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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

**or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation**

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2011

For calendar year 2011 or tax year beginning , 2011, and ending , 20

Name of foundation THE UMB FINANCIAL CORPORATION CHARITABLE FOUNDATION 132378

A Employer identification number 20-5093263

Number and street (or P O box number if mail is not delivered to street address) UMB BANK, P. O. BOX 415044 M/S 1020307

Room/suite

B Telephone number (see instructions) (816) 860-1933

City or town, state, and ZIP code KANSAS CITY, MO 64141-6692

C If exemption application is pending, check here ▶ [ ]

D 1 Foreign organizations, check here ▶ [ ]

2 Foreign organizations meeting the 85% test, check here and attach computation ▶ [ ]

G Check all that apply: [ ] Initial return [ ] Initial return of a former public charity [ ] Final return [ ] Amended return [X] Address change [ ] Name change

H Check type of organization: [X] Section 501(c)(3) exempt private foundation [ ] Section 4947(a)(1) nonexempt charitable trust [ ] Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ [ ]

I Fair market value of all assets at end of year *(from Part II, col. (c), line 16)* ▶ $ 3,801,062.

J Accounting method: [X] Cash [ ] Accrual [ ] Other (specify) *(Part I, column (d) must be on cash basis.)*

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ [ ]

Part I Analysis of Revenue and Expenses *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)*

		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	253,500.			
	2 Check ▶ [ ] if the foundation is **not** required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	85,289.	84,171.		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	11,255.			
	b Gross sales price for all assets on line 6a 336,535.				
	7 Capital gain net income (from Part IV, line 2)		11,255.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 **Total.** Add lines 1 through 11	350,044.	95,426.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule) STMT 1	800.	NONE	NONE	800.
	c Other professional fees (attach schedule) STMT 2	3,340.			3,340.
	17 Interest				
	18 Taxes (attach schedule) (see instructions) STMT 3	1,677.	1,125.		
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule) STMT 4	35.	35.		
	24 **Total operating and administrative expenses.** Add lines 13 through 23	5,852.	1,160.	NONE	4,140.
	25 Contributions, gifts, grants paid	155,800.			155,800.
	26 Total expenses and disbursements Add lines 24 and 25	161,652.	1,160.	NONE	159,940.
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	188,392.			
	b **Net investment income** (if negative, enter -0-)		94,266.		
	c **Adjusted net income** (if negative, enter -0-)				

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Part II Balance Sheets

Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets				
1	Cash - non-interest-bearing			
2	Savings and temporary cash investments			
3	Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
4	Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
7	Other notes and loans receivable (attach schedule) ▶			
	Less allowance for doubtful accounts ▶			
8	Inventories for sale or use			
9	Prepaid expenses and deferred charges			
10 a	Investments - U S and state government obligations (attach schedule)			
b	Investments - corporate stock (attach schedule)			
c	Investments - corporate bonds (attach schedule)			
11	Investments - land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
12	Investments - mortgage loans			
13	Investments - other (attach schedule)	3,375,916.	3,564,061.	3,801,062.
14	Land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
15	Other assets (describe ▶)			
16	**Total assets** (to be completed by all filers - see the instructions Also, see page 1, item I)	3,375,916.	3,564,061.	3,801,062.
Liabilities				
17	Accounts payable and accrued expenses			
18	Grants payable			
19	Deferred revenue			
20	Loans from officers, directors, trustees, and other disqualified persons			
21	Mortgages and other notes payable (attach schedule)			
22	Other liabilities (describe ▶)			
23	**Total liabilities** (add lines 17 through 22)			
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.**			
24	Unrestricted			
25	Temporarily restricted			
26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶ X			
27	Capital stock, trust principal, or current funds	3,375,916.	3,564,061.	
28	Paid-in or capital surplus, or land, bldg, and equipment fund			
29	Retained earnings, accumulated income, endowment, or other funds			
30	**Total net assets or fund balances** (see instructions)	3,375,916.	3,564,061.	
31	**Total liabilities and net assets/fund balances** (see instructions)	3,375,916.	3,564,061.	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	3,375,916.
2	Enter amount from Part I, line 27a	2	188,392.
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	3,564,308.
5	Decreases not included in line 2 (itemize) ▶ SEE STATEMENT 5	5	247.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	3,564,061.

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse; or common stock, 200 shs MLC Co)	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a	PUBLICLY TRADED SECURITIES			
b				
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	336,535.		325,280.	11,255.
b				
c				
d				
e				

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
a				11,255.
b				
c				
d				
e				

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 } 2 11,255.

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):
If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8 3

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No
If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2010	173,184.	2,070,582.	0.083640
2009	750.	9,002.	0.083315
2008	903.	10,615.	0.085068
2007	NONE	10,873.	NONE
2006			

2	Total of line 1, column (d)	2	0.252023
3	Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0.063006
4	Enter the net value of noncharitable-use assets for 2011 from Part X, line 5	4	3,791,942.
5	Multiply line 4 by line 3	5	238,915.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	943.
7	Add lines 5 and 6	7	239,858.
8	Enter qualifying distributions from Part XII, line 4	8	159,940.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1 . . . Date of ruling or determination letter ______ (attach copy of letter if necessary - see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% of Part I, line 27b	1	1,885.
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b).		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	
3	Add lines 1 and 2	3	1,885.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	NONE
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-	5	1,885.
6	Credits/Payments		
a	2011 estimated tax payments and 2010 overpayment credited to 2011 — 6a: 276.		
b	Exempt foreign organizations - tax withheld at source — 6b: NONE		
c	Tax paid with application for extension of time to file (Form 8868) — 6c: 1,609.		
d	Backup withholding erroneously withheld — 6d:		
7	Total credits and payments. Add lines 6a through 6d	7	1,885.
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached	8	
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	
11	Enter the amount of line 10 to be **Credited to 2012 estimated tax** ▶ Refunded ▶	11	

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		X
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities			
c	Did the foundation file **Form 1120-POL** for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶$ ______ (2) On foundation managers ▶ $ ______			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ ______			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities*	2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		X
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T*	5		X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col (c), and Part XV*	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ MO			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G? If "No," attach explanation*	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? *If "Yes," complete Part XIV*	9		X
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses*	10		X

Part VII-A Statements Regarding Activities *(continued)*

			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	

Website address ▶ N/A

14 The books are in care of ▶ UMB BANK, N.A. Telephone no ▶ (816)860-1933

Located at ▶ 1010 GRAND, KANSAS CITY, MO ZIP + 4 ▶ 64106

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** - Check here ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

			Yes	No
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of the foreign country ▶			

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) ☐ Yes ☒ No			
b	If any answer is "Yes" to 1a(1)-(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2011?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011? ☐ Yes ☒ No			
	If "Yes," list the years ▶ ____, ____, ____, ____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement - see instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ ____, ____, ____, ____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No			
b	If "Yes," did it have excess business holdings in 2011 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969; **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2011)*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b		X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required *(continued)*

5a During the year did the foundation pay or incur any amount to			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes ☒ No		
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	☐ Yes ☒ No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?	☒ Yes ☐ No		
(4) Provide a grant to an organization other than a charitable, etc, organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)	☐ Yes ☒ No		
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes ☒ No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?		5b	X
Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? *If "Yes," attach the statement required by Regulations section 53.4945-5(d).*	☐ Yes ☐ No		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes ☒ No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? *If "Yes" to 6b, file Form 8870*		6b	X
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes ☒ No		
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?		7b	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 6		-0-	-0-	-0-

2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than $50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE		NONE	NONE	NONE

Total number of other employees paid over $50,000 ▶ NONE

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
NONE		NONE
Total number of others receiving over $50,000 for professional services ▶		NONE

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 NONE	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
2	
All other program-related investments See instructions 3 NONE	
Total. Add lines 1 through 3 ▶	

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	3,575,240.
b	Average of monthly cash balances	1b	274,447.
c	Fair market value of all other assets (see instructions)	1c	NONE
d	**Total** (add lines 1a, b, and c)	1d	3,849,687.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	3,849,687.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	57,745.
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,791,942.
6	**Minimum investment return.** Enter 5% of line 5	6	189,597.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6			1	189,597.
2a	Tax on investment income for 2011 from Part VI, line 5	2a	1,885.		
b	Income tax for 2011. (This does not include the tax from Part VI.)	2b			
c	Add lines 2a and 2b			2c	1,885.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	187,712.
4	Recoveries of amounts treated as qualifying distributions			4	NONE
5	Add lines 3 and 4			5	187,712.
6	Deduction from distributable amount (see instructions)			6	NONE
7	**Distributable amount** as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1			7	187,712.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	159,940.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	**Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	159,940.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	N/A
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	159,940.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

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Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1	Distributable amount for 2011 from Part XI, line 7				187,712.
2	Undistributed income, if any, as of the end of 2011				
a	Enter amount for 2010 only			NONE	
b	Total for prior years 20 09 ,20____,20____		NONE		
3	Excess distributions carryover, if any, to 2011				
a	From 2006 — NONE				
b	From 2007 — NONE				
c	From 2008 — 224.				
d	From 2009 — 300.				
e	From 2010 — 70,207.				
f	**Total** of lines 3a through e	70,731.			
4	Qualifying distributions for 2011 from Part XII, line 4 ▶ $ 159,940.				
a	Applied to 2010, but not more than line 2a			NONE	
b	Applied to undistributed income of prior years (Election required - see instructions)		NONE		
c	Treated as distributions out of corpus (Election required - see instructions)	NONE			
d	Applied to 2011 distributable amount				159,940.
e	Remaining amount distributed out of corpus	NONE			
5	Excess distributions carryover applied to 2011 *(If an amount appears in column (d), the same amount must be shown in column (a).)*	27,772.			27,772.
6	**Enter the net total of each column as indicated below:**				
a	Corpus Add lines 3f, 4c, and 4e Subtract line 5	42,959.			
b	Prior years' undistributed income Subtract line 4b from line 2b		NONE		
c	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		NONE		
d	Subtract line 6c from line 6b Taxable amount - see instructions		NONE		
e	Undistributed income for 2010 Subtract line 4a from line 2a. Taxable amount - see instructions			NONE	
f	Undistributed income for 2011 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2012				
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	NONE			
8	Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions)	NONE			
9	**Excess distributions carryover to 2012.** Subtract lines 7 and 8 from line 6a	42,959.			
10	Analysis of line 9.				
a	Excess from 2007 — NONE				
b	Excess from 2008 — NONE				
c	Excess from 2009 — NONE				
d	Excess from 2010 — 42,959.				
e	Excess from 2011				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) NOT APPLICABLE

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2011, enter the date of the ruling . . . . ▶

b Check box to indicate whether the foundation is a private operating foundation described in section [ ] 4942(j)(3) or [ ] 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2011	(b) 2010	(c) 2009	(d) 2008	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test - enter (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test-enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942 (j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year - see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000). (See section 507(d)(2).)

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ [ ] if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number of the person to whom applications should be addressed:

SEE STATEMENT 8

b The form in which applications should be submitted and information and materials they should include:

SEE ATTACHED STATEMENT FOR LINE 2

c Any submission deadlines:

SEE ATTACHED STATEMENT FOR LINE 2

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

SEE ATTACHED STATEMENT FOR LINE 2

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEE STATEMENT 13				
Total . . . . ▶ **3a**				155,800.
b *Approved for future payment*				
Total . . . . ▶ **3b**				

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income (a) Business code	(b) Amount	Excluded by section 512, 513, or 514 (c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions.)
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	85,289.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	11,255.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)				96,544.	

13 Total. Add line 12, columns (b), (d), and (e) . . . 13 96,544.

(See worksheet in line 13 instructions to verify calculations.)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)
	NOT APPLICABLE

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of.			
(1) Cash	1a(1)		X
(2) Other assets	1a(2)		X
b Other transactions:			
(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
(2) Purchases of assets from a noncharitable exempt organization	1b(2)		X
(3) Rental of facilities, equipment, or other assets	1b(3)		X
(4) Reimbursement arrangements	1b(4)		X
(5) Loans or loan guarantees	1b(5)		X
(6) Performance of services or membership or fundraising solicitations	1b(6)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here

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

▶ Michael V. Sagadin 11-15-12 ▶ Treasurer

Signature of officer or trustee | Date | Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
WESLEY HIRSCHBERG	Wesley Hirschberg	08/07/2012		P00162244
Firm's name ▶ THOMSON REUTERS (TAX & ACCOUNTING)			Firm's EIN ▶ 75-1297386	
Firm's address ▶ ONE NORTH DEARBORN ST., 5TH FLOOR CHICAGO, IL 60602			Phone no 312-873-6900	

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2011

Name of the organization

THE UMB FINANCIAL CORPORATION CHARITABLE

Employer identification number

20-5093263

Organization type (check one)·

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☒ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

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

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc , purposes, but these contributions did not total to more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year . . . . ▶ $ ____________

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

Name of organization	Employer identification number
THE UMB FINANCIAL CORPORATION CHARITABLE	20-5093263

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	UMB Bank, na 1010 Grand Blvd Kansas City, MO 64106	$ 253,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

FORM 990PF, PART I - ACCOUNTING FEES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	ADJUSTED NET INCOME	CHARITABLE PURPOSES
TAX PREPARATION FEE (NON-ALLOC	800.			800.
TOTALS	800.	NONE	NONE	800.

THE UMB FINANCIAL CORPORATION CHARITABLE 20-5093263

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	CHARITABLE PURPOSES
CUSTODIAN & MANAGEMENT FEES (A	3,340.	3,340.
TOTALS	3,340.	3,340.

FORM 990PF, PART I - TAXES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
FOREIGN TAXES	540.	540.
FEDERAL TAX PAYMENT - PRIOR YE	276.	
FEDERAL ESTIMATES - PRINCIPAL	276.	
FOREIGN TAXES ON QUALIFIED FOR	565.	565.
FOREIGN TAXES ON NONQUALIFIED	20.	20.
TOTALS	1,677.	1,125.

FORM 990PF, PART I - OTHER EXPENSES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
OTHER NON-ALLOCABLE EXPENSE -	35.	35.
TOTALS	35.	35.

THE UMB FINANCIAL CORPORATION CHARITABLE 20-5093263

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION		AMOUNT
ACCRUED INTEREST		246.
ROUNDING		1.
	TOTAL	247.

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:
MARINER J. KEMPER
ADDRESS:
1010 GRAND BLVD
KANSAS CITY, MO 64106
TITLE:
DIRECTOR AND PRESIDENT
AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:
PETER J DESILVA
ADDRESS:
1010 GRAND BLVD
KANSAS CITY, MO 64106
TITLE:
DIRECTOR AND VICE PRESIDENT
AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:
MICHAEL D. HAGEDORN
ADDRESS:
1010 GRAND BLVD
KANSAS CITY, MO 64106
TITLE:
DIRECTOR AND TREASURER
AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:
SUAN B. TESON
ADDRESS:
1010 GRAND BLVD
KANSAS CITY, MO 64106
TITLE:
SECRETARY
AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

THE UMB FINANCIAL CORPORATION CHARITABLE 20-5093263

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

==

OFFICER NAME:
JOHN C PAULS
ADDRESS:
1010 GRAND BLVD
KANSAS CITY, MO 64106
TITLE:
ASSISTANT SECRETARY
AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

STATEMENT 7

FORM 990PF, PART XV - LINES 2a - 2d

RECIPIENT NAME:
SCHOLARSHIP MGMT SERVICES, SCHOLARSHIP AMERICA
ADDRESS:
ONE SCHOLARSHIP WAY, P.O. BOX 297
SAINT PETER, MN 56082
FORM, INFORMATION AND MATERIALS:
APPLICATION FOR UMB COUNT- ON -MORE SCHOLARSHIP PROGRAM
SEE ATTACHMENT
SUBMISSION DEADLINES:
POSTMARK DEADLINE MARCH 15
RESTRICTIONS OR LIMITATIONS ON AWARDS:
SEE RETURN FOOTNOTES

RECIPIENT NAME:
UMB CHARITABLE TRUSTS AND FOUNDATIONS
ADDRESS:
1010 GRAND BOULEVARD
KANSAS CITY, MO 64106
FORM, INFORMATION AND MATERIALS:
GRANT APPLICATION UMB FINANCIAL CORPORATION CHARITABLE FOUNDATION
SEE ATTACHMENT
FOR OPERATING AND CAPITAL GRANTS OF $25,000, A PROPOSAL IS REQUIRED.
SUBMISSION DEADLINES:
NONE
RESTRICTIONS OR LIMITATIONS ON AWARDS:
TO VARIOIUS QUALIFIED ORGANIZATIONS FOR CHARITABLE, EDUCATIONAL, SCIENTIFIC AND RELIGIOUS PURPOSES WITHIN THE MEANING OF IRC 501 (C)(3) WHICH ARE NOT PRIVATE FDN IN AT LEAST MINIMUM AMOUNT REQUIRED BY LAW.

FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:
Greater K.C. Chamber of Commerce
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
GENERAL
FOUNDATION STATUS OF RECIPIENT:
EXEMPT
AMOUNT OF GRANT PAID .... 5,000.

RECIPIENT NAME:
STARLIGHT THEATRE
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
GENERAL
FOUNDATION STATUS OF RECIPIENT:
EXEMPT
AMOUNT OF GRANT PAID .... 15,000.

RECIPIENT NAME:
FRIENDS OF THE HAVEN
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
GENERAL
FOUNDATION STATUS OF RECIPIENT:
EXEMPT
AMOUNT OF GRANT PAID .... 300.

RECIPIENT NAME:
GLOBAL DOWN SYNDROME FOUNDATION
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
GENERAL
FOUNDATION STATUS OF RECIPIENT:
EXEMPT
AMOUNT OF GRANT PAID .... 5,000.

FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:
LISC GREATER KANSAS CITY
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
GENERAL
FOUNDATION STATUS OF RECIPIENT:
EXEMPT
AMOUNT OF GRANT PAID .... 25,000.

RECIPIENT NAME:
RAFT
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
GENERAL
FOUNDATION STATUS OF RECIPIENT:
EXEMPT
AMOUNT OF GRANT PAID .... 2,500.

RECIPIENT NAME:
TEACH FOR AMERICA
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
GENERAL
FOUNDATION STATUS OF RECIPIENT:
EXEMPT
AMOUNT OF GRANT PAID .... 5,000.

RECIPIENT NAME:
BOYS & GIRLS CLUB OF WELD COUNTY
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
GENERAL
FOUNDATION STATUS OF RECIPIENT:
EXEMPT
AMOUNT OF GRANT PAID .... 10,000.

FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:
ACADEMY OF FINANCE
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
GENERAL
FOUNDATION STATUS OF RECIPIENT:
EXEMPT
AMOUNT OF GRANT PAID .... 3,000.

RECIPIENT NAME:
MIDWEST FOSTER CARE & ADOPTION
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
GENERAL
FOUNDATION STATUS OF RECIPIENT:
EXEMPT
AMOUNT OF GRANT PAID .... 5,000.

RECIPIENT NAME:
KANSAS CITY MEDICINE CABINET
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
GENERAL
FOUNDATION STATUS OF RECIPIENT:
EXEMPT
AMOUNT OF GRANT PAID .... 5,000.

RECIPIENT NAME:
PARK UNIVERSITY
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
GENERAL
FOUNDATION STATUS OF RECIPIENT:
EXEMPT
AMOUNT OF GRANT PAID .... 18,750.

FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:
CURIOUS THEATRE COMPANY
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
GENERAL
FOUNDATION STATUS OF RECIPIENT:
EXEMPT
AMOUNT OF GRANT PAID .... 10,000.

RECIPIENT NAME:
DENVERS RESCUE MISSION
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
GENERAL
FOUNDATION STATUS OF RECIPIENT:
EXEMPT
AMOUNT OF GRANT PAID .... 6,250.

RECIPIENT NAME:
ARTS COUNCIL OF METROPOLITAN KC
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
GENERAL
FOUNDATION STATUS OF RECIPIENT:
EXEMPT
AMOUNT OF GRANT PAID .... 5,000.

RECIPIENT NAME:
PHOENIX ART MUSEUM
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
GENERAL
FOUNDATION STATUS OF RECIPIENT:
EXEMPT
AMOUNT OF GRANT PAID .... 25,000.

FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:
Qualified Scholarship Recipients
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
SCHOLARSHIPS TO QUALIFIED INDIVIDUALS
FOUNDATION STATUS OF RECIPIENT:
INDIVIDUALS
AMOUNT OF GRANT PAID .... 10,000.

TOTAL GRANTS PAID: 155,800.

FEDERAL FOOTNOTES

APPLICANTS MUST BE DEPENDENT, UNMARRIED CHILDREN, AGE 24 AND UNDER, OF ASSOCIATES OF UMBF CORPORATION (INCLUDING ALL OF ITS AFFILIATES AND SUBSIDIARIES), WHO ARE AT LEAST PART TIME 20+ HOURS AND HEALTHBENEFIT ELIGIBLE. THE UMBF ASSOCIATE MUST HAVE A MINIMUM OF THREE (3) YEARS OF EMPLOYMENT WITH UMBF AND BE IN GOOD STANDING AS OF THE APPLICATION DEADLINE DATE. NO DEPENDENT CHILD OF ANY OF THE FOLLOWING IS ELIGIBLE FOR A SCHOLARSHIP: 1. ANY OFFICER OR DIRECTOR OF THE FOUNDATION. 2. ANY EXECUTIVE COMMITTEE MEMBER OF UMBF. 3. ANY MANAGEMENT COMMITTEE MEMBER OF UMBF.

ALL ELIGIBILITY CRITERIA MUST BE MET AS OF THE APPLICATION DEADLINE DATE.APPLICANTS MUST BE HIGH SCHOOL SENIORS OR GRADUATES WHO PLAN TO ENROLL OR STUDENTS WHO ARE ALREADY ENROLLED IN A FULL-TIME UNDERGRADUATE COURSE OF STUDY AT AN ACCREDITED TWO- OR FOUR - YEAR COLLEGE OR UNIVERSITY OR AN ACCREDITED VOCATIONAL-TECHNICAL PROGRAM. FULL TIME STUDY IS DEFINED AS FULL-TIME ENROLLMENT FOR THE ENTIRE UPCOMING ACADEMIC YEAR.

FEDERAL FOOTNOTES

THE SCHOLARSHIP PROGRAM WAS REVISED BY THE BOARD ON JULY 9, 2010 TO REQUIRE A MINIMUM OF 3 YEARS OF EMPLOYMENT BY A UMBF ASSOCIATE FOR ELIGIBILITY. THIS IS APPLICABLE FOR 2011 AND GOING FORWARD.

FEDERAL FOOTNOTES

THE BOARD HAS APPROVED USE OF SCOUT FUNDS AS AN INVESTMENT BY THE FOUNDATION AFTER REVIEWING APPLICABLE LAW WITH OUTSIDE COUNSEL.

Statement of Investment Position

Units	Description	Symbol Cusip	Cost Basis Unit	Cost Basis Total	Market Value Unit	Market Value Total	Unrealized Gain / (Loss)	Estimated Annual Income	Yield %
Equity Securities									
Common Stock									
350	3M Corp	MMM 88579Y101	90 42	31,646.06	81.73	28,605.50	(3,040 56)	770	2.69
450	Abbott Laboratories	ABT 002824100	47 84	21,526 79	56.23	25,303 50	3,776 71	864	3 41
800	AFLAC Inc	AFL 001055102	47 29	37,830 48	43.26	34,608.00	(3,222 48)	1,056	3 05
500	Air Products and Chemicals Inc	APD 009158106	86.55	43,273.10	85 19	42,595.00	(678 10)	1,160	2 72
525	Allergan Inc	AGN 018490102	65.04	34,143.90	87 74	46,063 50	11,919.60	105	0.23
300	Apache Corp	APA 037411105	84 77	25,431.30	90 58	27,174 00	1,742 70	180	0 66
125	Apple Inc	AAPL 037833100	248.90	31,112.08	405 00	50,625.00	19,512.92	0	
1,320	AT & T Inc	T 00206R102	30 35	40,060.68	30 24	39,916 80	(143 88)	2,323	5.82
430	BHP Billiton Ltd One ADR Represents 2 Ord Shrs	BHP 088606108	92 86	39,930.75	70.63	30,370.90	(9,559.85)	869	2 86
525	Boeing Co	BA 097023105	63.79	33,491.85	73.35	38,508 75	5,016 90	924	2 40
700	Bristol Myers Squibb Co	BMY 110122108	29.01	20,305.60	35.24	24,668.00	4,362 40	952	3 86
550	Caterpillar Inc Del	CAT 149123101	65 84	36,211.34	90.60	49,830.00	13,618.66	1,012	2 03
1,300	CenturyLink Inc	CTL 156700106	40.86	53,118.00	37.20	48,360.00	(4,758.00)	3,770	7 80
600	Cerner Corp	CERN 156782104	43.45	26,069.76	61.25	36,750 00	10,680.24	0	
575	Chevron Corp	CVX 166764100	76.51	43,994.89	106 40	61,180.00	17,185.11	1,863	3 05
675	Coach Inc	COH 189754104	36.38	24,556.50	61.04	41,202 00	16,645 50	608	1 47
700	Coca Cola Co	KO 191216100	62 86	44,000 60	69.97	48,979 00	4,978.40	1,316	2 69
550	Costco Wholesale Corp	COST 22160K105	56 04	30,821.01	83.32	45,826.00	15,004 99	528	1 15
925	CVS Caremark Corporation	CVS 126650100	30.50	28,210.65	40.78	37,721 50	9,510.85	601	1 59

Statement of Investment Position (continued)

Units	Description	Symbol / Cusip	Cost Basis Unit	Cost Basis Total	Market Value Unit	Market Value Total	Unrealized Gain / (Loss)	Estimated Annual Income	Yield %
Equity Securities *(continued)*									
Common Stock *(continued)*									
1,100	Danaher Corp Del	DHR 235851102	37.95	41,743 68	47.04	51,744.00	10,000.32	110	0.21
275	Deere & Company	DE 244199105	60 11	16,529.51	77.35	21,271.25	4,741.74	451	2 12
1,050	Disney Walt Co	DIS 254687106	34.02	35,718.90	37.50	39,375.00	3,656 10	630	1.60
2,700	Duke Energy Hldg Corp	DUK 26441C105	18 84	50,866 11	22 00	59,400.00	8,533 89	2,700	4 55
50	Google Inc Class A	GOOG 38259P508	488.91	24,445.50	645 90	32,295.00	7,849.50	0	
1,025	Home Depot Inc	HD 437076102	27.99	28,687.80	42.04	43,091.00	14,403.20	1,189	2.76
700	Illinois Tool Works Inc	ITW 452308109	43.48	30,434.88	46.71	32,697 00	2,262.12	1,008	3.08
1,850	Intel Corp	INTC 458140100	21 24	39,290.86	24.25	44,862 50	5,571.64	1,554	3 46
225	International Business Machines	IBM 459200101	129.85	29,217.29	183.88	41,373.00	12,155.71	675	1 63
300	Johnson & Johnson	JNJ 478160104	66.25	19,875.00	65 58	19,674 00	(201.00)	684	3.48
1,050	Johnson Controls Inc	JCI 478366107	29.31	30,773.82	31.26	32,823.00	2,049.18	756	2 30
900	JPMorgan Chase & Co	JPM 46625H100	32.37	29,131 20	33.25	29,925.00	793.80	900	3 01
1,350	Microsoft Corp	MSFT 594918104	25.44	34,341.57	25.96	35,046.00	704.43	1,080	3.08
650	National Oilwell Varco Inc	NOV 637071101	35.24	22,904 12	67.99	44,193.50	21,289.38	312	0.71
600	Northern Trust Corp	NTRS 665859104	50.34	30,203.04	39.66	23,796 00	(6,407 04)	672	2 82
350	Occidental Petroleum Corp	OXY 674599105	80.89	28,311 47	93 70	32,795 00	4,483 53	644	1 96
1,400	Oracle Corp	ORCL 68389X105	23.65	33,107.62	25 65	35,910 00	2,802.38	336	0.94
1,000	Paychex Inc	PAYX 704326107	29 35	29,346 80	30 11	30,110.00	763 20	1,280	4 25
700	Peabody Energy Corp	BTU 704549104	42.58	29,804.67	33 11	23,177.00	(6,627 67)	238	1.03

Statement of Investment Position (continued)

Units	Description	Symbol Cusip	Cost Basis Unit	Cost Basis Total	Market Value Unit	Market Value Total	Unrealized Gain / (Loss)	Estimated Annual Income	Yield %
Equity Securities (continued)									
Common Stock *(continued)*									
475	Pepsico Inc	PEP 713448108	63.32	30,075 72	66 35	31,516.25	1,440.53	979	3.10
580	Philip Morris International Inc	PM 718172109	68.34	39,635.98	78.48	45,518 40	5,882.42	1,786	3.92
350	Praxair Inc	PX 74005P104	81.98	28,694.61	106 90	37,415 00	8,720.39	700	1 87
475	Procter & Gamble Co	PG 742718109	62 59	29,728 97	66 71	31,687.25	1,958.28	998	3 15
600	Qualcomm Inc	QCOM 747525103	36.63	21,976.92	54.70	32,820.00	10,843 08	516	1 57
500	Schlumberger Ltd	SLB 806857108	57 50	28,749 65	68.31	34,155 00	5,405.35	500	1 46
1,400	Spectra Energy Corp	SE 847560109	21 27	29,778.00	30.75	43,050 00	13,272.00	1,568	3 64
1,250	Staples Inc	SPLS 855030102	20.08	25,097 88	13.89	17,362.50	(7,735.38)	500	2 88
675	State Street Corp	STT 857477103	37 20	25,108 72	40.31	27,209.25	2,100.53	486	1.79
600	Teva Pharmaceutical Inds Ltd ADR Repstg 1 Ord Sh	TEVA 881624209	52.01	31,205.28	40 36	24,216.00	(6,989.28)	471	1.94
600	Toronto Dominion Bank	TD 891160509	75 68	45,409 50	74 81	44,886.00	(523 50)	1,602	3 57
400	United Technologies Corp	UTX 913017109	74.50	29,799.20	73 09	29,236 00	(563.20)	768	2 63
900	UnitedHealth Group Inc	UNH 91324P102	30.55	27,493.20	50.68	45,612 00	18,118 80	585	1 28
875	US Bancorp Del	USB 902973304	24.01	21,007 09	27.05	23,668.75	2,661 66	438	1 85
2,000	Verizon Communications Inc	VZ 92343V104	33.81	67,620 00	40 12	80,240 00	12,620 00	4,000	4 99
550	Wal Mart Stores Inc	WMT 931142103	50.10	27,553.90	59.76	32,868.00	5,314.10	803	2 44
400	Zimmer Holdings Inc	ZMH 98956P102	57 43	22,970 92	53 42	21,368 00	(1,602.92)	288	1 35
	Total Common Stock			**1,762,374.72**		**2,034,674.10**	**272,299.38**	**51,106**	
	Total Equity Securities			**1,762,374.72**		**2,034,674.10**	**272,299.38**	**51,106**	

Statement of Investment Position (continued)

Units	Description	Symbol Cusip	Cost Basis Unit	Cost Basis Total	Market Value Unit	Market Value Total	Unrealized Gain / (Loss)	Estimated Annual Income	Yield %
Equity Funds									
Equity Fund									
5,927.643	Dodge & Cox Funds International Stock Fund	DODFX 256206103	34 96	207,203.78	29.24	173,324.28	(33,879.50)	4,499	2 60
850	iShares iBoxx $ High Yield Corp Bond Fd	HYG 464288513	87.10	74,032.79	89 43	76,015 50	1,982.71	5,711	7 51
300	Ishares Tr S&P Midcap 400 Index Fund	IJH 464287507	82.76	24,827 49	87 61	26,283 00	1,455.51	335	1 27
1,934 817	Munder Mid Cap Core Growth Fund Class Y	MGOYX 626124242	25 85	50,016 64	28.23	54,619 88	4,603.24	17	0.03
450	Vanguard Emerging Markets ETF Exchange-Traded Fund Incorporated in USA	VWO 922042858	46.56	20,950.83	38.21	17,194 50	(3,756 33)	408	2.37
	Total Equity Fund			**377,031.53**		**347,437.16**	**(29,594.37)**	**10,970**	
	Total Equity Funds			**377,031.53**		**347,437.16**	**(29,594.37)**	**10,970**	
Fixed Income Securities									
Corporate Bonds									
50,000	Abbott Laboratories DTD 5/27/2010 2.700% 5/27/2015 Sr Unsecured Notes AA	002824AX8	1.06	53,131.00	104.88	52,439 50	(691 50)	1,350	1 29
50,000	AT&T Inc DTD 7/30/2010 2.500% 8/15/2015 A-	00206RAV4	1.00	49,847 00	103.55	51,773 50	1,926 50	1,250	2.57
50,000	Bank New York Co Inc MTN DTD 6/18/2010 2.950% 6/18/2015 Sr Unsecured Notes A+	06406HBQ1	1.04	51,973.85	103.71	51,853 00	(120 85)	1,475	2 08
50,000	Baxter International Inc DTD 2/26/2009 4 000% 3/1/2014 Sr Unsecured Notes A+	071813AZ2	1.09	54,513.50	106 47	53,236.50	(1,277 00)	2,000	1 38
50,000	Bear Stearns Co Inc DTD 10/31/2005 5 300% 10/30/2015 A	073902KF4	1.09	54,495 00	107.54	53,769 50	(725 50)	2,650	3.42

Statement of Investment Position (continued)

Units	Description	Symbol Cusip	Cost Basis Unit	Cost Basis Total	Market Value Unit	Market Value Total	Unrealized Gain / (Loss)	Estimated Annual Income	Yield %
Fixed Income Securities *(continued)*									
Corporate Bonds *(continued)*									
50,000	Berkshire Hathaway Inc DTD 2/11/2010 3.200% 2/11/2015 Sr Unsecured Notes AA+	084670AV0	1.04	52,003.20	106.02	53,008.00	1,004.80	1,600	2 27
50,000	Boeing Co DTD 7/28/2009 3.500% 2/15/2015 Sr Unsecured Notes A	097023AY1	1 08	54,015 50	107 36	53,682 00	(333.50)	1,750	1 60
50,000	Caterpillar Financial Services Corp DTD 12/7/2007 4.850% 12/7/2012 A	14912L3N9	1.08	54,245.50	103.91	51,954.00	(2,291.50)	2,425	1 11
50,000	Coca Cola Co DTD 3/6/2009 3 625% 3/15/2014 Senior Notes A+	191216AL4	1.08	54,104 50	106.45	53,226.00	(878 50)	1,813	1.16
50,000	Colgate Palmolive Co Mtns Be DTD 8/5/2009 3.150% 8/5/2015 AA-	19416QDN7	1 08	53,966.00	107.23	53,616 00	(350 00)	1,575	1 44
50,000	Conocophillips DTD 5/21/2009 4 600% 1/15/2015 A	20825CAT1	1 10	55,051.86	110.60	55,299.50	247 64	2,300	2.22
50,000	General Electric Cap Corp DTD 10/20/2006 5 375% 10/20/2016 AA+	36962GY40	1.11	55,666 00	111 77	55,883.50	217.50	2,688	2 89
50,000	Georgia Power Company DTD 9/23/2010 1.300% 9/15/2013 Sr Unsecured Notes A	373334JT9	1 00	49,943.50	100.92	50,462.00	518.50	650	1 34
50,000	Hewlett Packard Co DTD 9/13/2010 2.125% 9/13/2015 Sr Unsecured Notes BBB+	428236BC6	1.01	50,355.50	98.24	49,120.00	(1,235.50)	1,063	1 97
50,000	John Deere Capital Corp MTN DTD 12/17/2007 4.950% 12/17/2012 A	24422EQM4	1.09	54,346.00	104.18	52,088.00	(2,258 00)	2,475	1 16

Statement of Investment Position (continued)

Units	Description	Symbol Cusip	Cost Basis Unit	Cost Basis Total	Market Value Unit	Market Value Total	Unrealized Gain / (Loss)	Estimated Annual Income	Yield %
	Fixed Income Securities *(continued)*								
	Corporate Bonds *(continued)*								
50,000	McDonalds Corp MTN DTD 5/22/2003 4 125% Ser H 6/1/2013 Senior Unsecured Notes A	58013MDU5	1.08	53,986 60	104.84	52,418.00	(1,568 60)	2,063	1.11
50,000	Merck & Co Inc DTD 6/25/2009 4.000% 6/30/2015 Sr Unsecured Notes AA	589331AP2	1.11	55,487.00	110.12	55,061.50	(425.50)	2,000	1 60
50,000	Oracle Corp DTD 7/8/2009 3 750% 7/8/2014 Sr Unsecured Notes A	68389XAF2	1 08	54,207.00	107 55	53,774 00	(433.00)	1,875	1.47
50,000	Pepsico Inc DTD 1/14/2010 3.100% 1/15/2015 A-	713448BM9	1.07	53,687.50	105.98	52,991.00	(696.50)	1,550	1.32
50,000	Shell International Fin DTD 9/22/2009 3.250% 9/22/2015 AA	822582AH5	1 04	51,754.00	107 59	53,794.00	2,040 00	1,625	2 52
50,000	U S Bancorp Mtns DTD 7/27/2010 2.450% 7/27/2015 A	91159HGX2	1.00	50,173.50	102 48	51,242 00	1,068 50	1,225	2.38
50,000	Verizon Communications Inc DTD 3/28/2011 1.950% 3/28/2014 Sr Unsecured Notes A-	92343VBA1	1 02	51,074 00	102.07	51,033.00	(41.00)	975	1.02
50,000	Wells Fargo & Co MTN DTD 3/30/2010 3.625% 4/15/2015 A+	94974BEU0	1.03	51,743.00	104.68	52,342 00	599.00	1,813	2 83
	Total Corporate Bonds			**1,219,770.51**		**1,214,066.50**	**(5,704.01)**	**40,188**	
	Total Fixed Income Securities			**1,219,770.51**		**1,214,066.50**	**(5,704.01)**	**40,188**	

Statement of Investment Position (continued)

Units Description	Symbol Cusip	Cost Basis Unit	Cost Basis Total	Market Value Unit	Market Value Total	Unrealized Gain / (Loss)	Estimated Annual Income	Yield %
Money Markets and Cash								
Money Market Funds								
204,884.35 Fidelity Treasury Fund #695	FISXX 316175504	1 00	204,884.35	1.00	204,884 35		20	0.01
Total Money Market Funds			**204,884.35**		**204,884.35**	**0.00**	**20**	
Total Money Markets and Cash			**204,884.35**		**204,884.35**	**0.00**	**20**	
Account Total			**3,564,061.11**		**3,801,062.11**	**237,001.00**	**102,284**	

Company LOGO here

Application for UMB count on More Scholarship Program

<Company Name> Scholarship Program

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES
Completeness and neatness ensure your application will be reviewed properly.

Application postmark deadline March 15

FOR SCHOLARSHIP AMERICA USE ONLY

I D #	AA	PD	RIC/CS	GPA	SATV/CR	SATM	ACTE	ACTM	TOTAL

APPLICANT DATA

Last Name ______ First ______ Middle Initial ______

Permanent Home Mailing Address ______ Apartment # ______

City ______ State ______ Zip Code ______

Telephone (______) ______ E-mail Address ______

Social Security Number ______ Date of Birth: Month ______ Day ______ Year ______

Please indicate your status (For statistical purposes only) ☐ Male ☐ Female

☐ American Indian/Alaska Native ☐ Black/African American ☐ Multi-Racial ☐ White
☐ Asian ☐ Hispanic/Latino ☐ Native Hawaiian/Pacific Islander

EMPLOYEE PARENT OR GUARDIAN INFORMATION

Last Name ______ First ______ Middle Initial ______

Social Security Number ______ Work Telephone (______) ______

Fax Number (______) ______ E-mail Address ______

Job Title ______ Department ______

Division/Subsidiary ______ City ______ State ______

Relationship to Applicant ______ The applicant is a dependent of the employee ☐ Yes ☐ No

HIGH SCHOOL DATA

School Name ______ High School Graduation Date: Month ______ Year ______

City ______ State ______ Telephone (______) ______

POST-SECONDARY SCHOOL DATA

Name of post-secondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.)
Use official school names. Do not use abbreviations.

______ City ______ State ______

______ City ______ State ______

☐ 4 yr. College or University ☐ 2 yr. Community or Junior College
☐ Vocational-Technical School ☐ Other, explain ______

Year in school next year 1 2 3 4 5 or Graduate Study

Major or course of study: ______ Expected college graduation date: Month ______ Year ______

Degree sought: ☐ Bachelor ☐ Associate ☐ Certificate ☐ Other ______

Student will: ☐ live on campus ☐ live off campus ☐ commute from home

If school choice is a public institution, applicant will pay ☐ in-state resident tuition ☐ out-of-state tuition

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Sending a resumé does not replace any part of this application. If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format. DO NOT repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

WORK EXPERIENCE

Describe your work experience during the past four years (e.g., food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and approximate number of hours worked each week. List amounts earned at each job.

Employer/Position	From - Mo/Yr	To - Mo/Yr	Hours per Week	Amount Earned

ACTIVITIES, AWARDS AND HONORS

List all school activities in which you have participated during the past four years (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the past four years (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Note all special awards, honors and offices held **Indicate whether high school or college activities.**

Activity	No. of Years Partic.	Special Awards, Honors	Offices Held	Activity	No. of Years Partic.	Special Awards, Honors	Offices Held

GOALS AND ASPIRATIONS

Make a brief statement or summary of your plans as they relate to your educational and career objectives and long-term goals.

____

____

____

____

UNUSUAL CIRCUMSTANCES

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

____

____

____

PARENTS' FINANCIAL DATA (REQUIRED)

Instructions for this section are provided in the (brochure) (guidelines).

The <Company Name> employee must complete this portion of the application. Adjusted gross income and total federal income tax amounts should be from parents' most recently filed tax return. **To be considered for an award, this section must be filled out completely.**

1. State of Residence .... ______________
2. Adjusted Gross Income (FORM 1040) .... $ ______________
3. Total Federal Tax Paid (FORM 1040) .... $ ______________
   (Not the amount withheld from paychecks)
4. Total Income of Father .... $ ______________

   Total Income of Mother ... ... $ ______________
5. Yearly Untaxed Income and Benefits:
   Please indicate source –
   ☐ Social Security ☐ AFDC ☐ Child Support
   ☐ Other ______________ .... $ ______________
6. Medical and Dental Expenses not paid by insurance (exclude premiums) .... $ ______________
7. Total Cash, Checking, Savings, and Cash Value of Stocks (exclude retirement plan funds, IRA, 401K) $ ______________
8. Total number of family members living in the household and primarily supported by the reported income ..# ______________
9. Marital status of employee parent or guardian:
   ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Single
10. Total number of family members attending college at least half-time during the next school year, including applicant ....# ______________

OTHER AWARDS

Please list the name and annual amount of any grants or scholarships you have been awarded for the coming school year only.

Name of Award:	School to which award will be applied:	Amount:	Check One
______________	______________	$ ______________	☐ Granted ☐ Pending
______________	______________	$ ______________	☐ Granted ☐ Pending

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APPLICANT APPRAISAL (REQUIRED)

To the Applicant: This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by a high school or college counselor or advisor, an instructor, or a work supervisor who knows you well.

To the Adult Appraiser: *You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.*

The applicant's choice of a post-secondary educational program is	☐ extremely appropriate	☐ very appropriate	☐ moderately appropriate	☐ inappropriate
The applicant's achievements reflect his/her ability	☐ extremely well	☐ very well	☐ moderately well	☐ not well
The applicant's ability to set realistic and attainable goals is	☐ excellent	☐ good	☐ fair	☐ poor
The quality of the applicant's commitment to school and/or community is	☐ excellent	☐ good	☐ fair	☐ poor
The applicant is able to seek, find, and use learning resources	☐ extremely well	☐ very well	☐ moderately well	☐ not well
The applicant demonstrates curiosity and initiative	☐ extremely well	☐ very well	☐ moderately well	☐ not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	☐ extremely well	☐ very well	☐ moderately well	☐ not well
The applicant's respect for self and others is	☐ excellent	☐ good	☐ fair	☐ poor

Comments: ____

____

Appraiser's Name ____________________ Title ____________________ Telephone (______) ____________

Signature ____________________ Organization ____________________ Date ____________

TRANSCRIPT INFORMATION

An official transcript of grades **must** be sent with this application. On-line transcripts and grade reports are not acceptable.

1. **Students currently or previously enrolled in college or vocational-technical school must** include all college or vo-tech transcripts of grades from each school attended. (Completion of this section is not necessary.)
2. **High school seniors and students who have completed less than one full quarter or semester** of post-secondary education must include a high school transcript of grades and have this section completed by the appropriate school official. **(A clear explanation of the school's grading scale must also be submitted.)**

	Cumulative Grade Point Average	SAT		ACT	
Applicant ranks ______	Weighted: ______/4.0 scale	Verbal/Critical Reading	Math	English	Math
In a class of ______	Unweighted: ______/4.0 scale				

School Official's Signature ____________________ Date ________ Title ____________________ Telephone (______) ____________

School Official's Address: Street ____________________ City ____________________ State ______ Zip ____________

APPLICATION CHECKLIST

The student is responsible for submitting all materials to Scholarship America on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when Scholarship America has received all of the following materials:

☐ Student Application with completed Applicant Appraisal
☐ Current Complete Transcript(s) of Grades (including grading scale)
On-line transcripts are not acceptable.

Postmark deadline March 15

All materials, including transcript, must be addressed to:

<Company Name> Scholarship Program
Scholarship Management Services, Scholarship America
One Scholarship Way, P.O. Box 297
Saint Peter, MN 56082

CERTIFICATION

Scholarship America has the sole responsibility for selecting recipients based on criteria as set forth in the program's descriptive brochure. This application becomes the property of Scholarship America. (It is recommended that you keep a copy for your files.)

I acknowledge decisions of Scholarship America are final. I certify that I meet the basic eligibility requirements of the program as described in the brochure and that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to provide proof of information I have given on this form, including a copy of my U.S. Income Tax Return. Falsification of information may result in termination of any scholarship granted.

Applicant's Signature ______________________________ Date ____________

Employee's Signature ______________________________ Date ____________

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Grant Application UMB Financial Corporation Charitable Foundation

GRANT APPLICATION SUMMARY

Please complete the following form, add required attachments and return the packet to UMB Community Involvement Office. Type your responses in the spaces provided. **This summary should be attached to the top of your proposal.** *(This form may be copied)*

Organization Name: ______________________________ Today's Date: ___________
(Legal name of organization, same as IRS)

Street: ____________________ City:__________ State: __ Zip: _____ County: ________

Contact person: ____________________________ Position: ____________________

Phone: (   ) _________________ Fax: (   ) ______________ E-mail: ____________

Year agency founded: ___________ Agency annual operating budget: $ ___________

Geographic area served by this request [county(ies)/state(s)]: ____________________

Agency director (if different from contact): ______________________________

Name of project: ____

Total project budget: $_____________________ Requested amount: $___________

Dates of the project: ___________________________ to _______________________

Write a brief description of the purpose of the grant, including what you plan to do, whom you will serve, and proposed outcomes. Use ***only*** the space in the box. (This description should summarize your attached proposal.)

GRANT APPLICATION SUMMARY (continued)

- ☐ Check here if you are a UMB associate
- ☐ Check here if you have a UMB associates on your Board of Directors. If so, please list names:

____

- ☐ If an event, please attach volunteer opportunities for UMB associates (if applicable)
- ☐ Check here if the organization is a member of the United Way
- ☐ Check here if the event/project/program helps low or moderate income individuals
- ☐ Check here if the event/project/program is aligned with UMB's Community Involvement Emphasis areas:
  - Improving access to and appreciation of the **arts**
  - Furthering **economic development**
  - Advancing **educational opportunities**
  - Expanding **agriculture**
  - Promoting **health and wellness**

Attachment checklist:

- ☐ IRS letter re 501(c)(3) determination (for first time grant submission)
- ☐ Proposal *(2 page limit)*
- ☐ If an event, please attach sponsorship levels
- ☐ Agency budget & project budget
- ☐ List of funding sources & collaborators
- ☐ List of board of directors & officers
- ☐ Annual Report

Grant Application UMB Financial Corporation Charitable Foundation

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Please complete the following form, add required attachments and return the packet to UMB Community Involvement Office. Type your responses in the spaces provided. **This summary should be attached to the top of your proposal.** *(This form may be copied)*

Organization Name: ______________________________ Today's Date: __________
(Legal name of organization, same as IRS)

Street: __________________ City:________ State: __ Zip: ____ County: ________

Contact person: ___________________________ Position: ______________

Phone: ( ) ________________ Fax: ( ) ______________ E-mail: ____________

Year agency founded: __________ Agency annual operating budget: $ __________

Geographic area served by this request [county(ies)/state(s)]: ________________

Agency director (if different from contact): _________________________________

Name of project: ____

Total project budget: $____________________ Requested amount: $__________

Dates of the project: __________________________ to ______________________

Write a brief description of the purpose of the grant, including what you plan to do, whom you will serve, and proposed outcomes. Use ***only*** the space in the box. (This description should summarize your attached proposal.)

GRANT APPLICATION SUMMARY (continued)

☐ Check here if you are a UMB associate

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☐ List of board of directors & officers

☐ Annual Report

Form **8868**
(Rev January 2012)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing *(e-file)*. You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see instructions

Type or print

File by the due date for filing your return See instructions

Name of exempt organization or other filer, see instructions
THE UMB FINANCIAL CORPORATION
CHARITABLE FOUNDATION 132378

Employer identification number (EIN) or
[X] 20-5093263

Number, street, and room or suite no If a P O box, see instructions
UMB BANK, P. O. BOX 415044 M/S 1020307

Social security number (SSN)
[ ]

City, town or post office, state, and ZIP code For a foreign address, see instructions
KANSAS CITY, MO 64141-6692

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . [0|4]

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ UMB BANK, N.A.

Telephone No ▶ (816)860-1933 FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______ . If this is for the whole group, check this box . . . . . . ▶ [ ] . If it is for part of the group, check this box . . . . ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15 , 20 12 , to file the exempt organization return for the organization named above. The extension is for the organization's return for.
▶ [X] calendar year 2011 or
▶ [ ] tax year beginning ______, 20 __, and ending ______, 20 __.

2 If the tax year entered in line 1 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$ 1,885.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit.	**3b**	$ 276.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$ 1,609.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

		Enter filer's identifying number, see instructions
Type or print	Name of exempt organization or other filer, see instructions. THE UMB FINANCIAL CORPORATION CHARITABLE FOUNDATION 132378	Employer identification number (EIN) or [X] 20-5093263
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. UMB BANK, P. O. BOX 415044 M/S 1020307	Social security number (SSN) [ ]
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. KANSAS CITY, MO 64141-6692	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 4

Application Is For	**Return Code**	**Application Is For**	**Return Code**
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of ▶ UMB BANK, N.A.

Telephone No. ▶ (816)860-1933 FAX No. ▶

• If the organization does not have an office or place of business in the United States, check this box . . . . ▶ [ ]

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______ . If this is for the whole group, check this box . . . . . . ▶ [ ] . If it is for part of the group, check this box . . . . ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 11/15 , 20 12 .

5 For calendar year 2011 , or other tax year beginning ______ , 20 ___ , and ending ______ , 20 ___ .

6 If the tax year entered in line 5 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension ADDITONAL TIME IS REQUIRED IN ORDER TO GATHER ALL NEEDED INFORMATION TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$ 1,885.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$ 1,885.
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$ NONE

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ [illegible] Title ▶ Treasurer Date ▶ 08/10/2012

Form **8868** (Rev. 1-2012)

THOMSON REUTERS (TAX & ACCOUNTING)

ONE NORTH DEARBORN ST., 5TH FLOOR

CHICAGO, IL 60602