See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314008091

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
UNITED WAY OF GREATER TOPEKA INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX 4188 1315 SW ARROWHEAD

City or town, state or country, and ZIP + 4
TOPEKA, KS 66604

D Employer identification number
48-0561978

E Telephone number
(785) 273-4804

G Gross receipts $ 7,069,486

F Name and address of principal officer
MIRIAM KREHBIEL
PO BOX 4188 1315 SW ARROWHEAD
TOPEKA, KS 66604

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW UNITEDWAYTOPEKA ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1958 | **M** State of legal domicile KS

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO CREATE POSITIVE, SUSTAINABLE CHANGE IN OUR COMMUNITY WITH AN EMPHASIS ON THESE VALUES COMMITMENT TO COMMUNITY SUCCESS, ACCOUNTABILITY/TRANSPARENCY, OPERATIONAL EXCELLENCE, CUSTOMER-CENTERED, INCLUSIVENESS, INNOVATION/CONTINOUS QUALITY IMPROVEMENT

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	27
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	27
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	27
6	Total number of volunteers (estimate if necessary)	**6**	3,114
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	7,228,738	6,691,227
9	Program service revenue (Part VIII, line 2g)	95,772	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	27,719	6,466
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	25,781	20,931
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,378,010	6,718,624
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,796,345	4,137,387
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	813,618	814,686
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶430,358		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	2,409,183	2,503,585
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	8,019,146	7,455,658
19	Revenue less expenses Subtract line 18 from line 12	-641,136	-737,034

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	7,682,171	7,278,962
21	Total liabilities (Part X, line 26)	1,570,491	1,615,571
22	Net assets or fund balances Subtract line 21 from line 20	6,111,680	5,663,391

Net Assets or Fund Balances

Part II Signature Block

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

Sign Here

****** | 2011-11-01
Signature of officer | Date

MIRIAM KREHBIEL PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
CHERYL G HAYWARD	CHERYL G HAYWARD			

Firm's name ▶ BERBERICH TRAHAN & CO PA | Firm's EIN ▶

Firm's address ▶ 3630 SW BURLINGAME ROAD
TOPEKA, KS 666112050 | Phone no ▶ (785) 234-3427

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

TO CREATE POSITIVE SUSTAINABLE CHANGE IN OUR COMMUNITY

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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services 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 allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 1,939,355 including grants of $) (Revenue $)

IN 2010, THE UNITED WAY OF GREATER TOPEKA BOARD OF DIRECTORS CONTINUED THE PROCESS OF TRANSFORMING OUR ORGANIZATIONAL MODEL FROM FUNDER TO CHANGE AGENT TO SUPPORT OUR MISSION OF CREATING POSITIVE SUSTAINABLE CHANGE IN THE COMMUNITY WE SPOKE WITH OVER 200 PEOPLE FROM A BROAD CROSS SECTION OF THE COMMUNITY WHO VOICED SUPPORT FOR CONTINUED WORK IN THE AREAS OF INCOME, EDUCATION AND HEALTH IN APRIL, THE BOARD OF DIRECTORS APPROVED THE BUILDING BLOCKS FOR THE COMMON GOOD THE NEXT PHASE OF OUR WORK IDENTIFIED COMMUNITY GOALS AND STRATEGIES THE FOLLOWING COMMUNITY FOCUS AREAS * SCHOOL READINESS - EARLY CHILDHOOD EDUCATION * HIGH SCHOOL GRADUATION - ON-GRADE ACHIEVEMENT * FINANCIAL STABILITY - FINANCIAL BEHAVIOR * HEALTH & WELLNESS - BASIC HEALTH CARE AND PREVENTIONFOUR IMPACT COUNCILS WERE CONVENED TO IDENTIFY THE ROOT CAUSES OF CRITICAL LOCAL ISSUES AND DEVELOP GOALS AND STRATEGIES TO ACHIEVE REAL, MEASUREABLE RESULTS IN OUR COMMUNITY THESE ALL-VOLUNTEER GROUPS MET BI-WEEKLY FOR THREE MONTHS AND PRODUCED FIVE BOLD GOALS TO MOVE SHAWNEE AND JEFFERSON CO TO SUCCESS IN THE FOUR COMMUNITY FOCUS AREAS OVER THE NEXT TEN YEARS EARLY CHILDHOOD EDUCATIONBOLD GOAL INCREASE BY 50% THE NUMBER OF CHILDREN WHO START KINDERGARTEN WITH THE PRE-LITERACY SKILLS NECESSARY FOR SUCCESS IN SCHOOL MANY STUDIES OVER THE PAST DECADE HAVE SHOWN THAT THE EARLY YEARS, FROM BIRTH TO AGE 5, FORM AN INDELIBLE BLUEPRINT FOR A CHILD'S LONG-TERM LEARNING SUCCESS EARLY BEHAVIORS AND SKILLS ASSOCIATED WITH SUCCESSFUL READING DEVELOPMENT USED TO BE DESCRIBED AS READINESS SKILLS, BUT EDUCATORS NOW USE THE TERM PRE-LITERACY THIS UMBRELLA TERM COVERS MORE THAN A CHILD'S ABILITY TO IDENTIFY LETTERS, NUMBERS, OR SHAPES IT INCLUDES IMPORTANT SKILLS SUCH AS ORAL LANGUAGE, AN AWARENESS OF SOUNDS, AS WELL AS KNOWLEDGE OF THE ALPHABET AND AN UNDERSTANDING OF COMMON PRINT CONCEPTS, SUCH AS KNOWING THAT PRINT GOES FROM LEFT TO RIGHT AND FROM UP TO DOWN ON A PAGE BY THE TIME CHILDREN ENTER KINDERGARTEN, TEACHERS EXPECT THEM TO HAVE SOME PRE-LITERACY SKILLS- ESPECIALLY THE ABILITY TO CARRY ON A BRIEF CONVERSATION THEY ARE ALSO EXPECTED TO PAY ATTENTION, AND REACT TO STORIES, TO KNOW SOME LETTERS OF THE ALPHABET AND THE SOUNDS THAT THESE LETTERS MAKE, AS WELL AS SOME BASIC PRINT CONCEPTS, SUCH AS KNOWING THAT PRINTED WORDS CONVEY MEANING THESE ARE ALL SKILLS DERIVED FROM LIVING IN A LANGUAGE- AND PRINT-RICH ENVIRONMENT KINDERGARTEN TEACHERS ACROSS THE STATE PROVIDED DATA OVER A THREE YEAR PERIOD (2005-2008) FOR THE KANSAS SCHOOL READINESS PROJECT THE EARLY EDUCATION IMPACT COUNCIL REVIEWED THE PROJECT AND MEMBERS WERE DRAWN TO THESE TWO FACTS * THE MOST INFLUENTIAL ACTIVITY THAT PARENTS PERFORMED BEFORE KINDERGARTEN IN RELATION TO 3RD GRADE READING SCORES WAS TO TALK WITH THEIR CHILDREN ABOUT WHAT HAPPENED DURING THE DAY * CHILDREN WHO ARE READ TO EVERY DAY HAVE HIGHER READING SKILLS AND SCORED HIGHER ON ALL ACHIEVEMENT TESTS THIS CARRIES ON TO 3RD GRADE IN SHAWNEE COUNTY, 16 9% OF CHILDREN UNDER AGE 18 LIVE UNDER THE POVERTY LEVEL, NEARLY 51% OF CHILDREN PARTICIPATE IN THE FREE AND REDUCED LUNCH PROGRAM, THE RATE FOR TOPEKA PUBLIC SCHOOLS IS 74% AND 63% IN OSKALOOSA PUBLIC SCHOOLS, NEARLY 19% OF MOTHERS WHO GIVE BIRTH IN SHAWNEE CO DO NOT HAVE A HIGH SCHOOL DIPLOMA THE MOST TELLING INFORMATION OF ALL CAME FROM KINDERGARTEN ASSESSMENTS ADMINISTERED AT THE BEGINNING OF THE SCHOOL YEAR IN TOPEKA PUBLIC SCHOOLS, 56 5% OF KINDERGARTNERS, ABOUT 465 FIVE-YEAR-OLD CHILDREN, STARTED SCHOOL WITHOUT THE SKILLS NEEDED TO BE SUCCESSFUL IN MORE RURAL AREAS, THE NUMBER OF KIDS WHO REQUIRE REMEDIATION WAS STILL AN ASTONISHING 30% WHILE THE EARLY EDUCATION IMPACT COUNCIL COMPLETES ITS PLANNING WORK, THE UNITED WAY OF GREATER TOPEKA REMAINS COMMITTED TO PROVIDING QUALITY EARLY CARE AND EDUCATION OPPORTUNITIES FOR YOUNG CHILDREN PROGRAMS FUNDED THROUGH UNITED WAY IN 2010 INCLUDE * QUALITY CHILD CARE OPPORTUNITIES FOR 375 CHILDREN FROM BIRTH TO 5 YEARS OLD * PARENT CHILD LEARNING CENTERS AT TWO TOPEKA HIGH SCHOOLS THAT PROVIDE PARENTING EDUCATION CLASSES, QUALITY INFANT-TODDLER CHILD CARE AND FAMILY SUPPORT SERVICES FROM A LICENSED SOCIAL WORKER * HIGH QUALITY PRE-K FOR 138 CHILDREN WITH ONE OR MORE AT RISK FACTORS, INCLUDING POVERTY, SUBSTANCE ABUSE, DEVELOPMENTAL DISABILITIES AND MENTAL ILLNESS * SUPPORT SERVICES FOR CHILD CARE PROGRAMS SERVING CHILDREN FROM BIRTH TO 5 YEARS OF AGE, INCLUDING PROFESSIONAL DEVELOPMENT, TECHNICAL ASSISTANCE, ON-SITE COACHING AND A RESOURCE LENDING LIBRARY * HOME VISITATION PROGRAMS PRIMARILY DESIGNED TO SERVE FAMILIES WITH MULTIPLE RISK FACTORS FOR ABUSE AND NEGLECT, INCLUDING POVERTY, SUBSTANCE ABUSE, DEVELOPMENTAL DISABILITIES AND MENTAL ILLNESS * EARLY ASSESSMENT AND REFERRAL SERVICES FOR NEW PARENTS WHO ARE IDENTIFIED AS HAVING MULTIPLE RISK FACTORS FOR ABUSE AND NEGLECT * EARLY CHILDHOOD INTERVENTION PROGRAMS THAT PROVIDE COMPREHENSIVE MENTAL HEALTH SERVICES TO CHILDREN AGE 2 TO 6 AND THEIR FAMILIES

4b (Code) (Expenses $ 1,800,830 including grants of $) (Revenue $)

ON-GRADE ACHIEVEMENTBOLD GOAL REDUCE THE ACHIEVEMENT GAP BY 50% IN 3RD GRADE READING AND 6TH GRADE MATH FOR LOW SOCIO-ECONOMIC STUDENTS VOLUNTEERS ON THE ON-GRADE ACHIEVEMENT IMPACT COUNCIL INCLUDE A SMALL BUSINESS OWNER AND A SCHOOL SUPERINTENDENT MORE THAN 20 PEOPLE FROM ACROSS THE COMMUNITY MEET BI-WEEKLY BECAUSE THEY UNDERSTAND THAT THE FUTURE OF OUR COMMUNITY AND OUR COUNTRY DEPENDS ON STUDENTS GRADUATING FROM HIGH SCHOOL ON TIME WITH A PLAN FOR THEIR FUTURE THIS GROUP'S FOCUS AREA IS KEEPING KIDS ON TRACK AS THEY MOVE THROUGH ELEMENTARY, MIDDLE AND HIGH SCHOOL ON A NATIONAL LEVEL, THE COUNCIL STUDIED THE MILE GUIDE MILESTONES FOR IMPROVING LEARNING AND EDUCATION FROM THE PARTNERSHIP FOR 21ST CENTURY SKILLS, WHICH STATED * NO 21ST CENTURY SKILLS IMPLEMENTATION CAN BE SUCCESSFUL WITHOUT DEVELOPING CORE ACADEMIC SUBJECT KNOWLEDGE AND UNDERSTANDING AMONG ALL STUDENTS * STUDENTS WHO CAN THINK CRITICALLY AND COMMUNICATE EFFECTIVELY MUST BUILD ON A BASE OF CORE ACADEMIC SUBJECT KNOWLEDGE THE STATE OF KANSAS RECENTLY CHANGED THE WAY IT CALCULATES GRADUATION RATES BEGINNING WITH THE 2010 GRADUATION CLASS, DATA WILL BE COLLECTED ON CHILDREN FROM 9TH GRADE THROUGH GRADUATION THE FIRST YEAR RECOMMENDATION IS FOR ALL KANSAS SCHOOLS TO GRADUATE 80% THIS WILL REQUIRE SIGNIFICANT IMPROVEMENT IN MANY SCHOOLS BECAUSE THE NEW CALCULATION WILL DECREASE THE CURRENT HIGH SCHOOL GRADUATION RATES BY 10-15% THIS WILL SIGNIFICANTLY INCREASE A GRADUATION RATE THAT IS ONLY 85% NOW ONE OF THE MOST SIGNIFICANT RISK FACTORS IS LOW SOCIOECONOMIC STATUS THIS IS ILLUSTRATED BY THE FOLLOWING CHART TOPEKA PUBLIC SCHOOLS (TPS) IS AN URBAN SCHOOL DISTRICT, AUBURN WASHBURN IS SUBURBAN AND SILVER LAKE IS RURAL DISTRICT FREE/REDUCED LUNCH 3RD GRADE READING 6TH GRADE MATHTPS 71 1% 69 7% 64 8%AUBURN WASHBURN 28 4% 96 2% 94%SILVER LAKE 20 8% 93 3% 92 9%WHILE THE ON-GRADE ACHIEVEMENT IMPACT COUNCIL COMPLETES ITS PLANNING WORK, THE UNITED WAY OF GREATER TOPEKA REMAINS COMMITTED TO ON-TIME HIGH SCHOOL GRADUATION BY PROVIDING QUALITY OUT OF SCHOOL ACTIVITIES, EVIDENCE-BASED MENTORING PROGRAMS AND REDUCING RISKY BEHAVIORS FOR CHILDREN FROM 6 TO 18 YEARS OF AGE PROGRAMS FUNDED THROUGH UNITED WAY INCLUDE * BEFORE AND AFTER SCHOOL CARE AND FULL-TIME SUMMER CAMP PROGRAMS FOR MORE THAN 5,000 CHILDREN FROM 6 TO 17 YEARS OF AGE * PROGRAM TO REDUCE RISKY BEHAVIORS ASSOCIATED WITH UNDERAGE DRINKING TARGETED AT CHILDREN IN 6TH, 8TH, 10TH AND 12TH GRADES IN FIVE SCHOOL DISTRICTS IN SHAWNEE CO OUTCOMES MEASUREMENT TOOL IS THE COMMUNITY THAT CARES DATA SURVEY ADMINISTERED BY CLASSROOM TEACHERS ANNUALLY * ALTERNATIVE EDUCATION PROGRAM FOR LONG TERM SUSPENDED/EXPELLED YOUTH FROM 7TH TO 12TH GRADE CONSIDERED HIGH RISK FOR ACADEMIC FAILURE * TEEN LEADERSHIP AND OBESITY MANAGEMENT/PREVENTION PROGRAMS * SCOUTING PROGRAMS FOR CHILDREN OF INCARCERATED PARENTS * PARTNER WITH THE HEARTLAND VISIONING PROJECT TO INCREASE ON-TIME HIGH SCHOOL GRADUATION THROUGH THE USE OF SCHOOL VOLUNTEERS AND ACADEMIC MENTORS FOR YOUTH AT RISK FOR DROPPING OUT OF SCHOOL

4c (Code) (Expenses $ 1,794,234 including grants of $) (Revenue $)

FINANCIAL BEHAVIORBOLD GOAL CUT IN HALF THE PERCENTAGE OF LOW INCOME FAMILIES AND INDIVIDUALS WHO ARE FINANCIALLY UNSTABLE, DEFINED AS SPENDING MORE THAN 40% OF THEIR INCOME ON HOUSING EXPENSES THE NUMBER OF FAMILIES IN NEED OF FINANCIAL SUPPORT IS GROWING EACH YEAR FROM 2007 TO 2009 IN SHAWNEE COUNTY, 87% OF THE PARENTS OF LOW INCOME CHILDREN HAVE FULL TIME OR PART EMPLOYMENT STILL, 17 1% OF HOMEOWNERS AND 37 4% OF RENTERS SPEND 35% OR MORE OF THEIR HOUSEHOLD INCOME ON HOUSING EXPENSES FROM 2007 TO 2009, THE AVERAGE MONTHLY NUMBER OF PEOPLE RECEIVING FOOD ASSISTANCE AND CHILD CARE ASSISTANCE INCREASED 11 2% THESE FAMILIES AND INDIVIDUALS NEED FAMILY-SUSTAINING EMPLOYMENT, MANAGEABLE EXPENSES AND A PLAN TO SAVE AND ACQUIRE ASSETS WHILE THE FINANCIAL STABILITY IMPACT COUNCIL COMPLETES ITS PLANNING WORK, UNITED WAY OF GREATER TOPEKA IS COMMITTED TO FINANCIAL STABILITY BY PROVIDING FAMILIES WITH RESOURCES AND OPPORTUNITIES THEY NEED TO MEET THEIR BASIC NEEDS, INCLUDING EMERGENCY ASSISTANCE WTIH RENT, UTILITIES AND FOOD AN EXCELLENT RESOURCE TO SUPPORT FINANCIAL STABILITY IS THE ASSET BUILDING COALITION, WHICH PROVIDES FREE TAX PREPARATION, EDUCATION AND OUTREACH * AN INVESTMENT OF $5,000 AND USE OF SIX LAPTOP COMPUTERS LEVERAGED AN IRS VITA GRANT OF $14,300 * 92 VITA AND RSVP VOLUNTEERS LOGGED A TOTAL OF 12,340 HOURS TO COMPLETE 9,135 FEDERAL TAX RETURNS IN 2009, AN INCREASE OF 9 9% OVER 2008 * THE AVERAGE ADJUSTED GROSS INCOME (AGI) FOR ALL SITES WAS $21,097 * FREE TAX SITES HELPED TAXPAYERS RECEIVE $7,937,000 IN FEDERAL REFUNDS AND PAY $900,000 IN TAX LIABILITIES * 2,114 EARNED INCOME CREDIT RETURNS YIELDED MORE THAN $2,445,000 IN FEDERAL REFUNDS THE STATE MATCH FOR EIC WAS APPROXIMATELY $415,746 * THE FREE TAX ASSISTANCE SAVED TAXPAYERS AN ESTIMATED $2,283,750 IN TAX PREPARATION FEES

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**
(Expenses $ 1,062,028 including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 6,596,447

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
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		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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? *If "Yes," complete Schedule D, Part IV*	9		No
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	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	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, Parts I and IV*	14b		No
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 U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
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 U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

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**	Yes	
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**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**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**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
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**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**		No
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**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ **Yes** ☑ **No**			
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**		No
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**		No
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**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 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?			**1c** Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	27		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b** Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
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?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**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**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?			**9a**	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**	
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 27		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 27		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☑ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

MIRIAM KREHBIEL
1315 SW ARROWHEAD
TOPEKA, KS 66604
(785) 228-5115

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☐

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								178,247	0	22,738

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 1

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* **3**		No
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**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* **5**		No

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d				
	e	Government grants (contributions) 1e	1,987,308			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	4,703,919			
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f ▶	6,691,227			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f ▶				
	3	Investment income (including dividends, interest and other similar amounts) ▶	29,140			29,140
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties ▶				
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 276,759				
	b	Less cost or other basis and sales expenses: 299,433				
	c	Gain or (loss): -22,674				
	d	Net gain or (loss) ▶	-22,674			-22,674
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a: 55,061				
	b	Less direct expenses b: 51,429				
	c	Net income or (loss) from fundraising events ▶	3,632			3,632
	9a	Gross income from gaming activities See Part IV, line 19 a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities ▶				
	10a	Gross sales of inventory, less returns and allowances a				
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory ▶				
Other Revenue		Miscellaneous Revenue / Business Code				
	11a	SPONSORSHIP 900099	15,830	15,830		
	b	MISCELLANEOUS 900099	928	928		
	c	LEADERSHIP TRAINING 900099	541	541		
	d	All other revenue				
	e	**Total.** Add lines 11a–11d ▶	17,299			
	12	**Total revenue.** See Instructions ▶	6,718,624	17,299	0	10,098

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	4,137,387	4,137,387		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	200,985	60,632	108,827	31,526
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	467,125	203,036	76,718	187,371
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	33,534	14,720	5,103	13,711
9 Other employee benefits	53,580	21,225	13,455	18,900
10 Payroll taxes	59,462	23,589	16,072	19,801
a Fees for services (non-employees) Management				
b Legal				
c Accounting	20,525		20,525	
d Lobbying				
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees	17,627		17,627	
g Other	38,704	15,600	22,100	1,004
12 Advertising and promotion	5,489			5,489
13 Office expenses	51,974	20,618	14,049	17,307
14 Information technology	15,952	1,546	13,108	1,298
15 Royalties				
16 Occupancy	97,394	36,179	30,845	30,370
17 Travel	12,082	3,755	2,767	5,560
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	36,813	10,550	19,453	6,810
20 Interest				
21 Payments to affiliates	57,996		57,996	
22 Depreciation, depletion, and amortization	12,633	5,011	3,415	4,207
23 Insurance	2,597	1,030	702	865
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a COMMUNITY SERVICE PROG	2,007,009	2,007,009		
b CAMPAIGN EXPENSE	85,069			85,069
c NEW PARENT EDUCATION	15,260	15,260		
d DAY OF CARING	6,304	6,304		
e WOMEN UNITED	5,285	5,285		
f All other expenses	14,872	7,711	6,091	1,070
25 **Total functional expenses.** Add lines 1 through 24f	7,455,658	6,596,447	428,853	430,358
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		200	1	766,237
	2	Savings and temporary cash investments		352,819	2	755,332
	3	Pledges and grants receivable, net		4,461,807	3	3,426,817
	4	Accounts receivable, net		2,737	4	15,120
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		15,920	9	18,933
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 347,420			
	b	Less accumulated depreciation	10b 327,080	20,081	10c	20,340
	11	Investments—publicly traded securities		2,828,495	11	2,276,074
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		112	15	109
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		7,682,171	16	7,278,962
Liabilities	17	Accounts payable and accrued expenses		125,635	17	91,037
	18	Grants payable		252,365	18	377,899
	19	Deferred revenue		131,188	19	140,582
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		1,061,303	25	1,006,053
	26	**Total liabilities.** Add lines 17 through 25		1,570,491	26	1,615,571
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		2,211,617	27	2,588,197
	28	Temporarily restricted net assets		3,695,609	28	2,859,240
	29	Permanently restricted net assets		204,454	29	215,954
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		6,111,680	33	5,663,391
	34	Total liabilities and net assets/fund balances		7,682,171	34	7,278,962

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	6,718,624
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,455,658
3	Revenue less expenses Subtract line 2 from line 1	3	-737,034
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	6,111,680
5	Other changes in net assets or fund balances (explain in Schedule O)	5	288,745
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	5,663,391

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
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 . .	3b	Yes	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314008091

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
UNITED WAY OF GREATER TOPEKA INC

Employer identification number
48-0561978

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	6,004,477	6,212,437	7,811,984	7,228,738	6,691,227	33,948,863
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	6,004,477	6,212,437	7,811,984	7,228,738	6,691,227	33,948,863
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)						1,029,255
6 **Public Support.** Subtract line 5 from line 4						32,919,608

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	6,004,477	6,212,437	7,811,984	7,228,738	6,691,227	33,948,863
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	36,798	81,956	36,695	27,719	29,140	212,308
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	311,727	94,990	4,245	6,009	17,299	434,270
11 **Total support** (Add lines 7 through 10)						34,595,441

12 Gross receipts from related activities, etc (See instructions)	12	3,191,315

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	95 160 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	94 100 %

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

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

Facts And Circumstances Test

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 1,062,028 including grants of $) (Revenue $)

HEALTH AND WELLNESSBOLD GOALS REDUCE THE NUMBER OF ADULTS WHO ARE OVERWEIGHT AND OBESE BY 10% REDUCE BY 20% THE NUMBER OF 6TH THROUGH 12TH GRADERS WHO ILLEGALLY USE ALCOHOL, TOBACCO AND MARIJUANA THE TOP LEVEL RESEARCH FOR THESE GOALS CAME FROM THE HEALTHY PEOPLE 2010 REPORT TEN LEADING HEALTH INDICATORS WERE USED TO MEASURE THE COUNTY'S HEALTH AND WERE SELECTED ON THE BASIS OF THEIR ABILITY TO MOTIVATE ACTION, THE AVAILABILITY OF DATA TO MEASURE PROGRESS, AND THEIR IMPORTANCE AS PUBLIC HEALTH ISSUES THREE OF THE TOP FOUR INDICATORS ARE PHYSICAL ACTIVITY, OVERWEIGHT AND OBESITY, AND SUBSTANCE ABUSE ON THE STATE LEVEL, 14 6% OF THE SUBSTANCE ABUSE TREATMENT ADMISSIONS IN KANSAS WERE BETWEEN THE AGES OF 12-17 IN 2005 THE MOST COMPELLING DATA ON OBESITY AND SUBSTANCE ABUSE CAME FROM COUNTY-LEVEL DATA * OBESITY * COUNTY HEALTH RANKINGS, KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT * SHAWNEE COUNTY * 63 7% OF ADULTS ARE OVERWEIGHT OR OBESE * 25 6% OF ADULTS REPORT NO LEISURE TIME EXERCISE IN PAST MONTH * HEART DISEASE IS THE LEADING CAUSE OF DEATH * JEFFERSON CO * 61 7% OF ADULTS ARE OVERWEIGHT OR OBESE * 24 6% OF ADULTS REPORT NO LEISURE TIME EXERCISE IN PAST MONTH * HEART DISEASE IS THE SECOND LEADING CAUSE OF DEATH * SUBSTANCE ABUSE * SHAWNEE COUNTY 2010 RISK AND PROTECTIVE FACTOR PROFILES FROM THE KANSAS COMMUNITIES THAT CARE YOUTH SURVEY * THIS ANNUAL ASSESSMENT MONITORS THE INCIDENCE AND PREVALENCE OF ADOLESCENT PROBLEM BEHAVIORS AND THE ENVIRONMENTAL FACTORS THAT PUT CHILDREN AT RISK OR PROTECT THEM FROM DEVELOPING THOSE BEHAVIORS * FIVE PUBLIC SCHOOL DISTRICTS HAVE PARTICIPATED IN THE SURVEY FROM 1999 THROUGH 2010 * IN 2010 * 28 4% OF YOUTH IN GRADES 6, 8, 10 AND 12 REPORTED USING ALCOHOL AT LEAST ONCE IN THE PAST 30 DAYS * 12 3% OF YOUTH IN GRADES 6, 8, 10 AND 12 REPORTED USING MARIJUANA AT LEAST ONCE IN THE PAST 30 DAYS * 12 2% REPORTED BEING DRUNK OR HIGH AT SCHOOL AT LEAST ONCE IN THE PAST YEAR WHILE THE OBESITY AND SUBSTANCE ABUSE IMPACT COUNCILS COMPLETE THEIR PLANNING, UNITED WAY OF GREATER TOPEKA IS COMMITTED TO PROVIDING ACCESS TO SERVICES NEEDED TO ENSURE THE HEALTH AND WELL-BEING OF ALL RESIDENTS WE PARTNER WITH THE SHAWNEE CO MEDICAL SOCIETY TO HELP LOW INCOME, UNINSURED RESIDENTS FIND MEDICAL HOMES WITH ACCESS TO DONATED SPECIALTY CARE, HOSPITAL SERVICES AND PRESCRIPTIONS * AN INVESTMENT OF $72,600 LEVERAGED PRIMARY MEDICAL CARE AND PRESCRIPTIONS FOR 2,396 RESIDENTS THROUGH SERVICES PROVIDED BY 332 VOLUNTEERS WITH A VALUE OF MORE THAN $10,801,100 INCLUDING * DONATED PHYSICIAN CARE - $1,942,084 * DONATED HOSPITAL CARE - $8,030,464 * PRESCRIPTIONS - $224,773

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314008091

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
UNITED WAY OF GREATER TOPEKA INC

Employer identification number
48-0561978

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate 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 donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	243,061	194,549	293,697		
b Contributions	11,500	13,885	12,000		
c Investment earnings or losses	17,180	36,581	-106,148		
d Grants or scholarships					
e Other expenditures for facilities and programs			5,000		
f Administrative expenses		1,954			
g End of year balance	271,741	243,061	194,549		

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 79 470 %
- c Term endowment ▶ 20 530 %

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

		Yes	No
(i) unrelated organizations	3a(i)	Yes	
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		347,420	327,080	20,340
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				20,340

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
DUE TO AGENCIES AND COMMUNITIES	1,006,053
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	1,006,053

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,718,624
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,455,658
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-737,034
4	Net unrealized gains (losses) on investments	4	204,402
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	84,343
9	Total adjustments (net) Add lines 4 - 8	9	288,745
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-448,289

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	6,152,575
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	204,402		
b	Donated services and use of facilities	2b	97,571		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	51,429		
e	Add lines **2a** through **2d**			2e	353,402
3	Subtract line **2e** from line **1**			3	5,799,173
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	17,627		
b	Other (Describe in Part XIV)	4b	901,824		
c	Add lines **4a** and **4b**			4c	919,451
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	6,718,624

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	6,600,864
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	97,571		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	51,429		
e	Add lines **2a** through **2d**			2e	149,000
3	Subtract line **2e** from line **1**			3	6,451,864
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	17,627		
b	Other (Describe in Part XIV)	4b	986,167		
c	Add lines **4a** and **4b**			4c	1,003,794
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	7,455,658

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ENDOWMENT FUNDS ARE RESTRICTED PER DONOR DIRECTION
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ORGANIZATION'S POLICY IS TO EVALUATE UNCERTAIN TAX POSITIONS ANNUALLY MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN DONOR DESIGNATED CONTRIBUTIONS 84,343
PART XII, LINE 2D - OTHER ADJUSTMENTS		FUNDRAISING EXPENSES 51,429
PART XII, LINE 4B - OTHER ADJUSTMENTS		DONOR DESIGNATED CONTRIBUTIONS 901,824
PART XIII, LINE 2D - OTHER ADJUSTMENTS		FUNDRAISING EXPENSES 51,429
PART XIII, LINE 4B - OTHER ADJUSTMENTS		DONOR DESIGNATED CONTRIBUTION ALLOCATIONS 986,167

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314008091

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
UNITED WAY OF GREATER TOPEKA INC

Employer identification number
48-0561978

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 CHRISTMAS BUREAU (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	55,061			55,061
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	55,061			55,061
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	51,429			51,429
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				51,429
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				3,632

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

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

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

b If "No," Explain _____

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

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	**13a**	
b An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314008091

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
UNITED WAY OF GREATER TOPEKA INC

Employer identification number
48-0561978

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to 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. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 41

3 Enter total number of other organizations . . . ▶

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 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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE ORGANIZATION HOLDS MONTHLY GRANT PARTNERS MEETINGS AND REVIEWS USES OF FUNDS AND QUARTERLY REPORT OF OUTCOMES TO FUNDERS

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 48-0561978
Name: UNITED WAY OF GREATER TOPEKA INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
A CHILD'S WORLD DAY CARE302 MADISON ST OSKALOOSA,KS 66066	48-0937719	501(C)(3)	93,000				DISTRIBUTION TO PARTICIPATING AGENCY
AMERICAN RED CROSS KANSAS CAPITAL AREA CHAPTER1221 SW 17TH ST TOPEKA,KS 66604	48-0547720	501(C)(3)	155,000				DISTRIBUTION TO PARTICIPATING AGENCY
KANSAS BIG BROTHERS BIG SISTERS INCPO BOX 48109 WICHITA,KS 67202	23-7056717	501(C)(3)	135,000				DISTRIBUTION TO PARTICIPATING AGENCY
THE BOYS AND GIRLS CLUB OF TOPEKA2150 SW WESTPORT DR STE 204 TOPEKA,KS 66614	48-0636732	501(C)(3)	260,000				DISTRIBUTION TO PARTICIPATING AGENCY
BOY SCOUTS OF AMERICA- JAYHAWK AREA COUNCILPO BOX 851 TOPEKA,KS 66601	48-0543748	501(C)(3)	145,000				DISTRIBUTION TO PARTICIPATING AGENCY
BREAKTHROUGH HOUSE INC603 SW TOPEKA BLVD STE 100 TOPEKA,KS 66603	48-0879168	501(C)(3)	104,000				DISTRIBUTION TO PARTICIPATING AGENCY
CASA OF SHAWNEE COUNTY INC501 SE JEFFERSON TOPEKA,KS 66607	48-1030095	501(C)(3)	70,000				DISTRIBUTION TO PARTICIPATING AGENCY
CATHOLIC CHARITIES OF NORTHEAST KANSAS INC 9720 W 87TH ST OVERLAND PARK,KS 66212	48-1181305	501(C)(3)	118,000				DISTRIBUTION TO PARTICIPATING AGENCY
COMMUNITY RESOURCES COUNCIL OF SHAWNEE COUNTY INC501 SE JEFFERSON TOPEKA,KS 666071135	48-0543785	501(C)(3)	49,961				DISTRIBUTION TO PARTICIPATING AGENCY
DOORSTEP INC1119 SW 10TH ST TOPEKA,KS 66604	48-0734624	501(C)(3)	52,500				DISTRIBUTION TO PARTICIPATING AGENCY
ERCRESOURCE AND REFERRAL INC1710 SW 10TH STE 215 TOPEKA,KS 66604	48-0888057	501(C)(3)	60,000				DISTRIBUTION TO PARTICIPATING AGENCY
FAMILY SERVICE AND GUIDANCE CENTER OF TOPEKA INC325 SW FRAZIER AVE TOPEKA,KS 666061963	48-0637039	501(C)(3)	60,000				DISTRIBUTION TO PARTICIPATING AGENCY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
FLORENCE CRITTENTON SERVICES INC2649 SW ARROWHEAD RD TOPEKA,KS 66614	48-0561977	501(C)(3)	85,000				DISTRIBUTION TO PARTICIPATING AGENCY
GIRL SCOUTS OF NE KANSAS & NW MISSOURI 8383 BLUE PARKWAY DR KANSAS CITY,MO 64133	43-0892926	501(C)(3)	72,500				DISTRIBUTION TO PARTICIPATING AGENCY
HOUSING AND CREDIT COUNSELING INC1195 SW BUCHANAN TOPEKA,KS 66604	48-0822466	501(C)(3)	40,500				DISTRIBUTION TO PARTICIPATING AGENCY
JEFFERSON COUNTY SERVICE ORGANIZATION PO BOX 212 OSKALOOSA,KS 66066	48-0825212	501(C)(3)	34,500				DISTRIBUTION TO PARTICIPATING AGENCY
KANSAS CHILDREN'S SERVICE LEAGUE1365 N CUSTER WICHITA,KS 67203	48-0543749	501(C)(3)	100,500				DISTRIBUTION TO PARTICIPATING AGENCY
LEGAL AID SOCIETY OF TOPEKA KANSAS LEGAL SERVICES INC712 S KANSAS AVE STE 200 TOPEKA,KS 66603	48-0872528	501(C)(3)	87,000				DISTRIBUTION TO PARTICIPATING AGENCY
LET'S HELP INC200 S KANSAS AVE TOPEKA,KS 66603	48-0800447	501(C)(3)	156,875				DISTRIBUTION TO PARTICIPATING AGENCY
LULAC MULTIPURPOSE SENIOR CENTER INC1502 NE SEWARD AVE TOPEKA,KS 66616	48-1000629	501(C)(3)	74,500				DISTRIBUTION TO PARTICIPATING AGENCY
MEALS ON WHEELS OF SHAWNEE AND JEFFERSON COUNTIES INC1500 SW 10TH AVE TOPEKA,KS 66604	48-0792685	501(C)(3)	104,000				DISTRIBUTION TO PARTICIPATING AGENCY
THE SALVATION ARMY 1320 SE 6TH AVE TOPEKA,KS 66607	44-0545998	501(C)(3)	125,000				DISTRIBUTION TO PARTICIPATING AGENCY
SHAWNEE REGIONAL PREVENTION AND RECOVERY SERVICES INC 2209 SW 29TH ST TOPEKA,KS 66611	48-6120880	501(C)(3)	82,000				DISTRIBUTION TO PARTICIPATING AGENCY
TOPEKA ASSN FOR RETARDED CITIZENS INC 2701 SW RANDOLPH AVE TOPEKA,KS 66611	48-6086732	501(C)(3)	210,000				DISTRIBUTION TO PARTICIPATING AGENCY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
TOPEKA AIDS PROJECT INC708 SW 6TH AVE TOPEKA,KS 66603	48-1032982	501(C)(3)	59,750				DISTRIBUTION TO PARTICIPATING AGENCY
TDC LEARNING CENTERS INC3500 SW 10TH AVE TOPEKA,KS 66604	48-0687195	501(C)(3)	315,000				DISTRIBUTION TO PARTICIPATING AGENCY
UNITED CEREBRAL PALSY OF KANSAS5111 E 21ST ST WICHITA,KS 67208	48-0631254	501(C)(3)	46,600				DISTRIBUTION TO PARTICIPATING AGENCY
YOUNG MEN'S CHRISTIAN ASSOCIATION OF TOPEKA KS421 VAN BUREN ST TOPEKA,KS 66603	48-0543757	501(C)(3)	105,000				DISTRIBUTION TO PARTICIPATING AGENCY
YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF TOPEKA KS225 SW 12ST ST TOPEKA,KS 66612	48-0556758	501(C)(3)	289,555				DISTRIBUTION TO PARTICIPATING AGENCY
AMERICAN CANCER SOCIETY- SHAWNEE COUNTY UNIT1315 SW ARROWHEAD RD A TOPEKA,KS 66604	74-1185665	501(C)(3)	189,981				DISTRIBUTION TO PARTICIPATING AGENCY
SHAWNEE COUNTY FAMILY RESOURCE CENTER400 SW OAKLEY TOPEKA,KS 666061963	48-1175588	501(C)(3)	160,000				DISTRIBUTION TO PARTICIPATING AGENCY
HEALTH ACCESS SHAWNEE COUNTY MEDICAL SOCIETY623 SW 10TH ST TOPEKA,KS 66612	48-1242654	501(C)(3)	72,600				DISTRIBUTION TO PARTICIPATING AGENCY
UNITED WAY OF GREATER LOS ANGELES523 W 6TH ST LOS ANGELES,CA 90014	95-2274801	501(C)(3)	19,614				DISTRIBUTION TO DESIGNATED ANOTHER UNITED WAY
UNITED WAY OF JACKSON COUNTYPO BOX 365 HOLTON,KS 66436	48-0893713	501(C)(3)	14,706				DISTRIBUTION TO DESIGNATED ANOTHER UNITED WAY
UNITED WAY OF DOUGLAS COUNTY2518 RIDGE CT LAWRENCE,KS 66046	48-0796320	501(C)(3)	153,706				DISTRIBUTION TO DESIGNATED ANOTHER UNITED WAY
UNITED WAY OF GREATER KANSAS CITY INC1080 WASHINGTON KANSAS CITY,MO 64105	44-0545812	501(C)(3)	24,785				DISTRIBUTION TO DESIGNATED ANOTHER UNITED WAY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED WAY OF NEW YORK CITYTWO PARK AVE NEW YORK,NY 10016	13-2617681	501(C)(3)	12,726				DISTRIBUTION TO DESIGNATED ANOTHER UNITED WAY
MIDLAND CARE CONNECTION200 SW FRAZIER CIRCLE TOPEKA,KS 66606	48-0883888	501(C)(3)	12,000				DISTRIBUTION TO PARTICIPATING AGENCYCOMMUNITY IMPACT PROGRAM
UNITED WAY OF THE INLAND VALLEYS6215 RIVER CREST DR STE B RIVERSIDE,CA 92507	95-1742174	501(C)(3)	22,609				DISTRIBUTION TO DESIGNATED ANOTHER UNITED WAY
UNITED WAY OF EL PASO COUNTYPO BOX 3488 EL PASO,TX 79923	74-1291051	501(C)(3)	9,753				DISTRIBUTION TO DESIGNATED ANOTHER UNITED WAY
UNITED WAY OF MIDDLE TENNESSEE INC250 VENTURE CIRCLE NASHVILLE,TN 37228	62-0533104	501(C)(3)	5,304				DISTRIBUTION TO DESIGNATED ANOTHER UNITED WAY

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314008091

Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
UNITED WAY OF GREATER TOPEKA INC

Employer identification number
48-0561978

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV **Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MARK AULT	FINANCE CHAIR		IN THE ORDINARY COURSE OF BUSINESS, ALLIANCE BANK HOLDS CERTIFICATES OF DEPOSIT FOR UNITED WAY IN THE AMOUNT OF $235,398 AT DECEMBER 31, 2010 MR AULT IS PRESIDENT AND AN OWNER OF ALLIANCE BANK		No

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493314008091

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
UNITED WAY OF GREATER TOPEKA INC

Employer identification number
48-0561978

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		A DRAFT OF THE FORM 990 IS PROVIDED TO THE FINANCE COMMITTEE TO REVIEW FOR COMMENTS AND ANY CHANGES THE CHANGES ARE COMMUNICATED TO THE PAID PREPARER AFTER ANY CHANGES ARE MADE, THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW AT A REGULARLY SCHEDULED BOARD MEETING UPON APPROVAL BY THE BOARD,THE RETURN IS ELECTRONICALLY FILED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ON AN ANNUAL BASIS, THE ORGANIZATION REQUIRES A CONFLICT OF INTEREST DISCLOSURE STATEMENT FROM THE BOARD OF DIRECTORS THIS IS SIGNED BY THE MEMBER AND ANY POTENTIAL CONFLICT LISTED WHEN THIS BECOMES A MATTER OF BOARD ACTION, SUCH MEMBER SHALL NOT VOTE OR USE PERSONAL INFLUENCE ON THE MATTER

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE CEO'S COMPENSATION IS BASED ON PERFORMANCE AS REVIEWED BY EXECUTIVE COMMITTEE AND APPROVED BY THE BOARD SALARY IS COMPARED TO OTHER POSITIONS AS RECORDED IN A SALARY POLL FROM UNITED WAY OF AMERICA

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATON MAKES THEIR FORM 1023 AND 990 AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST DURING REGULAR BUSINESS HOURS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES THEIR GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST DURING REGULAR BUSINESS HOURS

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 204,402 CHANGE IN DONOR DESIGNATED CONTRIBUTIONS 84,343 TOTAL TO FORM 990, PART XI, LINE 5 288,745

Identifier	Return Reference	Explanation
	PART XII, LINE 2C	NO CHANGE FROM PRIOR YEAR

Additional Data

Software ID:
Software Version:
EIN: 48-0561978
Name: UNITED WAY OF GREATER TOPEKA INC

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOE ALESHIRE PAST CHAIR		X		X				0	0	0
MELISSA HUNGERFORD CHAIR		X		X				0	0	0
BRAD OWEN TREASURER		X		X				0	0	0
MARK AULT FINANCE CHAIR		X		X				0	0	0
SCOTT GRIFFITH CHAIR ELECT		X		X				0	0	0
BECKY HOLMQUIST COMMUNITY INVESTMENT		X						0	0	0
TODD FLEISCHER COMMUNICATIONS		X						0	0	0
GARY DOYLE LABOR PARTICIPATION		X						0	0	0
KENT TOWNSEND STRATEGIC COMMITTEE		X						0	0	0
WILLIAM W BUNTEN BOARD MEMBER		X						0	0	0
JEREMY FRANCIS YOUNG LEADERS SOCIETY		X						0	0	0
ANDY CORBIN BOARD MEMBER		X						0	0	0
JIM OGLE BOARD MEMBER		X						0	0	0
DARREL PAVELKA BOARD MEMBER		X						0	0	0
DOUG STERBENZ BOARD MEMBER		X						0	0	0
BETSY THOMPSON BOARD MEMBER		X						0	0	0
RICH WELLS BOARD MEMBER		X						0	0	0
BRENDA DIETRICH BOARD MEMBER		X						0	0	0
JOHN FAGER BOARD MEMBER		X						0	0	0
SUSAN DUFFY CAMPAIGN CHAIR		X						0	0	0
BRYAN BEALL BOARD MEMBER		X						0	0	0
MATTHEW FRANK BOARD MEMBER		X						0	0	0
LARRY MCCOIG BOARD MEMBER		X						0	0	0
LARRY ROBBINS BOARD MEMBER		X						0	0	0
JANET STANEK BOARD MEMBER		X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JERI HANSEN WOMEN UNITED		X						0	0	0
ANN MAH BOARD MEMBER		X						0	0	0
MIRIAM KREHBIEL PRESIDENT	40 00			X				110,218	0	15,885
DANA BRAM VICE PRESIDENT,FINANCE	40 00			X				68,029	0	6,853