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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

.2'4℃ No 1545 0047 2009

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2009 calendar year, or tax year beginning 2009, and ending D Employer Identification Number Check if applicable United Way of Greater St. Joseph Address change IRS label 44-0547802 or print or type. See P.O. Box 188 E Telephone number Name change Joseph, MO 64502 St. Initial return specific Instruc-(816) 364-2381 Termination 4,257,052 Amended return G Gross receipts \$ F Name and address of principal officer H(a) Is this a group return for affiliates? Application pending Yes X No H(b) Are all affiliates included? Same As C Above If 'No,' attach a list (see instructions) Tax-exempt status X 501(c) (3) ◄ (insert no.) 4947(a)(1) or 527 Website: ► www.stjosephunitedway.org H(c) Group exemption number Form of organization X Corporation Trust 1975 M State of legal domicile Association Other ► L Year of Formation Part I Summary Briefly describe the organization's mission or most significant activities: The mission of the United Way of <u>Greater St. Joseph is to improve lives through the caring power of community.</u> Governance <u> United Way accomplishes this through support to the program services of 18 health</u> and human service agencies and through United Way's own community initiatives. _ _ Check this box ► I if the organization discontinued its operations or disposed of more than 25% of its assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Total number of employees (Part V, line 2a) 5 14 Total number of volunteers (estimate if necessary) 6 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7 a 0. b Net unrelated business taxable income from Form 990-T, line 34 n **Prior Year Current Year** 3,839,141 3,766,265. Contributions and grants (Part VIII, line 1h) Revenue Program service revenue (PAR NUM PR 2g) 65,918. 53,575. 9 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
Other revenue Part VIII, column (A), lines 506d, 8c, 9c, 10c, and 11e)
Total revenue Radd lines 8 20 2011 (muse equal Part VIII, column (A), line 12) -14,362. 45,923. 10 53,248. 65,604. 11 3,943,945 367. 12 3,931, Grants and similar amounts paid (Part IX, comm (A), lines 1-3) 2,874,118 2,628,024. 13 Benefits paid to or for members (Part IX, column (A), line 4)
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 417,684 427,973. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 145,068. 302,964 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 311,273. 3,594,766 3,367,270. Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25) 349,179 564,097. Revenue less expenses. Subtract line 18 from line 12 8 End of Year **Beginning of Year** Total assets (Part X, line 16) 7,608,381 8,203,201. 20 2,998,563. 2,809,989. 21 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 4,609,818. 5,393,212. Part II Signature Block Under penalties of perjury, I dea true, correct, and complete set mbed this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is (other than officer) is based on all information of which preparer has any knowledge 2010 Sign Here Signature of of Seann O'Riley Treasurer Type or print name and title Preparer's identifying number (see instructions) Date Check if Teroman & Harly aft Paid 7-12-2010 employed Preparer's signature Pre-TRUMAN D. HARDY, CPA, P00049674 parer's SUMNER, CARTER, HARDY & SCHWICHTENBERG Firm's name (or Use 1604 CROSS ST 27-1579646 employed), address, and ZIP + 4 Only SAINT JOSEPH, MO 64506-2461 **►** (816) 279-7450 Phone no May the IRS discuss this return with the preparer shown above? (see instructions) No Yes

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 12/29/09

Form 990 (2009)

Form 990 (2009) United Way of Greater St. Joseph	44 1 0547802	Page 2
Part'lli . Statement of Program Service Accomplishments		
Briefly describe the organization's mission:		
The mission of the United Way of Greater St. Joseph is to impro	ve lives through t	he
caring power of community.		
2 Did the organization undertake any significant program services during the year which were not listed on the	he prior	
Form 990 or 990-EZ? See Schedule O.	. X Yes	No
If 'Yes,' describe these new services on Schedule O.		•
3 Did the organization cease conducting, or make significant changes in how it conducts, any program service	ces? Yes X	No
If 'Yes,' describe these changes on Schedule O.		•
4 Describe the exempt purpose achievements for each of the organization's three largest program services by	by expenses. Section 501(c)(3)	
and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and expenses, and revenue, if any, for each program service reported	allocations to others, the total	
expenses, and revenue, it any, for each program service reported		
4a (Code) (Expenses \$ 2,599,120. including grants of \$ 2,599,120.)	(Revenue \$)
See Schedule O		
~		
~		
_~~		
		
4b (Code) (Expenses \$ 248,338. including grants of \$)	(Revenue \$)
See Schedule O		
~		
4c (Code:) (Expenses \$ 174,439. including grants of \$ 8,109.)	(Revenue \$	
4c (Code:) (Expenses \$ 174,439. including grants of \$ 8,109.) See Schedule 0	(Revenue \$)
	(Revenue \$)
	(Revenue \$))
	(Revenue \$)
	(Revenue \$	
	(Revenue \$	
	(Revenue \$	
See Schedule O	(Revenue \$	
See Schedule 0		
See Schedule O)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	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? If 'Yes,' complete Schedule D, Part II	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_		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i>	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If Yes , complete Schedule D, Part V	10	Х	
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
•	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			
•	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			
	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			
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		ı	
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If Yes, complete Schedule D, Part X		`	·····
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	х	-
12/	Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional . Yes No			
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		<u>x</u> _
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		<u>X</u>
8	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		<u>x</u>
9	Dig the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u>X</u>

Form 990 (2009) United Way of Greater St. Joseph
Part IV | Checklist of Required Schedules (continued)

AA		Form	990 (2009)
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	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		<u> </u>
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		<u> </u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R , Part V , line 2	35		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		X
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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		<u> </u>
Ь	A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28ь		X_
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
Ł	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
25 a	Section 501(c)(3) and 501(c)(4) 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
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
ď	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		
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		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? <i>If 'Yes,' complete Schedule J</i>	23		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Х	
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	х	
		l i	res	NO

В

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1	a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable 1a 2			
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 0			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	
2	a 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			
2	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	_ X_	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	_3a		X
	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	_3b		
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)?	4 a		Х
	b If 'Yes,' enter the name of the foreign country. ▷			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_5a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
•	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5с		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	_	Х
ı	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
1	a 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?	7 a		X
ı	b if 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
•	c 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 7d			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	_7f	 -∤	X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	İ	
9	Sponsoring organizations maintaining donor advised funds.	- ' '		
á	Did the organization make any taxable distributions under section 4966?	9a	i	
t	Did the organization make any distribution to a donor, donor advisor, or related person?	9Ь		
10	Section 501(c)(7) organizations. Enter.			
a	Initiation fees and capital contributions included on Part VIII, line 12 . 10a	1	I	
t	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ı		
11	Section 501(c)(12) organizations. Enter:	I		
a	Gross income from other members or shareholders.	I	I	
t	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
t	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

BAA Form **990** (2009)

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

Se	Section A. Governing Body and Manag	ement				
					Yes	No
1	1a Enter the number of voting members of the go	verning body .	1a 32			
	b Enter the number of voting members that are i	ndependent .	1b 32			
2	2 Did any officer, director, trustee, or key employ officer, director, trustee or key employee?	ree have a family relationship or a business re See Schedule 0	lationship with any other	2	х	
3	3 Did the organization delegate control over mar of officers, directors or trustees, or key employ	agement duties customarily performed by or u	inder the direct supervision on?	3		X
4	4 Did the organization make any significant chan since the prior Form 990 was filed?			4		Х
5		year of a material diversion of the organization	n's assots?	5		Х
6		<u>~</u>	115 455615;	6	Χ	_
7	7a Does the organization have members, stockho governing body? See Schedule	ders, or other persons who may elect one or 0 .	more members of the	7a	Х	
١	b Are any decisions of the governing body subject	et to approval by members, stockholders, or of	ther persons?	7b		X
8	8 Did the organization contemporaneously document the following.	nent the meetings held or written actions unde	rtaken during the year by			
i	a The governing body?		Į	8a	_x	
1	b Each committee with authority to act on behalf	of the governing body?		8b	X	
9	9 Is there any officer, director or trustee, or key organization's mailing address? If 'Yes,' provided to the second of the s	employee listed in Part VII, Section A, who can e the names and addresses in Schedule O	nnot be reached at the	9		Х
Sec	Section B. Policies (This Section B re	quests information about policies no	t required by the Interna	Г		
Rev	Revenue Code.)					
			F		Yes	No
10a	10a Does the organization have local chapters, brai	nches, or affiliates?		10a		X
	b If 'Yes,' does the organization have written poli and branches to ensure their operations are co	nsistent with those of the organization?		10Ь		
	11 Has the organization provided a copy of this Fo		-	11	X	
	11 A Describe in Schedule O the process, if any, use	-	. See Schedule O			
	12a Does the organization have a written conflict of	. , ,		12a	X	
t	b Are officers, directors or trustees, and key empto conflicts?	loyees required to disclose annually interests	that could give rise	12Ь	х	
	c Does the organization regularly and consistent Schedule O how this is done See Sche	edule O	icy? If 'Yes,' describe in	12c	х	
	13 Does the organization have a written whistleblo	• •	.	13	X	
14	14 Does the organization have a written document	' '	,	14	Х	
15	15 Did the process for determining compensation of persons, comparability data, and contemporane	of the following persons include a review and a cous substantiation of the deliberation and dec	approval by independent ision?			
	a The organization's CEO, Executive Director, or	. 3	∍ 0	15a	X	
Ŀ	b Other officers of key employees of the organization		.	15Ь		X
	If 'Yes' to line 15a or 15b, describe the process	,		- 1	1	
16a	16a Did the organization invest in, contribute assets entity during the year?	to, or participate in a joint venture or similar a	arrangement with a taxable	16a		X
	b If 'Yes,' has the organization adopted a written in joint venture arrangements under applicable status with respect to such arrangements?	policy or procedure requiring the organization federal tax law, and taken steps to safeguard	to evaluate its participation the organization's exempt	16b		
	ection C. Disclosures					
	17 List the states with which a copy of this Form 99					
18	Section 6104 requires an organization to make inspection. Indicate how you make these availa	ble. Check all that apply.	d 990-T (501(c)(3)s only) availa	ible fo	or pub	lic
	Own website Another's websit	e X Upon request				
19	Describe in Schedule O whether (and if so, how statements available to the public. See S) the organization makes its governing docum chedule 0	ents, conflict of interest policy,	and t	financ	ıal
	20 State the name, physical address, and telephor Brenda Shields P.O. Box 188			zation	۱.	

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of 'key employees.'
- 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 the organization did no	t compens	sate ar	пу с	urre	nt o	fficer,	dıre	ctor, or trustee.		
(A)	(B)			(c)			(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee or director		checi Officer	key employee	hat app Highest c	Former	Reportable compensation from the organization (W 2/1099 MISC)	Reportable compensation from related organizations (W 2/1099 MISC)	Estimated amount of other compensation from the organization and related
		trustee	Institutional trustee		oyee	Highest compensated employee				organizations
Brad McAnally	ĺ	{								
Board Member	11	Х	L			<u> </u>	L.	0.	0.	0.
Diana Arn Board member	0.5	х						0.	0.	0.
Brett Carolus										
Board member	1	Х	l					0.	0.	0.
Mike Murphy										
Board Member	1 1	Х						0.	0.	0.
Chief Chris Connally										
Vice Chairman	2	Х		Х				0.	0.	_0.
Robert Corder, MD										
Board member	2	Х		. 1				0.	0.	0.
Pat Dillon										
Board member	2	Х						0.	0.	0.
Dr. William Ellis										
Board member	0.5	X						0.	0.	0.
Cheryl Jarrett										
Comm Invest Cha	2	Х		X				0.	0.	0.
Beery Johnson				ļ						
Board member	1_	Х						0.	0.	0.
Bob Pritchett					-					
Board Member	0.5	X						0.	0.	0.
Terry McClatchey									· · · · · · ·	
Board member	1	X						0.	0.	0.
Todd Meierhoffer										
Board member	2	X						0.	0.	0.
Tyler Morgan										
Board member	0.5	Х						0.	0.	0.
Seann O'Riley				\Box						
Treasurer	2	Х		X				0.	0.	0.
Tom Richmond				\Box						
Board Member	1	Х]		0.	0.	<u>0.</u>
Bill Severn										
Campaign Chair	2	Х	Ш	Х				0.	0.]	0.

Form 990 (2009) United Way of Greater St.				a 1	-		-	- ۲۰ ما ۱۵ ما	44-054 /80	
Part VII Section A. Officers, Directors, Trus		∖ey I	<u>Ln</u>			ees.	<u>, ar</u>			
(A)	(B) Average	Poer	tion /	(d	-	hat a	nnlis	(D)	(E)	(F)
Name and Title	hours per week			Officer		Highest compensated employee		Reportable compensation from the organization (W 2/1099 MISC)	Reportable compensation from related organizations (W 2/1099 MISC)	Estimated amount of other compensation from the organization and related organizations
Heather Shearin						П				
Board member	_1_	X	Щ		L	Ц		0.	0.	0.
Bill Titcomb Board member	1	Х						0.	0.	0.
Dr. Robert Vatabedian Board member	1	х						0.	0.	0.
Mike Veale		-	H	\neg	-	H				<u> </u>
Board member	1_	X			i			0.	0.	0.
Bob Wollenman Secretary	2	Х		х				0.	0.	0.
Jennifer Kneib Past Chairman	1	Х	!	Х				0.	0.	0.
Amy Ryan Board Member	1	Х						0.	0.	0.
Heidi Walker Board Member	1	Х						0.1	0.	0.
Darren Steele Board Member	1	Х						0.	0.	0.
Adam Stein Board Member	1	Х						0.1	0.	0.
Curt Kretzinger Chairman	2	X		х				0.1	0.	0.
Ali Wray			\dashv	Ĥ		+				
Comm Invest Cha	2 _	\mathbf{x}		Х				0.	0.	0.
Matt Dority				\neg		\Box				
Board Member	_1_	Х						0.	0.	0.
1 b Total							>	71,666.	_0.	10,669.
2 Total number of individuals (including but not limited from the organization ► 0	to those	e listi	ed a	bov	e) v	vho	rece	eived more than \$	100,000 in reportab	e compensation Yes No

_				•
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual</i>	3	Х	_
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services	5	v	

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of
	compensation from the organization.

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

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

0

U.S.	it *iii Statement of Nevenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns 1a 24,336. b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e				
UE CONTRIBUTIC	f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lns 1a-1f. h Total. Add lines 1a-1f Business Code	3,766,265.			
VEN	2a Leadership programs 611430	28,000.	28,000.		Ì
RE	b Special Events 611430	16,905.	16,905.		
ΧC	c Sale, service & supplies 611710	8,670.	8,670.		
Ŝ	d				
¥Ψ	e				
20	f All other program service revenue.				
<u> </u>	g Total. Add lines 2a-2f ►	53,575.			
	 Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds 	90,376.			90,376.
	5 Royalties			 -	
	(i) Real (ii) Personal				ļ
	6a Gross Rents 65, 604.				ŧ
	b Less. rental expenses				
	c Rental income or (loss) 65, 604.]
	d Net rental income or (loss)	65,604.	65,604.		
	(2) Securities (2) Other	03,004.	05,004.		
	assets other than inventory 281, 232.	:			
	b Less. cost or other basis and sales expenses 325, 685. c Gain or (loss) -44, 453.				
	· · · · · · · · · · · · · · · · · · ·	-44,453.			-44 453
w l	d Net gain or (loss) 8a Gross income from fundraising events (not including \$	-44,455.			-44,453.
OTHER REVENUE	of contributions reported on line 1c). See Part IV, line 18 a				
¥	b Less. direct expenses				
5	c Net income or (loss) from fundraising events		İ		
	9a Gross income from gaming activities. See Part IV, line 19				
Ì	b Less. direct expenses b				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances b Less. cost of goods sold b				
}	c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code			···	
}	11a	1	İ		i
-	'' ⁶				
	<u></u>	-			
- {	d All other revenue				
- 1					
	e Total. Add lines 11a-11d	3 031 367	110 120		45 000
	12 Total revenue. See instructions	3,931,367.	119,179.	0.	45,923.

Part X Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (D) Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Program service Management and Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, 2,612,803 2,612,803 Grants and other assistance to individuals in 2 the U.S. See Part IV, line 22 15,221 15,221 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 82,335 44,453 22,699 15,183. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in 0 0 0. section 4958(c)(3)(B) 176,137 283,264. 41,113 66,014. Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer 10,009 6,249 1,598 2,162. contributions) Other employee benefits. 24,723. 14,834 4,203 5,686. Payroll taxes 27,642 17,664 4,303 5,675. 10 Fees for services (non-employees) a Management **b** Legal 12,260 7,961 1,827 2,472. c Accounting d Lobbying e Prof fundraising svcs See Part IV, In 17 f Investment management fees g Other 12 Advertising and promotion 769 5,333 3,417 1,147. 13 Office expenses 14 Information technology Royalties 9,293. 6,750 Occupancy 38,896 22,853 16 586 010 3,107 511 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 122. 30,424 29,576 726 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 35,700 21,420 6,069. 8,211 22 Depreciation, depletion, and amortization 34,530 21,073 6,413. 7,044. 13,065 969 2,176 2,920 23 Other expenses, Itemize expenses not 24 covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) 46,281 36,342 72 9,867. a Printing and Publications 25,046.25,046 **b** SB6 Professional Fees 23,175 24,961. 760. 1,026. c Contract Services 7,246. 4,254 1,364. d Equipment rent & maintenance 1,628. 6,183.e Telephone 3,712 1,049. 1,422. 28,241 21,174. 2,382 4,685. f All other expenses 3,367,270. 3,116,919. 105,283. 145,068. 25 Total functional expenses Add lines 1 through 24f Joint costs. Check here ▶ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational

BAA

campaign and fundraising solicitation.

			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	1,207,742.	1	864,695
	2	Savings and temporary cash investments .	590,000.	2	1,175,000
	3	Pledges and grants receivable, net	3,076,050.	3	2,896,082
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))			
	l	and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
ASSETS	7	Notes and loans receivable, net.		7	
Ĕ	8	Inventories for sale or use		8	
s	9	Prepaid expenses and deferred charges	3,998.	9	3,986
	10 a	Land, buildings, and equipment. cost or other basis. 10a 784, 686.			
	İ	Complete Part VI of Schedule D		1 1	
	b	Less. accumulated depreciation. 10b 378, 909.	413,494.	10 c	405,777
	11	Investments - publicly-traded securities	2,309,753.	11	2,853,596
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets	2,074.	14	992
	15	Other assets. See Part IV, line 11	5,270.	15	3,073
	16	Total assets. Add lines 1 through 15 (must equal line 34)	7,608,381.	16	8,203,201
	17	Accounts payable and accrued expenses	2,998,563.	17	2,807,989
	18	Grants payable		18	
	19	Deferred revenue		19	2,000
늽	20	Tax-exempt bond liabilities		20	
â	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Ļ	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
į		of Schedule L		22	
š	23	Secured mortgages and notes payable to unrelated third parties		23	
ı	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
4	26	Total liabilities. Add lines 17 through 25	2,998,563.	26	2,809,989
Ĕ		Organizations that follow SFAS 117, check here ► X and complete lines			
٠Ι		27 through 29 and lines 33 and 34.		1	
S	27	Unrestricted net assets	2,458,822.	27	2,958,212
		Temporarily restricted net assets	483,767.	28	741,910
s	29	Permanently restricted net assets	1,667,229.	29	1,693,090
R		Organizations that do not follow SFAS 117, check here ► and complete		1	
E		lines 30 through 34.	i	1	
B	30	Capital stock or trust principal, or current funds		30	-
<u>R</u>	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
<u> </u>		Retained earnings, endowment, accumulated income, or other funds		32	
BALANCIES		Total net assets or fund balances.	4,609,818.	33	5,393,212
s i	34	Total liabilities and net assets/fund balances.	7,608,381.	34	8,203,201.

TEEA0111L 01/30/10

Form 990 (2009) United Way of Greater St. Joseph	44-054/802	Pa	ige 12
Part XI Financial Statements and Reporting			
	_	Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		<u>X</u>
b Were the organization's financial statements audited by an independent accountant?	_2b	Х	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig review, or compilation of its financial statements and selection of an independent accountant?	ht of the audit,	Х	
If the organization changed either its oversight process or selection process during the tax year, explair in Schedule O. See Schedule O)		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year wer consolidated basis, separate basis, or both:	e issued on a		
X Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth a Audit Act and OMB Circular A-133?	in the Single		Х

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits
BAA

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545 0047 2009

Open to Public Inspection

Employer identification number

Uni	ted	Way of (Grea	ter	St.	Jose	ph									44-0	54780	2		
		leason fo														t.) See	e instru	ctions		
		ation is not																		
1	$\overline{}$	church, con										ın	section	170(b)	(1)(A)(i)					
2		school desc						-			•									
3		hospital or o																		
4		medical rese			nızatıon	operate	ed ın	conjun	ctioi	n with a	hospita	l de	escribed	in sec	tion 17)(b)(1)(A	.)(iii). En	ter the hos	pıtal's	
5	☐ Ar	ime, city, an organizatio	n ope	rated	for the	benefit	of a	college	or	universi	ty owne	d c	or opera	ted by	a gover	nmenta	unit des	cribed in s	ection	
6	A	' 0(b)(1)(A)(iv federal, stat	e, or l	local (governm	nent or	gove	rnment	lal u	ınıt desci	ribed in	se	ction 1	7 0 (b)(1)	(A)(v).					
7		organization section 170	ьхіх	(A)(vi)). (Com	plete P	art II.)						/ernmei	ntal unit	or from	the gen	eral public	descri	bed
8	$\overline{}$	community t											-							
9	fro	n organizatio om activities vestment inc ne 30, 1975.	relate ome a	ed to i and ui	its exem nrelated	pt func busine	tions ess ta	– subj xable i	ject nco	to certai me (less	n excer	otio	ns. and	(2) no	more ti	nan 33-1	/3 % of i	ts support	from o	iross
10	An	organizatio	n orga	anızed	d and op	erated	exclu	ısıvely	to t	est for p	ublic sa	afet	y. See	section	509(a)(4).				
11	An mo	organization organ	n orga	anızed rted	d and op organiza	erated	l exclu descri	isively bed in	for sec	the bene tion 509	efit of, to (a)(1) o	o p	erform ection 5	the fun 09(a)(2	ctions o	f. or car	ry out th 5 09(a)(3) .	e purposes . Check th	of one	e or that
	a	Type I				Type II			c [ıntegra			d 🗌	Type III-		
е	By tha 509	checking the n foundation 9(a)(2).	is box n man	k, I ce nagers	ertify that s and ot	t the or her tha	rganız ın one	ation is or mo	s no ore p	ot contro oublicly s	lled dire supporte	ecti ed	y or ind organiz	irectly tations of	y one d lescribe	or more ed in sec	disqualif tion 509	ied persor (a)(1) or se	ns othe ection	er
f	If t	he organiza eck this box	ion re	eceive	ed a writ	ten det	termir	ation f	from	the IRS	that is	а.	Туре I,	Type II	or Type	ili supj	porting o	rganızatıon	i,	
g	Sır	nce August 1	7, 20	06, ha	as the o	rganıza	ation a	ccepte	ed a	ny gift o	or contr	ıbu	tion froi	m any o	of the fo	llowing	persons?	•	Yes	No
	(i)	a person below, th	who de gov	directl erning	ly or ind g body c	rectly of the s	contro	ols, eith	her : gani	alone or zation?	togethe	er v	vith per	sons de	scribed	lın (ıı) a	nd (III)	11g (i)	Tes	NO
	(ii)	a family r	nemb	er of	f a perso	n desc	ribed	ın (ı) a	abov	/e?								11 g (ii)	I	
	(iii)) a 35% co	ntrolle	ed en	tity of a	person	desc	ribed ii	n (ı)	or (11) a	bove?							11 g (iii)	
h	Pro	ovide the following	owing	ınfor	rmation	about t	he su	pporte	d or	rganızatı	ons									
	(i) Nar C	me of Supported Organization	1		(ii) EIN		1 (i) Type o described above or (see ins	on I	section	organi (i) lis	zatı sted over	the on in column your on ing nent?	the orga	ou notify nization in (i) of upport?	organiza	Is the tion in col ized in the S ?	(vii) Amou	nt of Su	pport
											Yes	<u>:</u>	No	Yes	No	Yes	No			
			}													ļ				
	-	<u>.,</u>	\top		•			-				7								
			\dashv				\vdash				+	\dashv			 	 	 			
		- · · · · ·																		
	····		1				 													
otal							I								L	l	I			

4	School Pá	edule A (Form 990 or 990-EZ) 200	Organization	s Described in	1 Sections 170	eph J(b)(1)(A)(iv) a	44-0547 nd 1 70(b)(1	802 Page 2)(A)(vi)
	Sec	(Complete only if you check tion A. Public Support	ed the box on line	5, 7, or 8 of Part	1.)			
	Cale	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	3,180,671.	3,476,433.	5,460,901.	3,839,142.	3,488,71	6. 19,445,863.
	2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
	3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.
	4	Total. Add lines 1-through 3	3,180,671.	3,476,433.	5,460,901.	3,839,142.	3,488,71	6. 19,445,863.
	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)						447,272.
,		Public support. Subtract line 5 from line 4						18,998,591.
		tion B. Total Support					T	<u></u>
		ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	7	Amounts from line 4	3,180,671.	3,476,433.	5,460,901.	3,839,142.	3,488,71	6. 19,445,863.
	8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	102,167.	130,810.	78,865.	102,393.	90,370	6. 504,611.
	9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
	10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)		,				0.
	11	Total support. Add lines 7 through 10						19,950,474.
	12	Gross receipts from related activi	ties, etc. (see ins	tructions) .			1	2 322,583.
	13	First five years. If the Form 990 is organization, check this box and	s for the organizat	tion's first, second	l, third, fourth, or	fifth tax year as a	a section 501(c	
	Sec	tion C. Computation of Pu	blic Support I	Percentage				
		Public support percentage for 200 Public support percentage from 2	• '	• ,	11, column (f)		1.	4 95.2 % 5 94.4 %
	16a	33-1/3 support test — 2009. If the and stop here. The organization of	organization did r qualifies as a publ	not check the box	on line 13, and t	he line 14 is 33-1/	3 % or more, o	check this box
	b	33-1/3 support test — 2008. If the and stop here. The organization of	organization did r	not check a box or	n line 13. or 16a.	and line 15 is 33-	1/3% or more,	_
		10%-facts-and-circumstances tes or more, and if the organization in the organization meets the 'facts-	neets the 'facts-ar	nd-circumstances'	test, check this b	ox and stop here.	. Explain in Pai	rt IV how
		10%-facts-and-circumstances tes or more, and if the organization norganization meets the 'facts-and	neets the 'facts-ar -circumstances' t	nd-circumstances' est. The organiza	test, check this b ation qualifies as a	ox and stop here, a publicly support	. Explain in Pai ed organizatior	rt IV how the
-	18 3AA	Private foundation. If the organize	ation did not chec	k a box on line, 1	3, 16a, 16b, 17a,			nstructions > 1

<u>Scne</u>	edule A (Form 990 or 990-EZ) 200	9 United V	vay of Great	ter St. Jos	epn	44-05	4/802	Page 3
Pa	t III Support Schedule fo	-		in Section 50	9(a)(2)			
	(Complete only if you chec	cked the box on li	ne 9 of Part I.)					
	tion A. Public Support		T	1	T	1		
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	09	(1) Total
'	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')							
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt							
3	purpose Gross receipts from activities that are not an unrelated trade or business under section 513						+	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons							
ŀ	and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year							
c	Add lines 7a and 7b			,,				
8	Public support (Subtract line					<u> </u>		
	7c from line 6.)	<u> </u>	<u> </u>	<u> </u>		<u> </u>		
	tion B. Total Support	, 	,	т		1		·····
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	09	(f) Total
	Amounts from line 6 I Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
13						1		
14	First five years. If the Form 990 organization, check this box and	s for the organiza	ition's first, secon	d, third, fourth, o	r fifth tax year as	a section 50)1(c)(3)	▶ □
Sec	tion C. Computation of Pu							
	Public support percentage for 20			e 13. column (fl)			15	%
16	Public support percentage from 2 tion D. Computation of Inv	2008 Schedule A,	Part III, line 15		· · · · · · · · · · · · · · · · · · ·	· · ·	16	%
	Investment income percentage for				on (f))		17	%
17 18	Investment income percentage to	•		-	(1))	•	18	% %
18 19 a	a 33-1/3 support tests — 2009. If the more than 33-1/3%, check this be	e organization did	i not check the bo	x on line 14, and	I line 15 is more to	nan 33-1/3% rganization		
Ł	33-1/3 support tests — 2008. If the is not more than 33-1/3%, check	e organization did	d not check a box	on line 14 or 19a,	, and line 16 is mo	ore than 33-	1/3%, and	d line 18 ► □
20	Private foundation. If the organiz	-	-	-	•			<u>▶</u>

		. 				
			~ ~ ~ -			
-						
-	Part II, line	e 17a or 17b	; and Part III, li	ne 12. Provide any other	additional information. See instruct	tions.
Part IV	(Form 990 or Suppleme	990-EZ) 2009 ntal Informa	United Way tion. Complete	of Greater St. Jose this part to provide the	eph 44-0547802 explanations required by Part II, line additional information. See instruct	Page 4 2 10:

BAA

2009	Federal Supporting Detail		Page 1
Client UWGSJ	United Way of Greater St. Joseph		44-0547802
7/12/10 Contributions, Gifts, and Federated campaigns			02.16PM
	·	Total \$	24,336. 24,336.
Contributions, Gifts, and (Other contributions, gifts,	Grants grants, etc.		
SB6 GRANT REVENUE COMBINED FEDERAL CAME BEQUESTS AND OTHER CO UW CAMPAIGN REVENUE UW CAMPAIGN REVENUE-L LESS UNCOLLECTIBLE	ONTRIBUTIONS	\$	20,000. 83,115. 420,639. 3,205,720. 216,140. -240,758.
LESS UW OF KC UNSOLIC	CITED	Total \$	-24,336. 3,680,520.
Program Service Revenue Related or exempt functio Leadership programs	n income		
PROGRAM FEES		Total \$	28,000. 28,000.
Other Income Producing A Dividends/interest from se	Activities ecurities.		
INVESTMENT INCOME CFC INVESTMENT INCOME		\$ Total \$	64,404. 2. 64,406.
Stmt. of Functional Expen Grants & other assistance	ses (990) to gov. & orgs. in U.S. [O]		-
Allocations to Partne Designations per Dono Awards and Grants		\$ Total \$	2,382,980. 216,140. 13,683. 2,612,803.
Balance Sheet Accounts payable and acc	rued expenses		
Accounts Payable Allocations Payable Designations Payable	·	\$ Total \$	51,161. 2,738,568. 208,834. 2,998,563.

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SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions

OMB No 1545 0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

United Way of Greater St Joseph

		•	44-0547802
Pa		or Advised Funds or Other Similar I	Funds or Accounts Complete if
	the organization answered 'Yes'	to Form 990, Part IV, line 6.	• • • • • • • • • • • • • • • • • • • •
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and don funds are the organization's property, subject to	or advisors in writing that the assets held in one to the organization's exclusive legal control?	donor advised Yes No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for to purpose conferring impermissible private bene	he benefit of the donor or donor advisor or fo	nds may be or any other Yes No
Pa	t II Conservation Easements Comple	ete if the organization answered 'Ye	es' to Form 990. Part IV. line 7.
	Purpose(s) of conservation easements held by		
	Preservation of land for public use (e.g., re		n of an historically important land area
	Protection of natural habitat	├ ──	n of certified historic structure
	Preservation of open space		To octained instance structure
2	Complete lines 2a through 2d if the organizatio last day of the tax year.	n held a qualified conservation contribution in	n the form of a conservation easement on the
			Held at the End of the Year
ā	Total number of conservation easements		2a
ŀ	Total acreage restricted by conservation easen	nents	2b
	Number of conservation easements on a certifi		2c
•	Number of conservation easements included in	(c) acquired after 8/17/06	2d
3	Number of conservation easements modified, t	ransferred, released, extinguished, or termin	nated by the organization during the tax
	year ►	· · · · · · · · · · · · · · · · · · ·	, · · · · · · · · · · · · · · · · · · ·
4	Number of states where property subject to con	nservation easement is located >	
	Does the organization have a written policy reg and enforcement of the conservation easement	t it holds?	Yes No
0	Staff and volunteer hours devoted to monitoring during the year ▶	g, inspecting, and enforcing conservation eas	sements
7	Amount of expenses incurred in monitoring, insiduring the year ▶	specting, and enforcing conservation easeme	\$
8	Does each conservation easement reported on 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of s	ection Yes No
9	In Part XIV, describe how the organization repoinclude, if applicable, the text of the footnote to conservation easements.	orts conservation easements in its revenue ai the organization's financial statements that	nd expense statement, and balance sheet, and describes the organization's accounting for
Par	t III Organizations Maintaining Colle		or Other Similar Assets
1.		· · · · · · · · · · · · · · · · · · ·	
ıa	If the organization elected, as permitted under treasures, or other similar assets held for public the text of the footnote to its financial statement	c exhibition, education, or research in further	nent and balance sheet works of art, historical rance of public service, provide, in Part XIV,
b	If the organization elected, as permitted under treasures, or other similar assets held for public amounts relating to these items.	SFAS 116, to report in its revenue statement c exhibition, education, or research in further	and balance sheet works of art, historical rance of public service, provide the following
	(i) Revenues included in Form 990, Part VIII, I	ine 1 .	. ▶\$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art amounts required to be reported under SFAS 1	, historical treasures, or other similar assets 16 relating to these items.	for financial gain, provide the following
а	Revenues included in Form 990, Part VIII, line	1 ,	▶\$
b	Assets included in Form 990, Part X		> \$

Schedule D (Form 990) 2009 Unite	ed Way of G	reater St. J	Inser	nh	44-05	47802		Page 2
Part III Organizations Mainta							'contir	
3 Using the organization's acquisiti items (check all that apply):								
a Public exhibition		d 🗌 Loan	or ex	change programs				
b Scholarly research		e 🗌 Othe						
c Preservation for future gener	ations							
4 Provide a description of the organ Part XIV.			_	_		e in		
5 During the year, did the organiza assets to be sold to raise funds r	ather than to be r	naintained as part i	of the	organization's coll	lection?	Yes		No
9, or reported an amo	ount on Form ${}^{\circ}$	its Complete if 1990, Part X, line	orga e 21.	nization answe	ered 'Yes' to Form	990, F	art IV	, line
1a Is the organization an agent, trus included on Form 990, Part X?	itee, custodian, oi	other intermediary	for co	ontributions or oth	er assets not	Yes	[No
b If 'Yes,' explain the arrangement	in Part XIV and o	omplete the follow	ng tab	le.				
						Amour	<u>.t</u>	
c Beginning balance		•			1c			
d Additions during the year					1d			
e Distributions during the year					1e			
f Ending balance					1f			
2a Did the organization include an a		90, Part X, line 21?		•		Yes	Ĺ	No
b if 'Yes,' explain the arrangement		mimatian anaus		Vasita Farra (200 Dart IV II-a 1			
Part V Endowment Funds Co								
1 - December of the between	(a) Current year	(b) Prior yea	0.	(c) Two years bac	k (d) Three years back	(e)	Four year	s Dack
1 a Beginning of year balance b Contributions	1,924,17 259,86		<u> </u>					
b Contributions	239,80	9.					**********	******
c Net Investment earnings, gains, and losses	107,74	9.					·····	
d Grants or scholarships	· · · — · — · — · — · — · — · — · — · —							****
 Other expenditures for facilities and programs 					,			
f Administrative expenses								
g End of year balance	2,291,79	4.	0.	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,			, ,
2 Provide the estimated percentage	of the year end	balance held as.						
a Board designated or quasi-endow	/ment ►	3.00 %						
b Permanent endowment ►	74.00%							
c Term endowment ►23	.00 %							
3a Are there endowment funds not in	n the possession	of the organization	that a	re held and admin	istered for the	r		
organization by.							Yes	No
(i) unrelated organizations						3a(i)		<u>X</u>
(ii) related organizations						3a(ii)		X
b If 'Yes' to 3a(ii), are the related of					Coo	3b		<u> </u>
4 Describe in Part XIV the intended Part VI Investments—Land, B						Part 1	71.4	
Description of investment		Cost or other basis	1	Cost or other	(c) Accumulated	(4)	Book Va	
Description of investment	\ ^(a)	(investment)		basis (other)	Depreciation	(u)		<u>-</u>
1 a Land				33,400.			33	400.
b Buildings			<u> </u>	596,589.	256,007.		340	<u>,582.</u>
c Leasehold improvements								
d Equipment								
e Other				154,697.	122,902.	ļ		<u>, 795 .</u>
Total. Add lines 1a through 1e (Column	(d) must equal F	orm 990, Part X, co	olumn	(B), line 10(c).)	<u> </u>	<u> </u>	405,	
BAA					Sche	dule D (I	Form 99	0) 2009

Part VII Investments—Other Securities See (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation
	 - ` · · · · · · · · · · · · · · · · · ·	Cost or end-of-year market value
inancial derivatives		
losely-held equity interests .	··	
ther	-	
		<u> </u>
	<u> </u>	
~		
	_	
	-	
otal (Column (b) must equal Form 990 Part X, col. (B) line 12.)		
art VIII Investments-Program Related (See	e Form 990, Part X,	line 13) N/A
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
	·	
tal. (Column (b) must equal Form 990, Part X, Col. (B) line 13.)		
The second secon		
art IX Other Assets (See Form 990, Part X	(, line 15) N/A	
art IX Other Assets (See Form 990, Part X		(b) Book v
art IX Other Assets (See Form 990, Part X	(, line 15) N/A	
art IX Other Assets (See Form 990, Part X	(, line 15) N/A	
art IX Other Assets (See Form 990, Part X	(, line 15) N/A	
art IX Other Assets (See Form 990, Part X	(, line 15) N/A	
art IX Other Assets (See Form 990, Part X	(, line 15) N/A	
art IX Other Assets (See Form 990, Part X	(, line 15) N/A	
art IX Other Assets (See Form 990, Part X	(, line 15) N/A	
art IX Other Assets (See Form 990, Part X	(, line 15) N/A	
art IX Other Assets (See Form 990, Part X	(, line 15) N/A	
art IX Other Assets (See Form 990, Part X (a) [(, line 15) N/A	(b) Book v
tal. (Column (b) must equal Form 990, Part X, col.(B),	(, line 15) N/A Description	
tal. (Column (b) must equal Form 990, Part X, col.(B), part X Other Liabilities (See Form 990, Part X)	Ine 15) N/A Description Inne 15) TX, line 25)	(b) Book v
tal. (Column (b) must equal Form 990, Part X, col.(B), art X Other Liabilities (See Form 990, Part X) (a) Description of Liability	(, line 15) N/A Description	(b) Book v
tal. (Column (b) must equal Form 990, Part X, col.(B), part X Other Liabilities (See Form 990, Part X)	Ine 15) N/A Description Inne 15) TX, line 25)	(b) Book v
tal. (Column (b) must equal Form 990, Part X, col.(B), art X Other Liabilities (See Form 990, Part X) (a) Description of Liability	Ine 15) N/A Description Inne 15) TX, line 25)	(b) Book v
tal. (Column (b) must equal Form 990, Part X, col.(B), art X Other Liabilities (See Form 990, Part X) (a) Description of Liability	Ine 15) N/A Description Inne 15) TX, line 25)	(b) Book v
tal. (Column (b) must equal Form 990, Part X, col.(B), art X Other Liabilities (See Form 990, Part X) (a) Description of Liability	Ine 15) N/A Description Inne 15) TX, line 25)	(b) Book v
tal. (Column (b) must equal Form 990, Part X, col.(B), art X Other Liabilities (See Form 990, Part X) (a) Description of Liability	Ine 15) N/A Description Inne 15) TX, line 25)	(b) Book v
tal. (Column (b) must equal Form 990, Part X, col.(B), art X Other Liabilities (See Form 990, Part X) (a) Description of Liability	Ine 15) N/A Description Inne 15) TX, line 25)	(b) Book v
tal. (Column (b) must equal Form 990, Part X, col.(B), art X Other Liabilities (See Form 990, Part X) (a) Description of Liability	Ine 15) N/A Description Inne 15) TX, line 25)	(b) Book v
tal. (Column (b) must equal Form 990, Part X, col.(B), art X Other Liabilities (See Form 990, Part X) (a) Description of Liability	Ine 15) N/A Description Inne 15) TX, line 25)	(b) Book v
tal. (Column (b) must equal Form 990, Part X, col.(B), art X Other Liabilities (See Form 990, Part X) (a) Description of Liability	Ine 15) N/A Description Inne 15) TX, line 25)	(b) Book v
tal. (Column (b) must equal Form 990, Part X, col.(B), art X Other Liabilities (See Form 990, Part X) (a) Description of Liability	Ine 15) N/A Description Inne 15) TX, line 25)	(b) Book v
tal. (Column (b) must equal Form 990, Part X, col.(B), art X Other Liabilities (See Form 990, Part X) (a) Description of Liability	Ine 15) N/A Description Inne 15) TX, line 25)	(b) Book v

٠,	Sche	edule D (Form 990) 2009 United Way of Greater St. Joseph 4	4-054780	2 Page
	Pat	TXI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
	1	Total revenue (Form 990, Part VIII, column (A), line 12)		3,931,367.
	2	Total expenses (Form 990, Part IX, column (A), line 25)		3,367,270.
	3	Excess or (deficit) for the year. Subtract line 2 from line 1		564,097.
	4	Net unrealized gains (losses) on investments		219,294.
	5	Donated services and use of facilities		
	6	Investment expenses .	<u> </u>	
	7	Prior period adjustments		
	8	Other (Describe in Part XIV).	. —	
	9	Total adjustments (net). Add lines 4 through 8		219,294.
	10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		783,391.
		XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
		Total revenue, gains, and other support per audited financial statements	1	3,934,521.
		Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
		Net unrealized gains on investments 219, 294	.]]	
		Donated services and use of facilities 2b	1 1	
	С	Recoveries of prior year grants 2c	1 1	
		Other (Describe in Part XIV)	1 }	
		Add lines 2a through 2d	2e	219,294.
		Subtract line 2e from line 1	3	3,715,227.
		Amounts included on Form 990, Part VIII, line 12, but not on line 1.		0,,20,22,
		investments expenses not included on Form 990, Part VIII, line 7b		
		Other (Describe in Part XIV) See Part XIV 4b 216,140.	1 1	
		Add lines 4a and 4b	4c	216,140.
		Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,931,367.
		XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret		<u>5,551,507.</u>
		Total expenses and losses per audited financial statements	1 1	3,151,130.
		Amounts included on line 1 but not on Form 990, Part IX, line 25.		<u>5,151,150.</u>
		Donated services and use of facilities 2a		
		Prior year adjustments 2b	1 1	
		Other losses 2c	1 1	
		Other (Describe in Part XIV).	1 1	
		Add lines 2a through 2d	2e	
		Subtract line 2e from line 1	3	3,151,130.
		Amounts included on Form 990, Part IX, line 25, but not on line 1:		3,131,130.
		Investments expenses not included on Form 990, Part VIII, line 7b	1 1	
		Other (Describe in Part XIV). See Part XIV. 4b 216,140.	1 1	
		Add lines 4a and 4b	1 . 1	216,140.
		Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	4c 5	3,367,270.
-		XIV Supplemental Information	1 3 1	3,301,210.
	ine 4 inform	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, ; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b. Also complete this part action. Part V, Line 4 - Intended Uses Of Endowment Fund	lines 1b and 2 t to provide a	2b, Part V, ny additional
	 : 	The United Way of Greater St. Joseph has three endowment funds. Two	endowment	funds
		are for the operation of the organization. The second endowment, The	Success	By 6®
-		endowment, will be used to fund programs and services to ensure that	all chil	ldren are
-		nealthy and are ready to enter Kindergarten.		
-				
_				
-				

Schedule D (Form 990) 2009 United Way of Greater St. Joseph Part XIV Supplemental Information (continued)	44-0547802 Page
Part XIV Supplemental Information (continued)	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

**Attatch to Form 990.

Open to Public Inspection

Employer identification number 44-0547802

ջ □

X Yes

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and General Information on Grants and Assistance the selection criteria used to award the grants or assistance? United Way of Greater St. Joseph Part

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional chart is needed Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II

Fart IV and Schedule I-1 (Form 990) if additional space is needed	(Form 990) if add	itional space is	needed				A
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
American Red Cross							Donor
401 North 12th Street							designated for
St. Joseph, MO 64501	44-0545909		14,830.	0.			. cs
American Red Cross							
401 North 12th Street							General
St. Joseph, MO 64501	44-0545909		243,714.	0.	-		operating costs
Bartlett Center							
409 South 18th							Program
St. Joseph, MO 64501	23-7116216		20,920	0			onerating costs
Boy Scouts-Pony Express Council							
1704 Buckingham							General
4506	44-0546279		134,805.	0			operating costs
Boy Scouts-Pony Express Council							Donor
1704 Buckingham					•		designated for
54506	44-0546279		7,262.	0.			GS
Catholic Charities							
902 Edmond							[Genera]
1501	43-0887779		54,452	0			operating costs
Catholic Charities							Donor
902 Edmond, Suite 204							designated for
St. Joseph, MO 64501	43-0887779		10,879	0			. 63
Catholic Charities							
902 Edmond, Suite 204					-		Home Plus
St. Joseph, MO 64501	43-0887779		8,000	0.			Program
Color total attended at an about 10101/27/27							

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

TEEA3901L 02/10/10

01/0

Schedule I (Form 990) 2009

Page 2 Schedule I (Form 990) 2009 United Way of Greater St. Joseph

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non cash assistance
Car Repair	2	261.			
CDA Assessment Fee	1	200.			
College Scholarships	23	13, 755.			
College Textbooks	7	1,312.			
Health Insurance Premium	2	531.			
Prescriptions	2	204.			
Rent Assistance	2	985.			
Part IV Supplemental Information. Complete this part to provide the Part IV Line 2 - Grantmaker's Description of How Grants are Used	iplete this part to receive to receive to receive the received to receive the received the received to receive the received the receive	to provide the information required in Part I, line	ition required in Pa	art I, line 2, and any or	2, and any other additional information.
The United Way monitors grant funds by requiring grant recipients to submit to the	funds by requi	ring grant rec	ipients to sub	nit to the	
United_Way_budget_forms_on_an_annual_basisGrant_recipients_must_also_submit_annual_	annual basis.	Grant recipien	ts must also si	ubmit annual	
outcome_reports_detailing_their_accomplishments. Monthly financial_statements_are_	ir accomplishme	ints. Monthly f	<u>inancial state</u>	nents are	
also_required_prior_to_a_release_of_an_agency's_monthly_allocation. Grantees_must_	ase of an agenc	x's_monthly_al.	<u>location. Grant</u>	Sees must	
also provide to the United Way a year-end	/_a_year_end_re	report and an up-to-date audit conducted by	<u>-to-date_audit</u>	conducted by	
a professional independent auditor. Other		Specific_financial_materials_may_be_	al <u>materials m</u> ë	1y_be	
requested, as necessary. This information is not only reviewed by the United Way	s_ <u>information_i</u>	s not only rev	iewed_by_the_Ur	lited Way	
staff,_but_by_community_volunteers_on_a_yearly_basis	eers on a year	ly_basis	 		

Schedule I (Form 990) 2009

SCHEDULE 1-1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

OMB No 1545 0047 2009

Open to Public Inspection

						Employer identification number	n number
렸는	Joseph					44-0547802	
Fart F Continuation of Grants and Other Assistance to G	other Assistan	ce to Government	s and Organization	overnments and Organizations in the United States (Schedule	ates (Schedule	I (Form 990), P	Part II.)
(a) Name and address of organization or government	(a)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Children's Mercy Hospital							General
2401 G111ham Road							operating
Kansas City, MO 64108	44-0605373		14,857.				costs
Children's Mercy Hospital							Donor
							designated
Nansas CITY, MU 64108	44-0605373		58,143.				for GS
Community Missions Corp	•						General
-/	000		1				operating
ac. Joseph, MO 64301	90-01804/9		16,515.				costs
ramily Guldance Center							General
724 NOT UII 22110							operating
	44-0666362		226, 595.				costs
Girl Scouts of NE KS and NW MO							General
U Dale A						·	operating
St. Joseph, MO 64506	43-0892926		56,542.				costs
Heartland Health							
5325 Faraon							Patee Market
St. Joseph, MO 64506	44-054289		10,000.				Youth Dental
Interfaith Community Services							Donor
200 Cherokee							destmated
St. Joseph, MO 64504	44-0545910		12, 663.				for GS
Interfaith Community Services							General
200 Cherokee							operating
St. Joseph, MO 64504	44-0545910		466, 382.		•		Costs
Interfaith Community Services							
200 Cherokee							•
St. Joseph, MO 64504	44-0545910		7,000.				In-home care
Legal Ald OI Western Missouri							General
St. Joseph, MO 64501	43-0824638		73,875.				operating •
			•	•	-	-	

Schedule I-1 (Form 990) 2009

Ξ	
SCHEDULE	(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

OMB No 1545 0047 2009

Open to Public Inspection

Marile of the organization						Employer identification number	on number
United Way of Greater St. Joseph	Joseph						
Fart I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule	d Other Assistan	ce to Government	s and Organization	is in the United St	ates (Schedule	1_	art II.)
(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Northwest Missouri Community Cor					other)		
1203 North 6th							General
St. Joseph, MO 64501	43-1496809		161 810				operating
Salvation Army			.010 /101				costs
622 Messanie							General
645	44-0545998		111,765.				operacing
Salvation Army							Donor
622 Messante							destonated
4501	44-0545998		5, 353.				designated
Second Harvest of Greater St. Jo							25 454
915 Douglas							Backnack
fo 64505	43-1268319		8,750				Buddtes
Social Welfare Board							20.5000
904 South 10th							Dental care
64503	44-6000455		10,000				for Adults
Social Welfare Board							Diabetes
904 South 10th							testing
St. Joseph, MO 64503	44-6000455		10.000				cescing
Specialty Industries							Supplies
3801 South Leonard Road							delicial protection
St. Joseph, MO 64503	43-0896903		34,337				operating
Specialty Industries							Donor
3801 South Leonard Road							dest on a tod
	43-0896903		9,963.				designated
St. Joseph Health and Safety Cou							General
1203 North 6th							operating .
<u>Joseph,</u>	44-0548468		76,140.				costs
The Center							
St Ioseph MO 64501			1				Psychological •
oc. gosepii, mo edout	_	_	6,250	_	_		Assessment

Schedule 1-1 (Form 990) 2009

SCHEDULE 1-1 (Form 990)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

2009

OMB No 1545-0047

Open to Public Inspection

Name of the conservation						10)	Inspection
4						Employer identification number	n number
	Joseph					44-0547802	
Fart Continuation of Grants and Other Assistance to	nd Other Assistan		s and Organization	Governments and Organizations in the United States (Schedule I (Form 990).	ates (Schedule	l (Form 990). P	Part II.)
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Conter					other)		
						-	Program
St Togeth MO 64501							operating
ייסט ליייי ייי	43-1615018		34,047.				costs
UCP of NW Missouri							General
3303 Frederick Ave							operating
St. Joseph, MU 64506	43-0909607		183,614.				costs
UCF OI NW MISSOURI							Donor
Frederick					•		designated
St. Joseph, MO 64506	43-0909607		16,599.				for GS
YMCA							101010
6th						-	General
	44-0552491		202,813				operating
VWCA			.040/303				COSTS
304 North ath							General
							operating
ac. Josephi, Mo 64501	44-0552219		271,287.				costs
							Donor
	-						don't moter
645	44~0552219		6 213		•		designated
			.013/0				IOI GS
							•
						_	
						_	

Schedule I-1 (Form 990) 2009

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No 1545 0047

Department of the Treasury Internal Revenue Service Name of the Organization

United Way of Greater St. Joseph

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a. ► See instructions for Form 990.

Open to Public Inspection Employler Identification number

44-0547802

Part I Continuation: Officers Employees	, Directors,	Trus	tee	s, k	(ey	/ Em	plo	yees, and Highes	t Compensated	
(A)	(B)			(((D)	(E)	(F)
Name and Title	Average hours per week	$\overline{}$	tion (all t	that app	_	Reportable	Reportable	Estimated amount of other
	ps: noon	Individual trustee or director	Insti	Officer	Key	High	Former	Reportable compensation from the organization (W 2/1099 MISC)	Reportable compensation from related organizations (W 2/1099 MISC)	compensation from the
		recto	bution	ĊĘ.	Key employee	est c	ner			organization and related
		, E	nal tr		loyee	g G				organizations
		ê	Institutional trustee			Highest compensated employee				
Todd Ehlert	1	х						0.	0	
Board member Dick Sipe	11	^	Н			-	_	<u>_</u>	0.	0.
Board member	1	х	'					0.	0.	0.
Brenda Shields										
President & CEO	50			Х				71,666.	0.	10,669.
										
										
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			\vdash	\dashv	_					
				\dashv						
		L.					. i			
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			_							
								<u></u>		

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

OMB No 1545 0047

2009

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

United Way of Greater St. Joseph

Employer identification number 44-0547802

Pa	rt Types of Property			<u> </u>	
_		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art-Works of art				
2	Art-Historical treasures				
3	Art-Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	Х	8	30,594.	Sale of Stock
10	Securities—Closely held stock				
11	Securities-Partnership, LLC, or trust interests				
12	Securities-Miscellaneous				
13	Qualified conservation contribution— Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate-Residential				
16	Real estate-Commercial				
17	Real estate-Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy			· · · · · · · · · · · · · · · · · · ·	
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► (See Part II)				
26	Other ► ()				
27	Other ► ()				
28	Other ► (
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Dones	n during the Acknowledg	tax year for contribution ement	ns for which the	29
					Yes No
30 a	During the year, did the organization receive by co hold for at least three years from the date of the in purposes for the entire holding period?	ntribution any iitial contribut	property reported in Fillion, and which is not re	Part I, lines 1-28 that it equired to be used for	must exempt 30a X
Ь	If 'Yes,' describe the arrangement in Part II.				
31	Does the organization have a gift acceptance police	•	•		s? . 31 X
32a	Does the organization hire or use third parties or renoncash contributions?	elated organia	• •		32a X
b	If 'Yes,' describe in Part II.		See Part II	- -	
33	If the organization did not report revenues in colum	nn (c) for a ty	pe of property for whic	h column (a) is checke	d,
	describe in Part II.				

Schedule M (Form 990) 2009 United Way of Greater St. Joseph 44-0547802 Page
Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b and 33. Also complete this part for any additional information.
Part I, Line 32 - Hire and Use of Third Parties
The United Way of Greater St. Joseph's policy is as follows: Gifts of stocks,
bonds, or other property is liquidated as soon as possible upon receipt. Such
liquidated assets are then invested. The United Way of Greater St. Joseph uses the
services of a third party broker to liquidate these assets.
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#### SCHEDULE O (Form 990)

## Supplemental Information to Form 990

Complete to provide information for responses to specific questions on

OMB No 1545 0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Form 990 or to provide any additional information.

► Attach to Form 990.

Name of the organization Employer identification number United Way of Greater St. Joseph 44-0547802 Form 990, Part III, Line 2 - New Services Financial Stability Initiative <u>United Way began the Financial Stability Initiative in 2009 to support individuals</u> and families as they work to improve their personal economic and financial stability. Community leaders from all sectors collaborate to focus on three main __aspects: financial_education, increasing the number of people utilizing free tax preparation services, and policies and regulations that prevent people from moving out of poverty. In partnership with other community entities, the initiative launched an after school financial program for elementary students. Nearly 60 students participated every week for the duration of the school year. Volunteer Center United Way launched the Volunteer Center in 2009. United Way's Volunteer Center serves as a central resource for the community, individuals, and organizations for _all_volunteerism_needs. It_promotes_volunteerism_as_a means_of_fostering_increased citizen involvement and engagement with non-profit organizations to enhance provided ____ human services that will result in a healthier, better educated, and financially secure community. The Volunteer Center matched volunteers with volunteer needs during the course of the year. Most notably, during the Stuff the Bus! event, the <u>Volunteer Center coordinated the involvement of 130 community members and the </u> collection of school supplies that the Salvation Army distributed to children in need. Over 900 backpacks were filled with supplies. In addition, the Volunteer Center worked with a local company and their employee volunteers to distribute 100 bicycles and helmets to children in need at the Tour of Missouri.

of life.

98 percent of the elderly clients receiving in-home services were able to stay in

223 victims of sexual assault received counseling to improve their safety and quality

their own homes, avoiding premature placement in nursing homes.

Employer identification number

United Way of Greater St. Joseph	44-0547802
Form 990, Part III, Line 4a - Program Service Accomplishments (continued)	
In addition to the program services described above, United Way	y also provided support
to address a number of identified health-related needs, includ	ing dental care for
children on Medicaid and for low-income adults, glucose testing	g strips for low-income
patients with diabetes, case management services for formerly	homeless women, flu
shots for homebound elderly, computerized psychological assess	ment for people with
mental health needs, and the expansion of the Backpack Buddies	program.
Form 990, Part III, Line 4b - Program Service Accomplishments	
Other Program Services:	
Other programs contribute to the overall effectiveness of Unite	ed Way in addressing
community needs.	
· 	
1.Planning and Allocations	
The community investment process, in which some 60 volunteers	work to ensure the
most effective use of donated dollars, is at the heart of account	untability for United
Way. In making allocations recommendations, the volunteers focu	us on support for
programs that get results. In addition to the accomplishments	listed under Allocated
Services on 4a, community investment funds in 2009 enabled the	Catholic Charities
Turnaround to help offenders transition from prison to communit	ty and the Community
Missions Corporation to provide housing to homeless men during	winter months.
Community Investments also funded after school financial educat	tion for local
elementary students.	
2. Community Building	
United Way serves as a catalyst for solving problems in the con	nmunity, and staff

United Way of Greater St. Joseph	44-0547802
Form 990, Part III, Line 4b - Program Service Accomplishments (continued)	
members take active roles in community networks, such as the Bu	chanan County Tourism
Board, the Chamber of Commerce, CID, Inc. (Community Information	on Data Mart),
Community Alliance, Continuum of Care, Heartland Health Ethics	Committee, the
coordinating Board of Early Childhood, Employment Coalition, He	ealthy Communities
Investor Council, Kiwanis, Missouri State Complete Counts Commi	ttee, Missouri
Western Board of Governors, My Success Event, The P-20 Council,	Rotary Club #32, and
Young Executives Network. United Way's Unmet Needs Committee br	ings together
representatives of not-for-profit, faith-based, and government	agencies to help in
cases of extreme need. Through a cooperative approach and care	eful use of resources,
the committee responded to such needs as car repairs which allo	wed the owners to
drive to work and prescription medicine for a newly uninsured,	laid off worker.
3. Financial Stability	
	·
As described on Schedule O, Form 990, Part III, Line 2- New Ser	vices.
4. Leadership St. Joseph	
Leadership St. Joseph completed it 27th year of developing volu	nteer leaders by
offering hands-on opportunities to implement community projects	. The twenty-seven
members of the 2009 class addressed a number of community needs	, including battling
hunger, providing hygiene products for children in need, cleani	ng up after pets
along a public walkway, and proposing a marketing plan for Unit	ed Way's Volunteer
Center. Leadership participants also served as reviewers for He	alth Fund grants.
5. Profit in Education	
When the United Way of Greater St. Joseph's Profit in Education	initiative was

United Way of Greater St. Joseph	44-0547802
Form 990, Part III, Line 4b - Program Service Accomplishments (continued)	
created nearly 20 years ago, the local high school dropout r	ate stood at over 26
percent. The PIE initiative has contributed to a significan	t improvement in
graduation rates, with that rate remaining at about 88 perce	nt for the past several
years-the best graduation performance for any urban area in	Missouri. The latest
strategic plan called for renewed efforts to keep kids in sc	hool, a goal that
received a boost at the end of the year in the form of a \$10	0,000 grant from AT&T.
This grant funded a project that began in 2009 to engage nin	th-grade students in
applied learning experiences to improve their chances of on-	time graduation and of
developing the skills needed for successful transition to th	e workforce.
	~
6. Volunteer Center	
As described on Schedule O, Form 990, Part III, Line 2- New	Services.
Form 990, Part III, Line 4c - Program Service Accomplishments	
Success By 6®	
A child's prospects for success in school and in life are re	lated to early
experiences that foster intellectual, emotional, and social	
Way's most important accomplishments has been the improvemen	abilities. Among United
	abilities. Among United t in local childcare
Way's most important accomplishments has been the improvemen	abilities. Among United t in local childcare ve less than a decade
Way's most important accomplishments has been the improvemen programs. When United Way launched a Success By 6® initiation	abilities. Among United t in local childcare ve less than a decade ommunity. Today there
Way's most important accomplishments has been the improvemen programs. When United Way launched a Success By 6® initiati ago, there was only one accredited childcare center in the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the conten	abilities. Among United t in local childcare ve less than a decade ommunity. Today there for childcare providers,
Way's most important accomplishments has been the improvemen programs. When United Way launched a Success By 6® initiation ago, there was only one accredited childcare center in the care 8. United Way has also piloted a quality rating system	abilities. Among United t in local childcare ve less than a decade ommunity. Today there for childcare providers, has an impact on the
Way's most important accomplishments has been the improvemen programs. When United Way launched a Success By 6® initiation ago, there was only one accredited childcare center in the care 8. United Way has also piloted a quality rating system with 21 centers participating in the improvement effort that	abilities. Among United t in local childcare ve less than a decade ommunity. Today there for childcare providers, has an impact on the Way and the St. Joseph
Way's most important accomplishments has been the improvemen programs. When United Way launched a Success By 6® initiation ago, there was only one accredited childcare center in the care 8. United Way has also piloted a quality rating system with 21 centers participating in the improvement effort that lives of some 800 children each year. One of the ways United	abilities. Among United t in local childcare ve less than a decade ommunity. Today there for childcare providers, has an impact on the Way and the St. Joseph a program that help

Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body

The general membership elects the board of directors at the annual meeting. Terms of board members are staggered, with one-third of members being elected each year.

The board members may elect replacement board members during the year if a vacancy should occur.

- 1. The president completes a self-evaluation form that enumerates the goals and accomplishments of the year. This form is submitted to the Executive Committee of the board of directors.
- 2. The Executive Committee and any board member who would like to participate meets
  with the president and reviews the president's accomplishments for the year,
  monitoring progress toward goals.
- 3. The Executive Committee also considers the United Way of America salary survey of comparable United Ways in size and region. All motions are recorded in the Executive Committee minutes.

Schedule () (Form 990) 2009 Page 2 Name of the organization Employer identification number United Way of Greater St. Joseph 44-0547802 Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO, Exec. Dir., or Top Mgtment (continued) 4. The Executive Committee presents information on the entire evaluation to the board of directors, along with a salary recommendation for the president. The board then reviews the information provided, and asks additional questions if desired. The board of directors must approve the recommendation or make their own recommendation on the compensation of the president and CEO. The recommendation is voted on by the board and recorded in the minutes of the December Board Meeting. Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available The governing documents, Conflict of Interest Policy and financial statements are available to the public at the United Way of Greater St. Joseph office, 118 S. 5th Street, St. Joseph, MO 64501. Any individual or organization who would like to see these documents may do so during the United Way office hours of Monday-Friday, 8 a.m. to 5 p.m.Central Standard Time. The phone number for the United Way of Greater St. Joseph is 816-364-2381. Form 990, Part XI, Line 2 - Change of Oversight or Selection Process The United Way Finance Committee consists of ten members of which three (3) including the Chair must be members of the Board of Directors. Other members of the Finance Committee are independent members from the community at large. The Finance Chair will endeavor to appoint one member of the committee from the Success by 6 Partners. One committee member must be a Certified Public Accountant or in financial management within his/her place of employment. The committee's responsibilities include reviewing all audit proposals and applications and recommending an Auditor to be approved by the Board of Directors. Review of the final Auditor of the organization completed by an Independent Auditor. Quarterly review of the financial statements of the United Way as well as assuring that published reports properly reflect the operating results and financial conditions of the institution. The

Finance Committee also reviews the Central Service Budget of the United Way, reviews

Schedule 0 (Form 990) 2009	Page 2
Name of the organization United Way of Greater St. Joseph	Employer identification number 44-0547802
Form 990, Part XI, Line 2 - Change of Oversight or Selection Process (continu	ued)
the distribution of funds as approved by the Board of Directo	rs, reviews and
supervises all funds the corporation may hold, including all	funds managed by an
Investment Manager and establishes investment policies to be	approved by the Board
of Directors.	
	·

Schedule <b>Q</b> (Form 990) 2009  Name of the organization	Page 2
	Employer identification number
United Way of Greater St. Joseph	44-0547802
•	
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7/12/10

Schedule I, Part IV - Supplemental Information

Page 3

Client UWGSJ

United Way of Greater St. Joseph

44-0547802 02:16PM

Part IV - Additional Supplemental Information

Core Codes and Definitions

General Operating Cost: An unrestricted grant made to an agency in support of its general operating costs.

Program Operating Cost:

A restricted grant made to an agency in support of the costs associated with a specific program that it operates.

Program "Seed" Funding:

A restricted grant made to a start-up agency to support its initial organizational costs.

Community Collaboration:

A restricted grant made to fund the cost associated with bringing organizations within the community together for the purpose of creating collaborative efforts that will address specific community issues.

Donor Designated for Program Support:

A restricted grant made to an agency at the direction of the donor(s) in support of a specific program that it operates.

Donor Designated for General Support:

An unrestricted grant made to an agency at the direction of the donor(s) in support of its general operating costs.

Schedule I, Part IV - Supplemental Information

Page 4

Client UWGSJ

United Way of Greater St. Joseph

44-0547802

7/12/10

02:16PM

Part IV - Additional Supplemental Information (continued)

Donor Designated for Disaster/Emergency Relief:

An unrestricted grant made to an agency at the direction of the donor(s) in support of the costs associated with providing disaster/emergency relief efforts to victims.

Schedule M, Part II - Supplemental Information

Page 3

Client UWGSJ

United Way of Greater St. Joseph

44-0547802

7/12/10

02.16PM

Sch M, Part I, Lines 25-28 Other Non-Cash Contributions

			Revenue	
		Number of	on Form 990,	Method of
Description	Appl?	Contr.	Part VIII	Deter, Rev.
Advertising		0		FAIR VALUE
Capital Improve		0		FAIR VALUE
IT Services		0		FAIR VALUE
Facilities		0	1,550.	FAIR VALUE
Meals		0		FAIR VALUE
Photography		0	2,340.	FAIR VALUE
Printing		0	6,024.	FAIR VALUE
Video Productio		0	3,899.	FAIR VALUE
Product donatio		0		FAIR VALUE
Speakers		0		FAIR VALUE

009	Schedule D, Part XIV - Supplemental Information				Page
lient UWGSJ		United Way of Greater S	St. Joseph		44-054780
Schedule D, Part 3 Other Revenue Inc	KII, Line 4b cluded On Form 9	90 But Not Included In F	ris		02.16P
Donor designat	ions .			Total \$	216,140. 216,140.
Schedule D, Part) Other Revenue in	KIII, Line 4b cluded On Form 9	90 But Not Included In F	'IS		
Donor designat:	ions			Total \$	216,140. 216,140.

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Client UWGSJ	2009	Federal Supporting Detail	Page
Balance Sheet Pledges Receivable - Net current Pledges Receivable - Long Term Balance Sheet Accounts Payable Allocations Payable Designated Funds Payable Balance Sheet Intangible assets [O] Balance Sheet Intangible assets [O]	Client UWGSJ	United Way of Greater St. Joseph	44-05478
Pledges Receiveable - Net current Pledges Receivable -Long Term \$ 2,781,516. 114,566. \$ 114,566. Total \$ 2,896,082. Balance Sheet Accounts Payable Allocations Payable Designated Funds Payable Balance Sheet Intangible assets [O]	7/12/10		02:16
Balance Sheet Accounts Payable Allocations Payable Designated Funds Payable Balance Sheet Intangible assets [O] 114,566. Total \$ 2,896,082. \$ 29,190. 2,564,773. 214,026. Total \$ 2,807,989.			
Balance Sheet Accounts Payable Allocations Payable Designated Funds Payable Balance Sheet Intangible assets [O]	Pledges Receiveable Pledges Receivable -	- Net current -Long Term	\$ 2,781,516. 114,566.
Accounts Payable and accrued expenses Accounts Payable \$ 29,190. Allocations Payable \$ 2,564,773. Designated Funds Payable Total \$ 214,026. Total \$ 2,807,989.			Total \$ 2,896,082.
Balance Sheet Intangible assets [O]	Balance Sheet Accounts payable and a	ccrued expenses	
Balance Sheet Intangible assets [O]	Accounts Payable		
Balance Sheet Intangible assets [O]	Designated Funds Pay	vable	214,026.
Intangible assets [O]			10ca1 <u>4 2,007,303.</u>
Website Development. S	Balance Sheet Intangible assets [O]		
	Website Development		\$ 3,245. \$ 3,245.

2009	Federal Work	sheets	4	Page 1
Client UWGSJ	United Way of Greate	r St. Joseph		44-0547802
7/12/10 Rental Income Worksheet				02:16PM
Business space, St. Joseph MO Gross Rental Income Expenses Total Expenses			\$ \$	65,604.
	Ne	t Rental Inco	me or Loss <u>\$</u>	65,604.
Form 990, Part IX, Line 24 Other Expenses				
	(A) Total	(B) Program Services	(C) Management & General	(D) <u>Fundraising</u>
CFC Campaign Expenses Dues & subscriptions Miscellaneous Parent resource materials	2,493. 3,438. 3,196. 5,895.	1,577. 2,724. 5,895.	1,593. 431.	2,493. 268. 41.
Postage and Shipping Training Utility Assistance	5,296. 3,904. 4,019.	3,055. 3,904. 4,019. \$ 21,174.	358. \$2,382.	1,883. \$ 4,685.
Excess Contributions Schedule A, Part II, Line 5 Name 2005 2006 Contributor 1 \$ 79,208. \$ 82,656. Contributor 2 75,000. 112500. Contributor 3 9,000. 0. Total \$ 163208.	617104. 771	. 0.		0. \$ 0. 009. 219,406.
Schedule D, Part V Endownment Funds				i
Beginning of year balance Contributions Investment earnings (losses) Grants or scholarships Expend. for facilities & progs Administrative expenses	Current Pri Year Yea 1,924,179. 259,866. 107,749.			Back
End of year balance	2,291,794.	0.	0. 0	. 0.

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Form: 8868 (Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

MAY	0 '	i.	20	10
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OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

File a separate application for each return.

) '	If you are	filing for an Automatic 3-Mont	h Extension, complete only	Part I and check this box			► X
•	If you are	filing for an Additional (Not A	itomatic) 3-Month Extensio	n, complete only Part II (on	page 2 of this	form).	
	o not comp	lete Part II unless you have alre	eady been granted an autor	natic 3-month extension on a	a previously file	ed Form 8868.	
	Part ISC	Automatic 3-Month Exte	nsion of Time. Only s	ubmit original (no copi	ies needed)		
							. —
		required to file Form 990-T an				•	_
A	ll other corp ncome tax re	porations (including 1120-C filer eturns.	s), partnerships, REMICS,	and trusts must use Form 70	004 to request	an extension of	time to file
re th	eturns noted ne additional	ing (e-file). Generally, you can below (6 months for a corpora (not automatic) 3-month exten instead, you must submit the fut twww.irs.gov/efile and click on	tion required to file Form 9 sion or (2) you file Forms 9	30-T). However, you cannot t 190-Bl 6069 or 8870 group	file Form 8868 returns or a c	electronically if	(1) you want
		Name of Exempt Organization	······································			Employer identifica	tion number
	ype or						
-	rint	United Way of Great	er St. Joseph			44-054780	2
đu	le by the se date for	Number, street, and room or suite numb	er If a P O. box, see instructions			-	
rei		P.O. Box 188					
ins	structions	City, town or post office, state, and ZIP		structions			
_		St. Joseph, MO 645					
		return to be filed (file a separa					
12	Form 990	-	Form 990-T (corporation	• •	Form 472		
H	Form 990		Form 990-T (section 40		Form 522		
-	Form 990-	·	Form 990-T (trust other Form 1041-A	•	Form 887		
۰	11 01111 330	· · ·			Form 667	U	
•	The books	are in the care of <u>Brenda</u>	Shields				
	Telephone i	No ► <u>(816)</u> 364-2381	FAX 1	lo. ►			
•		nization does not have an offic			oox		▶ □
•	If this is fo	r a Group Return, enter the org	janization's four digit Group	Exemption Number (GEN)	If	this is for the wh	nole group,
	check this	box . ► If it is for part of	the group, check this box	and attach a list with	the names ar	nd EINs of all me	embers
	the extens	ion will cover.	· · · · · · · · · · · · · · · · · · ·				
		t an automatic 3-month (6 mon					
	until	8/15, 20_10, to filence in the second	e the exempt organization is return for:	eturn for the organization na	med above.		
	► [Ÿ] a	solondor vons 20 00 os					
	- ▶ □	ax year beginning	, 20 , and end	ing , 20			
		year is for less than 12 month	_			hange in accour	ling period
	3a If this ap nonrefun	plication is for Form 990-BL, 99 dable credits. See instructions	00-PF, 990-T, 4720, or 6069	, enter the tentative tax, less	s any	3a \$	0.
	b If this ap made. In	plication is for Form 990-PF or clude any prior year overpaym	990-T, enter any refundablent allowed as a credit	e credits and estimated tax p	payments	3Ь\$	0.
	c Balance deposit v See instr	Due. Subtract line 3b from line vith FTD coupon or, if required, uctions	3a. Include your payment v by using EFTPS (Electron	vith this form, or, if required, c Federal Tax Payment Sys	tem).	3c \$	0.
Ca pa	utton. If you yment instru	are going to make an electronictions.	ic fund withdrawal with this	Form 8868, see Form 8453	EO and Form	8879-EO for	
RΔ	A For Prive	cv Act and Panerwork Reduct	on Act Notice see instruct	ione		Form 996	P (Pay 4-2000)