth tax year	r as a section 501(c)(3)	_
	organization, check this box and stop here						▶□
	tion C. Computation of Public Su						
14	Public support percentage for 2018 (line 6,						39.80 %
15	Public support percentage from 2017 Scheo						35.37 %
16a	33 1/3% support test - 2018. If the organi						
	box and stop here. The organization quali						· · · ▶ 🛛
b	33 1/3% support test - 2017. If the organi						
	this box and stop here. The organization of						▶ Ц
17a	10%-facts-and-circumstances test - 201	•					
	10% or more, and if the organization meets				• •		
	Part VI how the organization meets the "fac	ts-and-circumstanc	es" test. The organ	ization qualifies as	a publicly support	ed	_
	organization						▶ Ц
b	10%-facts-and-circumstances test - 201	-				line	
	15 is 10% or more, and if the organization				-		
	Explain in Part VI how the organization me	ets the "facts-and-c	ircumstances" test.	The organization of	qualifies as a public	cly	
	supported organization						▶□
18	Private foundation. If the organization did	l not check a box o	n line 13, 16a, 16b	, 17a, or 17b, cheo	ck this box and see	e	_
	instructions						<u>▶</u>
EEA						Schedule A (For	n 990 or 990-EZ) 2018

Part III Support Schedule for Organizations Described in Section 509(4)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.) Section A. Public Support Calendar year (or fiscal year beginning in) ► (a) The data structure of the organization faile to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning in) ► (a) The data structure of the organization faile to qualify under the tests listed below, please complete Part II.) Section A. Public Support (a) The data structure of the organization tables the structure of the organization structure of the organizat	Sche			IE MARK TWAIN			43-0716604	Page 3
If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Generative part (of fiscal year beginning in) + (a) 2014 (b) 2015 (c) 2015 (c) 2017 (c) 2017 (c) 2017 (c) 2018 (c) 2017 (c) 2017 (c) 2018 (c) 2018 (c) 2018 (c) 2017 (c) 2018 (c) 201	Pa							
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unstanded risked to risk or business under soution 513 .		furnished in any activity that is related to the						
or argended in its behalf	3	•						
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7a Amounts included on lines 1, 2, and 3 received from dequalified persons	5	furnished by a governmental unit to the						
received from disqualified persons	6	Total. Add lines 1 through 5						
received from other than disqualified persons that exceed the greater of \$5,000 i i c Add lines 7a and 7b i i c Add lines 7a and 7b i i Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 9 Amounts from line 6 i	7a							
c Add lines 7a and 7b	b	received from other than disqualified persons that exceed the greater of \$5,000						
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Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 9 Amounts from line 6	8	Public support. (Subtract line 7c from						
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activities not included in line 10b, whether or not the business is regularly carried on Image: Constraint of the subject of the subje	С	Add lines 10a and 10b						
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	b	33 1/3% support tests - 2017. If the organiz	ation did not cheo	ck a box on line 14	or line 19a, and lir	ne 16 is more than	33 1/3%, and	_
	20			-			-	

	Supporting Organizations (Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, co Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	omplete		
ect	ion A. All Supporting Organizations			
_			Yes	N
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
_	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
с	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
h	Type I or Type II only. Was any added or substituted supported organization part of a class already	Uu		
~	designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	00		
0	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	U		
'	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
0		1		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
0-	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a				
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		

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Schedule A (Form 990 or 990-EZ) 2018

	Ile A (Form 990 or 990-EZ) 2018 UNITED WAY OF THE MARK TWAIN AREA 43-0716604 t IV Supporting Organizations (continued)			age 5
1 41			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
	tion B. Type I Supporting Organizations	1.10		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	110
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in 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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		-		
2	Did the organization operate for the benefit of any supported organization other than the supported			
-	organization(s) that operated, supervised, or controlled the supporting organization? 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.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		-		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			

significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

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

3b Schedule A (Form 990 or 990-EZ) 2018

3a

2a

2b

3

Schedule A (Form 990 or 990-EZ) 2018 UNITED WAY OF THE MARK TWAIN AREA		43-07	16604 Pag
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organi	zations	s must complete Section	ons A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supportin	g organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Par	t V Type III Non-Functionally Integrated 509(a)(3	Supporting Organiz	zations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer			
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 purpose	s of supported organizat	ons	
	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.	· ,· ·		
8	Distributions to attentive supported organizations to which the	e organization is respons	IVE	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		(!!)	(:::)
S	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
_	Excess distributions carryover, if any, to 2018			
	From 2013			
	From 2014			
	From 2015			
	From 2016			
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
<u> </u>	Carryover from 2013 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
<u> </u>	Section D, line 7: \$			
	Applied to underdistributions of prior years			
_	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result			
6	greater than zero, explain in Part VI . See instructions. Remaining underdistributions for 2018. Subtract lines 3h			
0	and 4b from line 1. For result greater than zero, explain in			
	Part VI . See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
'	and 4c.			
8	Breakdown of line 7:			
	Evenes from 2014			
	Execce from 2015			
	Evenes from 2016			
	Excess from 2017			
	Excess from 2018			
FFA			Schod	ule A (Form 990 or 990-FZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990 **Z)** :

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Schedule A (For	m 990 or 990-EZ) 2018 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990. Form 990-EZ, or Form 990-PF. ►

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

Name of the organization

UNITED	WAY	OF	\mathbf{THE}	MARK	TWAIN	AREA

Employer identification number
43-0716604

Organization type (check one):		
Filers of:	Sec	ction:
Form 990 or 990-EZ	X	501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 990-PF		501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

OMB No. 1545-0047

EEA

UNITED WAY OF THE MARK TWAIN AREA

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

Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BASF CORPORATION RT 168 PALMYRA, MO 63461	\$5,000	Person Image: Complete Noncash Image: Complete (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	HNB CORP MAIN STREET HANNIBAL, MO 63401	\$5,677	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	MISSOURI REC 975 ROSS STREET PALMYRA, MO 63461	\$5,376	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	GENERAL MILLS <u>1 RED DEVIL ROAD</u> HANNIBAL, MO 63401	\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number 43-0716604

SCH	IEDULE D	Supplemental Financial Statements	OMB No. 1545-0047		
	rm 990)	Complete if the organization answered "Yes" on Form	2018		
		Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, o ► Attach to Form 990.	or 12b.		Open to Public
	ment of the Treasury	 Go to www.irs.gov/Form990 for instructions and the latest in 	oformation		Inspection
	of the organization		ntification number		
	TED WAY O	F THE MARK TWAIN AREA		43-07	716604
Pa		tions Maintaining Donor Advised Funds or Other Similar Funds or <i>J</i>	Account		
	Complete	if the organization answered "Yes" on Form 990, Part IV, line 6.			
		(a) Donor advised funds		(b) Funds a	nd other accounts
1		nd of year			
2		f contributions to (during year) .			
3		f grants from (during year)			
4		t end of year			
5		on inform all donors and donor advisors in writing that the assets held in donor advi			
c	•	nization's property, subject to the organization's exclusive legal control?		• • • • • •	Yes 🗌 No
6	-	on inform all grantees, donors, and donor advisors in writing that grant funds can be purposes and not for the benefit of the donor or donor advisor, or for any other purp			
		issible private benefit?			🗌 Yes 🗌 No
Pa		vation Easements.	• • • • • •		
. a		e if the organization answered "Yes" on Form 990, Part IV, line 7.			
1		servation easements held by the organization (check all that apply).			
-		of land for public use (e.g., recreation or education)	istoricallv ir	mportant land	darea
	Protection of r	, , ,	-		
	Preservation c	of open space			
2		through 2d if the organization held a qualified conservation contribution in the form	of a conse	ervation	
		ast day of the tax year.	Γ		at the End of the Tax Year
а	Total number of co	onservation easements	[2a	
b	Total acreage rest	ricted by conservation easements		2b	
с	•	vation easements on a certified historic structure included in (a)	[2c	
d		vation easements included in (c) acquired after 7/25/06, and not on a			
		sted in the National Register		2d	
3		vation easements modified, transferred, released, extinguished, or terminated by th		ation during t	he
	tax year 🕨		0	0	
4	·	where property subject to conservation easement is located			
5		tion have a written policy regarding the periodic monitoring, inspection, handling of			
	•	orcement of the conservation easements it holds?			🗌 Yes 🗌 No
6	Staff and volunteer	hours devoted to monitoring, inspecting, handling of violations, and enforcing cons			
	•				
7	Amount of expense		ation easer	ments during	the year
	▶\$				
8	Does each conser	vation easement reported on line 2(d) above satisfy the requirements of section 17	70(h)(4)(B)	(i)	
	and section 170(h))(4)(B)(ii)?			Yes 🗌 No
9	In Part XIII, descrit	be how the organization reports conservation easements in its revenue and expense	se stateme	nt, and	
	balance sheet, and	include, if applicable, the text of the footnote to the organization's financial stateme	ents that de	escribes the	
	organization's acc	ounting for conservation easements.			
Pa		zations Maintaining Collections of Art, Historical Treasures,	or Othe	er Similar	Assets.
		te if the organization answered "Yes" on Form 990, Part IV, line 8.			
1a	If the organization	elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue state	ement and	balance she	et
		ical treasures, or other similar assets held for public exhibition, education, or resea			
	public service, pro	vide, in Part XIII, the text of the footnote to its financial statements that describes the	hese items.		
b	If the organization	elected, as permitted under SFAS 116 (ASC 958), to report in its revenue stateme	ent and bala	ance sheet	
		ical treasures, or other similar assets held for public exhibition, education, or resea	arch in furth	erance of	
		vide the following amounts relating to these items:			
		ded on Form 990, Part VIII, line 1			\$
		ed in Form 990, Part X		· · · · ►	\$
2	If the organization	received or held works of art, historical treasures, or other similar assets for financ	cial gain, pr	ovide the	
	following amounts	required to be reported under SFAS 116 (ASC 958) relating to these items:			
а		on Form 990, Part VIII, line 1			\$
b		Form 990, Part X		· · · · ►	\$
For F	Paperwork Reducti	on Act Notice, see the Instructions for Form 990.			Schedule D (Form 990) 2018
EEA					

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	ule D (Form 990) 2018 UNITED WAY OF TH					43-0716			Page 2
Pa	t III Organizations Maintaining Co	llections of Art, I	listorical 7	Freasures, o	or Othe	er Similar Ass	ets (cc	ntinu	ed)
3	Using the organization's acquisition, accession, and	d other records, check	any of the foll	owing that are a	a significa	ant use of its			
	collection items (check all that apply):	_							
а	Public exhibition	d Loan or	exchange pro	grams					
b	Scholarly research	e Other							
С	Preservation for future generations								
4	Provide a description of the organization's collection	ons and explain how th	ey further the	organization's e	exempt pu	urpose in Part			
	XIII.								
5	During the year, did the organization solicit or receiption	ive donations of art, his	storical treasu	res, or other sin	nilar				
	assets to be sold to raise funds rather than to be n	maintained as part of th	e organizatior	n's collection?			🗌	Yes	No
Pa	t IV Escrow and Custodial Arrange	ements.							
	Complete if the organization answ	wered "Yes" on Fo	orm 990, Pa	art IV, line 9	, or rep	orted an amou	nt on F	orm	
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodian or c	other intermediary for c	ontributions or	r other assets n	ot				
	included on Form 990, Part X?						🗌	Yes	No
b	If "Yes," explain the arrangement in Part XIII and c	complete the following t	able:						
						Am	ount		
С	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an amount on Form 99	90, Part X, line 21, for e	escrow or cust	odial account li	ability?		🗌	Yes	No
b	If "Yes," explain the arrangement in Part XIII. Chec	ck here if the explanation	on has been p	rovided on Part	XIII .				
Pa	t V Endowment Funds.								
	Complete if the organization answ	wered "Yes" on Fo	orm 990, Pa	art IV, line 1	0.				
		(a) Current year	(b) Prior year	(c) Two year	s back	(d) Three years back	(e) Fo	ur years	back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the current ye	ar end balance (line 1	g, column (a))	held as:					
а	Board designated or quasi-endowment	%							
b	Permanent endowment %								
С	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c should eq	jual 100%.							
3a	Are there endowment funds not in the possession	of the organization that	t are held and	administered for	or the				
	organization by:							Yes	No
	(i) unrelated organizations						. 3a(i)	
	(ii) related organizations						. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizations	s listed as required on S	Schedule R?.				. 3b		Τ
4	Describe in Part XIII the intended uses of the orga	anization's endowment	funds.						
Pa	t VI Land, Buildings, and Equipmer	nt.							
	Complete if the organization answ	wered "Yes" on Fo	orm 990, Pa	art IV, line 1	1a. See	e Form 990, Pa	art X, lir	ie 10	
	Description of property	(a) Cost or other bas	is (b) Co	st or other basis	(c) A	Accumulated	(d) Bo	ok value	 ;
		(investment)		(other)	de	preciation			
1a	Land								
b	Buildings								
с	Leasehold improvements								
d	Equipment			69,220		65,746		з,	,474
е	Other			-		-			
Tota	Add lines 1a through 1e. (Column (d) must equa	al Form 990, Part X, co	lumn (B), line	10c.)		· · · ·		з,	,474
EEA		. ,				s	chedule D		

Schedule D (Form 990) 2018

Pa	a	P	3

Part VII	Investments - Other Securities.	INE MARK IWAIN AREA	43-0/10604 Fa
i art vii		<u>d "Yes" on Form 990, Pa</u>	rt 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			
(2) Closely-h	eld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related.	d "Vaa" on Farm 000 . Da	rt IV line 11e See Form 000 Bart V line 12
	Complete il the organization answere		rt IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.		
	Complete if the organization answere	d "Yes" on Form 990, Pa	rt IV, line 11d. See Form 990, Part X, line 15.
	(a) [Description	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)			
	nn (b) must equal Form 990, Part X, col. (B) line 1	5)	
Part X	Other Liabilities.		
	Complete if the organization answere	d "Yes" on Form 990, Pa	rt IV, line 11e or 11f. See Form 990, Part X,
4	line 25.	() >	
1. (1) Endoral	(a) Description of liability income taxes	(b) Book value	-
		2 441	-
(2) PAIRO (3) UNMET	LL TAXES	2,441 10,435	
	NATED FUNDS	8,036	
(5)		0,030	
(6)			
(7)			
(8)			
(9)			
) must equal Form 990, Part X, col. (B) line 25.) 🕨	20,912	
	r uncertain tax positions. In Part XIII, provide the te		
-		_	of the footnote has been provided in Part XIII

Sched	ule D (Form 990) 2018 UNITED WAY OF THE MARK TWAIN AREA	43-0716604	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	474,825
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	474,825
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	474,825
Pa	rt 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.		
1	Total expenses and losses per audited financial statements	1	362,665
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	362,665
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	362,665
Pa	rt 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.

SCHEDULE I				Assistance to			I	OMB No. 1545-0047
(Form 990)	Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							
. ,		Complete		nswered "Yes" on For • Attach to Form 990.	m 990, Part IV, line 21	or 22.	C	pen to Public
Department of the Treasury Internal Revenue Service				gov/Form990 for the l	atest information.			Inspection
Name of the organization				•			Employer identification	number
UNITED WAY OF TH	IE MARK TWAIN A	REA					43-0716604	
Part I Genera	I Information on	Grants and Assist	tance					
1 Does the organization	tion maintain records to	o substantiate the amou	nt of the grants or assi	stance, the grantees' eli	gibility for the grants or	assistance, and		
the selection criter	ria used to award the g	rants or assistance?						. 🛛 Yes 🗌 No
2 Describe in Part IV	V the organization's pro	cedures for monitoring	the use of grant funds	in the United States.				
Part II Grants a	and Other Assistan	ce to Domestic Org	anizations and Do	mestic Governmen	ts. Complete if the	organization answered	"Yes" on Form 99	Э,
Part IV, I	ine 21, for any recip	ient that received mo	re than \$5,000. Pa	rt II can be duplicate	d if additional space	is needed.		
1 (a) Name and addre or gover		(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)UNITED WAY AG	ENCIES							
VARIOUS								
HANNIBAL, MO 634	101							
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(0)								
(8)								
(0)								
(9)								
(10)								
(10)								
2 Enter total number	r of section $501(a)(2)$ as	nd government organiza	tions listed in the line (l table			L	I
		listed in the line 1 table						

Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of noncash assistance recipients cash grant FMV, appraisal, other) noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part IV 01. Monitoring procedures (Part I, line 2) EACH AGENCY PROVIDES A DETAILED EXPLANATION REGARDING THE USE OF UNITED WAY FUNDING TO

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

THE ALLOCATIONS COMMITTEE.

Part III

1

2

3

4

5

6

7

43-0716604

Page 2

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

UNITED WAY OF THE MARK TWAIN AREA

43-0716604

01. Form 990 governing body review (Part VI, line 11)

THE 990 IS PREPARED BY THE TREASURER AND IS EMAILED TO BOARD MEMBERS BEFORE EFILING.

02. Conflict of interest policy compliance (Part VI, line 12c)

THE ORGAINIZATION HAS ADOPTED A CONFLICT OF INTEREST POLICY FOR EMPLOYEES AND BOARD

MEMBERS. THE POLICY IS REVIEWED ANNUALLY.

03. CEO, executive director, top management comp (Part VI, line 15a)

THE EXECUTIVE COMMITTEE ANNUALLY REVIEW COMPENSATION OF THE EMPLOYEES TAKING INTO

CONSIDERATION CURRENT COMPENSATION TRENDS IN THE LOCAL AREA AND BUDGET RETRAINTS.

04. Other officer or key employee compensation (Part VI, line 15b

SEE ANSWER ABOVE FOR PART VI, LINE 15A

05. Governing documents, etc, available to public (Part VI, line 19)

UNITED WAY OF THE MARK TWAIN AREA MAKES ITS GOVERNING DOCUMENTS, POLICIES AND FINANCIAL

STATEMENTS AVAILABLE UPON REQUEST.

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

Form	4562		Depre	ciation a	and A	morti	zation			OMB No. 1545-0172
1 OIIII		(Including Information on Listed Property)							2018	
	nent of the Treasury			Attach to	-					Attachment
-	ernal Revenue Service (99) Go to www.irs.gov/Form4562 for instructions and the latest information. Business or activity to which this form relates 								Sequence No. 179 Identifying number	
		с тис мл	RK TWAIN							43-0716604
Par			e Certain Pro			M 990	- <u>1</u>			43-0710004
1 01		•	listed property,	• •			molete Part I			
1	Maximum amount (-			-		1	
	Total cost of sectio	,							2	
	Threshold cost of s								3	
	Reduction in limitat								4	
5	Dollar limitation for	tax year. Subtra	ct line 4 from line	1. If zero or le	ss, enter -(0 If marri	ed filing			
	separately, see ins	tructions							5	
6		(a) Description of pr	operty		(b) Cost (b	usiness use c	only) (c) Ele	cted cost		
7	Listed property. En	ter the amount f	rom line 29 .			· · · L	7			
	Total elected cost of								8	
	Tentative deductio								9	
	Carryover of disallo		-						10	
	Business income li						r line 5. See inst	ructions	11	
	Section 179 expen								12	
	Carryover of disallo					•	13			
Note: Par	Don't use Part II o					iation (Den't include	liated pr	onort	· Cap instructions)
					-			iisteu pi	open	y. See instructions.)
	Special depreciation during the tax year.								14	
15	Property subject to								15	
	Other depreciation	()(,						16	381
Par			on (Don't inc							501
					ection A					
17	MACRS deductions	s for assets plac	ed in service in ta	ax years begini	ning before	e 2018 .			17	
18	If you are electing	to group any ass	sets placed in ser	vice during the	tax year i	nto one or	more general			
	asset accounts, ch	eck here								
	Section	n B - Assets F	Placed in Servi	ice During 2	018 Tax	Year Usi	ng the Gener	al Depr	eciati	on System
	(a) Classification of p	roperty	(b) Month and year placed in service	(c) Basis for de (business/invest only-see instru	ment use	(d) Recover period	(e) Convention	(f) Met	hod	(g) Depreciation deduction
19a	3-year property									
b	5-year property		_							
C	7-year property		_	3	,623	7	HY	SL		259
d	10-year property		-							
	15-year property		-							
	20-year property		_							
	25-year property					25 yrs.		S/		
h	Residential rental					27.5 yrs		S/		
	property					27.5 yrs		S/		
	Nonresidential real					39 yrs.	MM	S/		
	property Section C		ced in Service	During 201	B Tax Va	ar Heina	MM the Alternati	S/		ion System
202	Class life	- ASSELS FIA		During 2010		ai Usiliy		S/		ion System
-	12-year		-			12 yrs.		5/ S/		
	30-year					30 yrs.	MM	S/		
	40-year					40 yrs.	MM	S/		
Par		ary (See instr	uctions.)			ro yrs.	iviivi	1 0/	_	1
L	Listed property. Er		· · · · · · · · · · · · · · · · · · ·		• • • • • •				21	
	Total. Add amount			17, lines 19 an	d 20 in col	umn (a). a	ind line 21. Ente	r		
	here and on the ap		-						22	640
	For assets shown a									
	portion of the basis	attributable to s	ection 263A cost	s			23			