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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form
The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2011 calendar year, or tax year beginning 10-01-2011, and ending 09-30-2012

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

C Name of organization: JOHNSON COUNTY UNITED WAY
Number and street (or P O box, if mail is not delivered to street address) Room/suite: PO BOX 203
City or town, state or country, and ZIP + 4: WARRENSBURG, MO 64093

D Employer identification number: 43-1057218
E Telephone number
F Group Exemption Number

G Accounting method: Cash, Accrual, Other (specify)

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: WWW.JOHNSONCOM.UNITEDWAY.ORG

J Tax-Exempt status (check only one): 501(c)(3), 501(c), (insert no), 4947(a)(1), 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 148,713

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Table with 3 main sections: Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Includes sub-rows for detailed revenue and expense categories.

Part II **Balance Sheets**

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

| | (A) Beginning of year | | (B) End of year |
|--|-----------------------|-----------|-----------------|
| 22 Cash, savings, and investments | 99,039 | 22 | 88,046 |
| 23 Land and buildings | 0 | 23 | 0 |
| 24 Other assets (describe in Schedule O) | 7,218 | 24 | 6,776 |
| 25 Total assets | 106,257 | 25 | 94,822 |
| 26 Total liabilities (describe in Schedule O) | 71,814 | 26 | 68,734 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 34,443 | 27 | 26,088 |

Part III **Statement of Program Service Accomplishments**

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?
DISBURSING GIFTS TO LOCAL ORGANIZATIONS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

| | | |
|---|------------|---|
| 28 PROVIDED LEADERSHIP DIRECTION AND SUPPORT IN THE LOCAL AREA TO HELP IMPROVE THE QUALITY OF LIFE BY IDENTIFYING EVALUATING AND SUPPORTING ORGANIZATIONS WHO PROVIDE HUMAN SERVICE (Grants \$ 134,400) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | 0 |
| 29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | |
| 30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | |
| 31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | |
| 32 Total program service expenses (add lines 28a through 31a) | 32 | 0 |

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

| (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 & deferred compensation | (e) Expense account and other allowances |
|---------------------------|--|--|---|--|
| See Additional Data Table | | | | |
| | | | | |
| | | | | |
| | | | | |

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2011) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, political expenditures, loans, and controlled entities.

| | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

| | | |
|-----------|--|----|
| 46 | | No |
|-----------|--|----|

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

| | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|

47 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

| | | |
|-----------|--|----|
| 47 | | No |
|-----------|--|----|

48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

| | | |
|-----------|--|----|
| 48 | | No |
|-----------|--|----|

49a Did the organization make any transfers to an exempt non-charitable related organization?

| | | |
|------------|--|----|
| 49a | | No |
|------------|--|----|

b If "Yes," was the related organization a section 527 organization?

| | | |
|------------|--|--|
| 49b | | |
|------------|--|--|

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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 | ***** Signature of officer | 2012-12-20 Date |
| | BUD THERING PRESIDENT Type or print name and title | |

| | | | | |
|---------------------------------|--|--------------------|--|--|
| Paid Preparer's Use Only | Preparer's signature ▶ JONNA D ALBERT | Date 2012-12-24 | Check if self-employed ▶ <input checked="" type="checkbox"/> | Preparer's taxpayer identification number (See instructions) |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Jonna D Albert Accounting &Tax LLC 454 E Gay Street Warrensburg, MO 64093 | | | EIN ▶ Phone no ▶ (660) 429-4495 |

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

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

2011

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
JOHNSON COUNTY UNITED WAY

Employer identification number

43-1057218

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 **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?
 (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?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

| | Yes | No |
|-----------------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

| (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? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U S ? | | (vii) Amount of support? |
|---------------------------------------|-------------|---|---|----|--|----|---|----|-----------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

Part II Support Schedule for Organizations Described in IRC 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) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | 157,553 | 157,205 | 155,593 | 144,568 | 148,080 | 762,999 |
| 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 | 157,553 | 157,205 | 155,593 | 144,568 | 148,080 | 762,999 |
| 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) | | | | | | 37,076 |
| 6 Public Support. Subtract line 5 from line 4 | | | | | | 725,923 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|----------|----------|----------|----------|-----------|-----------|
| 7 Amounts from line 4 | 157,553 | 157,205 | 155,593 | 144,568 | 148,080 | 762,999 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 4,620 | 7,937 | 1,656 | 1,039 | 633 | 15,885 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income (Explain in Part IV.) Do not include gain or loss from the sale of capital assets | | | | | | |
| 11 Total support (Add lines 7 through 10) | | | | | | 778,884 |
| 12 Gross receipts from related activities, etc. (See instructions) | | | | | 12 | |

13 First Five Years If the Form 990 is for the organization's first, second, third, 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 2011 (line 6 column (f) divided by line 11 column (f)) | 14 | 93.200% |
| 15 Public Support Percentage for 2010 Schedule A, Part II, line 14 | 15 | 97.110% |

16a 33 1/3% support test—2011. 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—2010.** 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—2011.** 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—2010.** 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 IRC 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) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (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) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (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 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|--|
| 15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) | 15 | |
| 16 Public support percentage from 2010 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|--|
| 17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f)) | 17 | |
| 18 Investment income percentage from 2010 Schedule A, Part III, line 17 | 18 | |

- 19a 33 1/3% support tests—2011.** 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—2010.** 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

| |
|-------------------------------------|
| Facts And Circumstances Test |
|-------------------------------------|

| |
|--------------------|
| Explanation |
|--------------------|

Additional Data

Software ID:
Software Version:
EIN: 43-1057218
Name: JOHNSON COUNTY UNITED WAY

Form 990-EZ, Special Condition Description:**Special Condition Description****Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

| (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 & deferred compensation | (E) Expense account and other allowances |
|---|--|--|---|--|
| BUD THERING 2000 WEST IRISH LANE KNOB NOSTER, MO 65336 | PRESIDENT 5 | 0 | 0 | 0 |
| KIM NICAS 445 E GAY STREET WARRENSBURG, MO 64093 | VICE PRESIDENT 0 | 0 | 0 | 0 |
| DICK SLIWKA 301 DAWN DRIVE WARRENSBURG, MO 64093 | TREASURER 10 | 0 | 0 | 0 |
| LEANN LARSON 1604 AMHEARST PLACE WARRENSBURG, MO 64093 | SECRETARY 0 | 0 | 0 | 0 |
| ROBERT VICKERS 813 E GAY STREET WARRENSBURG, MO 64093 | EXECUTIVE DIREC 20 | 0 | 0 | 0 |
| THERESA CAST 407 S MAIN STREET HOLDEN, MO 64040 | DIRECTOR 0 | 0 | 0 | 0 |
| JAN JONES 300 N HOLDEN STREET SUITE 305 WARRENSBURG, MO 64093 | DIRECTOR 0 | 0 | 0 | 0 |
| SCOTT PATRICK 1103 KISMET DRIVE WARRENSBURG, MO 64093 | DIRECTOR 0 | 0 | 0 | 0 |
| JOAN MEES 34 TIMBERLINE DRIVE WARRENSBURG, MO 64093 | DIRECTOR 0 | 0 | 0 | 0 |
| LESLIE ADAMS 533 NW OO ROAD WARRENSBURG, MO 64093 | DIRECTOR 0 | 0 | 0 | 0 |
| JACK MOORE 414 NE HWY 50 WARRENSBURG, MO 64093 | DIRECTOR 0 | 0 | 0 | 0 |
| LINDA RANKIN 1520 STONEY BROOK DRIVE WARRENSBURG, MO 64093 | DIRECTOR 0 | 0 | 0 | 0 |
| PHILIP SHUMARD 617 N RIDGEVIEW DRIVE WARRENSBURG, MO 64093 | DIRECTOR 0 | 0 | 0 | 0 |
| JEFF TERRY P O BOX 37 HOLDEN, MO 64040 | DIRECTOR 0 | 0 | 0 | 0 |
| EUGENE STILLMAN UNIV OF CENTRAL MO UNION 236A WARRENSBURG, MO 64093 | DIRECTOR 0 | 0 | 0 | 0 |

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

| (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 & deferred compensation | (E) Expense account and other allowances |
|--|---|---|--|---|
| KATHY RAY-SMITH 410 E MARKET STREET WARRENSBURG,MO 64093 | DIRECTOR 0 | 0 | 0 | |
| HEATHER COUNTS 228 NE E HIGHWAY WARRENSBURG,MO 64093 | DIRECTOR 0 | 0 | 0 | |
| KAREN HIBDON 334 NE 51ST ROAD WARRENSBURG,MO 64093 | DIRECTOR 0 | 0 | 0 | |
| JODI NORMAN 617 CANTERBURY DRIVE WARRENSBURG,MO 64093 | DIRECTOR 0 | 0 | 0 | |
| MARLENE STEWART 492 NW 101ST ROAD WARRENSBURG,MO 64093 | DIRECTOR 0 | 0 | 0 | |

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.**

Name of the organization
JOHNSON COUNTY UNITED WAY

Employer identification number

43-1057218

| Identifier | Return Reference | Explanation |
|--|------------------|--|
| 01 Description of other revenue (Part I, line 8) | | Description Amount INTEREST INCOME 633 |
| 02 List of grants and similar amounts paid (Part I, line 10) | | Activity ALLOCATION Grantee AMERICAN RED CROSS Address 208 EMERSON STREET WARRENSBURG MO 64093 Relationship NONE Amount 15275 Activity ALLOCATION Grantee HOLDEN SENIOR CITIZEN CENTER Address 204 W 2ND STREET HOLDEN MO 64040 Relationship NONE Amount 2650 Activity ALLOCATION Grantee WARRENSBURG SENIOR CENTER Address 445 E GAY STREET WARRENSBURG MO 64093 Relationship NONE Amount 4150 Activity ALLOCATION Grantee CATHOLIC CHARITIES WARRENSBURG Address 118 HOUT STREET WARRENSBURG MO 64093 Relationship NONE Amount 17800 Activity ALLOCATION Grantee CHILDRENS MERCY HOSPITAL Address 2401 GILLHAM ROAD KANSAS CITY MO 64108 Relationship NONE Amount 9550 Activity ALLOCATION Grantee JOHNSON COUNTY HELP Address 138 W CULTON STREET WARRENSBURG MO 64093 Relationship NONE Activity ALLOCATION Grantee HOMEMAKER HEALTH CARE Address 1760 SOUTHRIDGE DRIVE JEFFERSON CITY MO 65109 Relationship NONE Amount 2050 Activity ALLOCATION Grantee JOHNSON COUNTY ADULT LITERACY Address 432 N HOLDEN STREET WARRENSBURG MO 64093 Relationship NONE Amount 3000 Activity ALLOCATION Grantee LEGAL AID OF WESTERN MISSOURI Address 120 HOUT STREET WARRENSBURG MO 64093 Relationship NONE Amount 1135 Activity ALLOCATION Grantee SALVATION ARMY - WARRENSBURG UNIT Address 122 HOUT STREET WARRENSBURG MO 64093 Relationship NONE Amount 7825 Activity ALLOCATION Grantee SHOW-ME CHRISTIAN YOUTH HOME Address 24302 MAHIN ROAD LA MONTE MO 65337 Relationship NONE Amount 12325 Activity ALLOCATION Grantee SURVIVAL ADULT ABUSE CENTER Address 137 E CULTON STREET WARRENSBURG MO 64093 Relationship NONE Amount 2540 Activity ALLOCATION Grantee THE FOOD CENTER Address 118F HOUT STREET WARRENSBURG MO 64093 Relationship NONE Amount 15000 Activity ALLOCATION Grantee UNIV OF MISSOURI HEALTH SVC CENTER Address ONE HOSPITAL DRIVE COLUMBIA MO 65201 Relationship NONE Amount 538 Activity ALLOCATION Grantee PATHWAY COMMUNITY BEHAVIOR HEALTH Address 520 BURKARTH ROAD WARRENSBURG MO 64093 Relationship NONE Amount 5650 Activity ALLOCATION Grantee HOPE COALITION Address 212 W 2ND STREET HOLDEN MO 64040 Relationship NONE Amount 7650 Activity ALLOCATION Grantee BIG BROTHERS BIG SISTERS Address 608 N COLLEGE AVE WARRENSBURG MO 64093 Relationship NONE Amount 8200 Activity ALLOCATION Grantee HEART OF AMERICA BOY SCOUTS Relationship NONE Amount 2550 Activity ALLOCATION Grantee COMMUNITY YOUTH AND SPORTS PROGRAMS Address IN SURROUNDING COUNTIES Relationship NONE Amount 6662 Activity ALLOCATION Grantee MID-CONTINENT GIRL SCOUTS Relationship NONE Amount 2450 Activity ALLOCATION Grantee 4-H ASSISTANCE FUND Relationship NONE Amount 1350 Activity ALLOCATION Grantee WARRENSBURG PARKS FOR 21ST CENTURY Relationship NONE Amount 6050 |
| 03 Description of other expenses (Part I, line 16) | | Description Amount GENERAL CAMPAIGN EXPENSE 1809 INSURANCE 1964 OFFICE OPERATIONS 872 CONFERENCE 299 PAYROLL TAXES 689 TELEPHONE 473 WEB SERVICES 479 DUES AND SUBSCRIPTIONS 823 BANK SERVICE CHARGES 62 |
| 04 Description of other assets (Part II, line 24) | | Beginning Category of Year End of Year PLEDGES RECEIVABLE 7218 6776 |
| 05 Description of total liabilities (Part II, line 26) | | Beginning Category of Year End of Year AGENCY ALLOTMENTS PAYABLE 71043 67200 PAYROLL TAXES PAYABLE 556 1135 OTHER ACCOUNTS PAYABLE 215 399 |