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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

2012

Open to Public Inspection

For calendar year 2012 or tax year beginning , 2012, 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 . . . . . ▶ ☐

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

D 1. Foreign organizations, check here . ▶ ☐
2. Foreign organizations meeting the 85% test, check here and attach computation . . . . . ▶ ☐

H Check type of organization ☒ 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) ▶ $ 3,951,672.

J Accounting method: ☒ 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)				
	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	117,968.	117,402.		ATCH 1
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	-15,888.			
	b Gross sales price for all assets on line 6a 716,023.				
	7 Capital gain net income (from Part IV, line 2)				
	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	102,080.	117,402.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0			
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule) ATCH 2	800.			800.
	c Other professional fees (attach schedule) *	1,525.			1,525.
	17 Interest				
	18 Taxes (attach schedule) (see instructions) ATCH 4	4,425.	928.		
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)				
	24 **Total operating and administrative expenses.** Add lines 13 through 23	6,750.	928.		2,325.
	25 Contributions, gifts, grants paid	178,000.			178,000.
	26 **Total expenses and disbursements.** Add lines 24 and 25	184,750.	928.	0	180,325.
	27 Subtract line 26 from line 12.				
	a **Excess of revenue over expenses and disbursements**	-82,670.			
	b **Net investment income** (if negative, enter -0-)		116,474.		
	c **Adjusted net income** (if negative, enter -0-)				

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*ATCH 3

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		140,018.	140,018.
	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) ATCH 5		1,783,693.	2,242,193.
	c Investments - corporate bonds (attach schedule) ATCH 6		1,106,888.	1,104,517.
	11 Investments - land, buildings, and equipment basis ▶ Less accumulated depreciation ▶ (attach schedule)			
	12 Investments - mortgage loans			
	13 Investments - other (attach schedule) ATCH 7	3,564,061.	450,792.	464,944.
	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)	3,564,061.	3,481,391.	3,951,672.
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)	0	0	
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	3,564,061.	3,481,391.	
	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)	3,564,061.	3,481,391.	
	31 **Total liabilities and net assets/fund balances** (see instructions)	3,564,061.	3,481,391.	

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	3,564,061.
2	Enter amount from Part I, line 27a	2	-82,670.
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	3,481,391.
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	3,481,391.

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	SEE PART IV SCHEDULE			
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				
b				
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col (h))
	(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	
a				
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	-15,406.
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	0

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))
2011	159,940.	3,791,942.	0.042179
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

2	**Total** of line 1, column (d)	2	0.294202
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	0.058840
4	Enter the net value of noncharitable-use assets for 2012 from Part X, line 5	4	3,896,643.
5	Multiply line 4 by line 3	5	229,278.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	1,165.
7	Add lines 5 and 6	7	230,443.
8	Enter qualifying distributions from Part XII, line 4	8	180,325.

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	2,329.
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	2,329.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0
5	**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-		5	2,329.
6	Credits/Payments			
a	2012 estimated tax payments and 2011 overpayment credited to 2012	6a: 1,888.		
b	Exempt foreign organizations - tax withheld at source	6b:		
c	Tax paid with application for extension of time to file (Form 8868)	6c: 472.		
d	Backup withholding erroneously withheld	6d:		
7	Total credits and payments Add lines 6a through 6d		7	2,360.
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	31.
11	Enter the amount of line 10 to be **Credited to 2013 estimated tax** ▶ 31. **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 Instructions for the 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	N/A	
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 2012 or the taxable year beginning in 2012 (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)*

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 2012, 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	N/A	
	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 2012?	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 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012? ☐ 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	N/A	
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 2012 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 2012.)*	3b	N/A	
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 2012?	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?	☐ Yes	☐ No		
	If "Yes," attach the statement required by Regulations section 53 4945-5(d).				
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?			6b	X
	If "Yes" to 6b, file Form 8870.				
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	N/A

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
ATCH 8		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		0	0	0

Total number of other employees paid over $50,000 ▶ 0

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		0
Total number of others receiving over $50,000 for professional services ▶		0

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	3,857,688.
b	Average of monthly cash balances	1b	98,295.
c	Fair market value of all other assets (see instructions)	1c	
d	**Total** (add lines 1a, b, and c)	1d	3,955,983.
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	
3	Subtract line 2 from line 1d	3	3,955,983.
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see instructions)	4	59,340.
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,896,643.
6	**Minimum investment return.** Enter 5% of line 5	6	194,832.

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	194,832.
2a	Tax on investment income for 2012 from Part VI, line 5	2a	2,329.		
b	Income tax for 2012. (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	2,329.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	192,503.
4	Recoveries of amounts treated as qualifying distributions			4	
5	Add lines 3 and 4			5	192,503.
6	Deduction from distributable amount (see instructions)			6	
7	**Distributable amount** as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1			7	192,503.

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	180,325.
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	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	180,325.
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	0
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	180,325.

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7				192,503.
2 Undistributed income, if any, as of the end of 2012.				
a Enter amount for 2011 only				
b Total for prior years 20 10 ,20 09 ,20 08				
3 Excess distributions carryover, if any, to 2012.				
a From 2007				
b From 2008				
c From 2009				
d From 2010 42,959.				
e From 2011				
f **Total** of lines 3a through e	42,959.			
4 Qualifying distributions for 2012 from Part XII, line 4 ▶ $ 180,325.				
a Applied to 2011, but not more than line 2a				
b Applied to undistributed income of prior years (Election required - see instructions)				
c Treated as distributions out of corpus (Election required - see instructions)				
d Applied to 2012 distributable amount				180,325.
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2012 *(If an amount appears in column (d), the same amount must be shown in column (a).)*	12,178.			12,178.
6 **Enter the net total of each column as indicated below:**				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	30,781.			
b Prior years' undistributed income Subtract line 4b from line 2b				
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				
d Subtract line 6c from line 6b. Taxable amount - see instructions				
e Undistributed income for 2011. Subtract line 4a from line 2a. Taxable amount - see instructions				
f Undistributed income for 2012 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2013				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8 Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions)				
9 **Excess distributions carryover to 2013.** Subtract lines 7 and 8 from line 6a	30,781.			
10 Analysis of line 9:				
a Excess from 2008				
b Excess from 2009				
c Excess from 2010 30,781.				
d Excess from 2011				
e Excess from 2012				

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 2012, 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
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	(a) 2012	(b) 2011	(c) 2010	(d) 2009	
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 or e-mail of the person to whom applications should be addressed

ATCH 9

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

SEE ATTACHMENT B

c Any submission deadlines:

SEE ATTACHMENT B

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

SEE ATTACHMENT B

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*				
ATCH 10				
Total ▶ **3a**				178,000.
b *Approved for future payment*				
NONE				
Total ▶ **3b**				NONE

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
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	117,968.	
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	-15,888.	
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)				102,080.	
13 **Total.** Add line 12, columns (b), (d), and (e)					102,080.

(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.)
N/A	
	N/A

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

			Yes	No
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?			
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 nonchantable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
	N/A		N/A

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 J. Langdon | 10-31-13 | ▶ 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
ANNE WALKER	Anne Walker	10/30/13		P00377634

Firm's name ▶ JMW & ASSOCIATES, LLC | Firm's EIN ▶ 57-1224592

Firm's address ▶ 6400 GLENWOOD, SUITE 100 OVERLAND PARK, KS 66202 | Phone no 913-499-4920

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of Property		Description				P or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj. basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
		TOTAL LONG-TERM CAPITAL GAIN DIVIDENDS					482.	
		PUBLICLY TRADED SECURITIES - ST						
171,818.		166,823.					4,995.	
		PUBLICLY TRADED SECURITIES - LT						
544,205.		565,088.					-20,883.	
TOTAL GAIN(LOSS)							-15,406.	

SCHEDULE D (Form 1041)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1041, Form 5227, or Form 990-T.
▶ Information about Schedule D (Form 1041) and its separate instructions is at *www.irs.gov/form1041.*

OMB No 1545-0092

2012

Name of estate or trust: THE UMB FINANCIAL CORPORATION CHARITABLE FOUNDATION 132378

Employer identification number: 20-5093263

Note: *Form 5227 filers need to complete **only** Parts I and II*

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a						

b	Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b	1b	4,995.
2	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	2	
3	Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	3	
4	Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2011 Capital Loss Carryover Worksheet	4	( )
5	**Net short-term gain or (loss).** Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back ▶	5	4,995.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a	LONG-TERM CAPITAL GAIN DIVIDENDS					482.

b	Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b	6b	-20,883.
7	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	7	
8	Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	8	
9	Capital gain distributions	9	
10	Gain from Form 4797, Part I	10	
11	Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2011 Capital Loss Carryover Worksheet	11	( )
12	**Net long-term gain or (loss).** Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back ▶	12	-20,401.

Part III Summary of Parts I and II
Caution: *Read the instructions* ***before*** *completing this part.*

		(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
13 **Net short-term gain or (loss)**	13			4,995.
14 **Net long-term gain or (loss):**				
a Total for year	14a			-20,401.
b Unrecaptured section 1250 gain (see line 18 of the wrksht.)	14b			
c 28% rate gain	14c			
15 **Total net gain or (loss).** Combine lines 13 and 14a ▶	15			-15,406.

Note: *If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and* ***do not*** *complete Part IV If line 15, column (3), is a net loss, complete Part IV and the* ***Capital Loss Carryover Worksheet,*** *as necessary*

Part IV Capital Loss Limitation

16 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the **smaller** of:		
a The loss on line 15, column (3) **or** b $3,000	16	(3,000)

Note: *If the loss on line 15, column (3), is more than $3,000,* ***or*** *if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the* ***Capital Loss Carryover Worksheet*** *in the instructions to figure your capital loss carryover*

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), **and** Form 1041, line 22, is more than zero

Caution: *Skip this part and complete the* ***Schedule D Tax Worksheet*** *in the instructions if:*

- *Either line 14b, col (2) or line 14c, col (2) is more than zero, or*
- *Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero*

Form 990-T trusts. Complete this part **only** if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, **and** Form 990-T, line 34, is more than zero. Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if either line 14b, col (2) or line 14c, col. (2) is more than zero.

17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)			17	
18	Enter the **smaller** of line 14a or 15 in column (2) but not less than zero	18			
19	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	19			
20	Add lines 18 and 19	20			
21	If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0- ▶	21			
22	Subtract line 21 from line 20 If zero or less, enter -0-			22	
23	Subtract line 22 from line 17 If zero or less, enter -0-			23	
24	Enter the **smaller** of the amount on line 17 or $2,400			24	
25	Is the amount on line 23 equal to or more than the amount on line 24? ☐ **Yes.** Skip lines 25 and 26; go to line 27 and check the "No" box. ☐ **No.** Enter the amount from line 23			25	
26	Subtract line 25 from line 24			26	
27	Are the amounts on lines 22 and 26 the same? ☐ **Yes.** Skip lines 27 thru 30, go to line 31 ☐ **No.** Enter the smaller of line 17 or line 22			27	
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)			28	
29	Subtract line 28 from line 27			29	
30	Multiply line 29 by 15% (15)				30
31	Figure the tax on the amount on line 23 Use the 2012 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)				31
32	Add lines 30 and 31				32
33	Figure the tax on the amount on line 17. Use the 2012 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)				33
34	**Tax on all taxable income.** Enter the **smaller** of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36)				34

SCHEDULE D-1 (Form 1041)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule D (Form 1041)

▶ Attach to Schedule D to list additional transactions for lines 1a and 6a.

▶ Information about Schedule D (Form 1041) and its separate instructions is at *www.irs.gov/form1041.*

OMB No 1545-0092

2012

Name of estate or trust

THE UMB FINANCIAL CORPORATION CHARITABLE

Employer identification number

20-5093263

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
1a PUBLICLY TRADED SECURITIES - ST			171,818.	166,823.	4,995.

1b **Total.** Combine the amounts in column (f). Enter here and on Schedule D, line 1b . . . . . 4,995.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041. **Schedule D-1 (Form 1041) 2012**

JSA
2F1221 2 000

Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side	Employer identification number

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
6a PUBLICLY TRADED SECURITIES - LT			544,205.	565,088.	-20,883.

6b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 6b . . . . -20,883.

ATTACHMENT 1

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
UMB DIVIDENDS AND INTEREST	117,968.	117,402.
TOTAL	117,968.	117,402.

ATTACHMENT 2

FORM 990PF, PART I - ACCOUNTING FEES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	ADJUSTED NET INCOME	CHARITABLE PURPOSES
TAX PREPARATION FEE	800.			800.
TOTALS	800.			800.

ATTACHMENT 3

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	CHARITABLE PURPOSES
CUSTODIAN & MANAGEMENT FEES	1,525.	1,525.
TOTALS	1,525.	1,525.

ATTACHMENT 4

FORM 990PF, PART I - TAXES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
FEDERAL TAX PAYMENT PRIOR YEAR	1,609.	
FEDERAL TAX ESTIMATES	1,888.	
FOREIGN TAXES	928.	928.
TOTALS	4,425.	928.

ATTACHMENT 5

FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV
CORPORATE STOCK - SEE ATCH A	1,783,693.	2,242,193.
TOTALS	1,783,693.	2,242,193.

ATTACHMENT 6

FORM 990PF, PART II - CORPORATE BONDS

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV
CORPORATE BONDS - SEE ATCH A	1,106,888.	1,104,517.
TOTALS	1,106,888.	1,104,517.

ATTACHMENT 7

FORM 990PF, PART II - OTHER INVESTMENTS

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV
EQUITY FUNDS -SEE ATCH A	324,625.	338,653.
FIXED INCOME FUNDS -SEE ATCH A	126,167.	126,291.
TOTALS	450,792.	464,944.

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES ATTACHMENT 8

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MARINER J. KEMPER 1010 GRAND BLVD KANSAS CITY, MO 64106	DIRECTOR AND PRESIDENT 1.00	0	0	0
PETER J. DESILVA 1010 GRAND BLVD KANSAS CITY, MO 64106	DIRECTOR AND VICE PRESIDENT 1.00	0	0	0
MICHAEL D. HAGEDORN 1010 GRAND BLVD KANSAS CITY, MO 64106	DIRECTOR AND TREASURER 1.00	0	0	0
SUAN B. TESON 1010 GRAND BLVD KANSAS CITY, MO 64106	SECRETARY 1.00	0	0	0
JOHN C. PAULS 1010 GRAND BLVD KANSAS CITY, MO 64106	ASSISTANT SECRETARY 1.00	0	0	0
	GRAND TOTALS	0	0	0

ATTACHMENT 9

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

SEE ATTACHMENT B

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 10

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
UNIVERSITY OF PUGET SOUND 1500 N. WARNER STREET #1087 TACOMA, WA 98416	NONE EXEMPT	GENERAL	5,000.
BOYS & GIRLS CLUB 6301 ROCKHILL RD, SUITE 303 KANSAS CITY, MO 64131	NONE EXEMPT	GENERAL	25,000.
YMCA OF GREATER KANSAS CITY 3100 BROADWAY, SUITE 1020 KANSAS CITY, MO 64111	NONE EXEMPT	GENERAL	5,000.
UNITED WAY OF GREATER KANSAS CITY 1080 WASHINGTON STREET KANSAS CITY, MO 64105	NONE EXEMPT	GENERAL	5,000.
JUNIOR ACHIEVEMENT 4049 PENNSYLVANIA AVE, SUITE 150 KANSAS CITY, MO 64111	NONE EXEMPT	GENERAL	10,000.
PHOENIX ART MUSEUM 1625 N. CENTRAL AVE PHOENIX, AZ 85004	NONE EXEMPT	GENERAL	10,000.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 10 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
DUCKS UNLIMITED 7795 LEBRUN CT. LONE TREE, CO 80124	NONE EXEMPT	GENERAL	10,000.
PRINCIPIA SCHOOL 13201 CLAYTON ROAD ST. LOUIS, MO 63131-1002	NONE EXEMPT	GENERAL	10,000.
AMERICAN RED CROSS 1040 S. 8TH STREET, SUITE 200 COLORADO SPRINGS, CO 80905	NONE EXEMPT	GENERAL	5,000.
GLOBAL DOWN SYNDROME 3300 E FIRST AVENUE, SUITE 390 DENVER, CO 80206	NONE EXEMPT	GENERAL	5,000.
JOHNSON COUNTY COMMUNITY 12345 COLLEGE BLVD OVERLAND PARK, KS 66210	NONE EXEMPT	GENERAL	1,000.
JACKSON COUNTY CASA 625 E. 26TH STREET KANSAS CITY, MO 64108	NONE EXEMPT	GENERAL	15,000.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 10 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
LISC GREATER KANSAS CITY 600 BROADWAY, SUITE 280 KANSAS CITY, MO 64105	NONE EXEMPT	GENERAL	25,000.
BISHOP WARD HIGH SCHOOL 708 N. 18TH STREET KANSAS CITY, KS 66102	NONE EXEMPT	GENERAL	2,000.
LAKEMARY CENTER 100 LAKEMARY DRIVE PAOLA, KS 66071	NONE EXEMPT	GENERAL	5,000.
TULSA UNITED WAY CAMPAIGN 4705 S. 129TH EAST AVENUE TULSA, OK 74134-7008	NONE EXEMPT	GENERAL	10,000.
YMCA - ATCHISON 321 COMMERCIAL STREET ATCHISON, KS 66002	NONE EXEMPT	GENERAL	10,000.
UNIVERSITY OF PUGET SOUND 1500 N. WARNER STREET #1087 TACOMA, WA 98416	NONE EXEMPT	GENERAL	5,000.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 10 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
THE GATHERING PLACE 1535 HIGH STREET DENVER, CO 80218	NONE EXEMPT	GENERAL	5,000.
QUALIFIED SCHOLARSHIP RECIPIENTS	NONE INDIVIDUALS	SCHOLARSHIPS TO QUALIFIED INDIVIDUALS	10,000.
		TOTAL CONTRIBUTIONS PAID	178,000.

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	92.85	32,497.50	851.44	826	2 54
450	Abbott Laboratories	ABT 002824100	47.84	21,526.79	65.50	29,475.00	7,948.21	252	0.85
800	AFLAC Inc	AFL 001055102	47.29	37,830.48	53.12	42,496.00	4,665.52	1,120	2.64
500	Air Products and Chemicals Inc	APD 009158106	86.55	43,273 10	84.02	42,010.00	(1,263.10)	1,280	3 05
525	Allergan Inc	AGN 018490102	65.04	34,143 90	91.73	48,158.25	14,014.35	105	0.22
300	Apache Corp	APA 037411105	84.77	25,431.30	78.50	23,550.00	(1,881.30)	204	0.87
125	Apple Inc	AAPL 037833100	248 90	31,112 08	532.17	66,521.61	35,409.53	1,325	1.99
2,020	AT & T Inc	T 00206R102	31 88	64,399.61	33.71	68,094.20	3,694.59	3,636	5.34
430	BHP Billiton Ltd One ADR Represents 2 Ord Shrs	BHP 088606108	92.86	39,930.75	78.42	33,720.60	(6,210 15)	963	2.86
525	Boeing Co	BA 097023105	63.79	33,491.85	75.36	39,564.00	6,072.15	1,019	2.57
700	Bristol Myers Squibb Co	BMY 110122108	29.01	20,305.60	32.59	22,813.00	2,507.40	980	4.30
550	Caterpillar Inc Del	CAT 149123101	65.84	36,211.34	89.61	49,284.68	13,073.34	1,144	2.32
600	Cerner Corp	CERN 156782104	43.45	26,069.76	77.51	46,506.00	20,436.24	0	
575	Chevron Corp	CVX 166764100	76 51	43,994.89	108.14	62,180 50	18,185.61	2,070	3 33
675	Coach Inc	COH 189754104	36 38	24,556 50	55.51	37,469.25	12,912.75	810	2 16
1,400	Coca Cola Co	KO 191216100	31.43	44,000 60	36.25	50,750 00	6,749 40	1,428	2.81
550	Costco Wholesale Corp	COST 22160K105	56.04	30,821.01	98.73	54,301 50	23,480 49	605	1.11
925	CVS Caremark Corporation	CVS 126650100	30 50	28,210.65	48.35	44,723.75	16,513 10	833	1.86
1,100	Danaher Corp Del	DHR 235851102	37.95	41,743 68	55.90	61,490.00	19,746.32	110	0.18

ATTACHMENT A

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)									
1,050	Disney Walt Co	DIS 254687106	34 02	35,718.90	49.79	52,279.50	16,560 60	788	1.51
900	Duke Energy Hldg Corp	DUK 26441C204	56.52	50,866.11	63.80	57,420.00	6,553 89	2,754	4.80
450	Eaton Corp Plc Sedol B8KQN82	ETN G29183103	51.95	23,375.25	54.18	24,381.00	1,005 75	684	2.81
50	Google Inc Class A	GOOG 38259P508	488.91	24,445 50	707.38	35,369.00	10,923 50	0	
1,025	Home Depot Inc	HD 437076102	27.99	28,687.80	61.85	63,396.25	34,708.45	1,189	1.88
700	Illinois Tool Works Inc	ITW 452308109	43.48	30,434.88	60.81	42,567.00	12,132.12	1,064	2.50
1,850	Intel Corp	INTC 458140100	21 24	39,290.86	20.62	38,147.00	(1,143.86)	1,665	4 36
225	International Business Machines	IBM 459200101	129.85	29,217.29	191.55	43,098 75	13,881.46	765	1.77
300	Johnson & Johnson	JNJ 478160104	66 25	19,875.00	70.10	21,030.00	1,155.00	732	3.48
1,050	Johnson Controls Inc	JCI 478366107	29.31	30,773.82	30.67	32,203.50	1,429.68	798	2.48
900	JPMorgan Chase & Co	JPM 46625H100	32.37	29,131.20	43 97	39,572.19	10,440.99	1,080	2.73
300	Kraft Foods Group Inc	KRFT 50076Q106	43 85	13,154.94	45.47	13,641.00	486.06	600	4.40
525	Merck & Co Inc	MRK 58933Y105	38 13	20,018.25	40.94	21,493.50	1,475.25	903	4.20
1,350	Microsoft Corp	MSFT 594918104	25.44	34,341.57	26 71	36,058.10	1,716 53	1,242	3.44
500	Mondelez International Inc	MDLZ 609207105	26 08	13,040.00	25.45	12,726 60	(313.40)	260	2.04
650	National Oilwell Varco Inc	NOV 637071101	35 24	22,904.12	68.35	44,427.50	21,523.38	338	0.76
800	NextEra Energy Inc	NEE 65339F101	65.76	52,607 92	69.19	55,352.00	2,744 08	1,920	3.47
600	Northern Trust Corp	NTRS 665859104	50.34	30,203.04	50.16	30,096.00	(107.04)	720	2.39
350	Occidental Petroleum Corp	OXY 674599105	80.89	28,311.47	76.61	26,813.50	(1,497.97)	756	2 82

ATTACHMENT A

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)									
1,400	Oracle Corp	ORCL 68389X105	23.65	33,107.62	33.32	46,648.00	13,540.38	336	0.72
1,000	Paychex Inc	PAYX 704326107	29.35	29,346.80	31.10	31,100.00	1,753.20	1,320	4.24
475	Pepsico Inc	PEP 713448108	63.32	30,075.72	68.43	32,504.25	2,428.53	1,021	3.14
580	Philip Morris International Inc	PM 718172109	68 34	39,635.98	83.64	48,511.20	8,875.22	1,972	4.07
350	Praxair Inc	PX 74005P104	81.98	28,694.61	109.45	38,307.50	9,612.89	770	2.01
475	Procter & Gamble Co	PG 742718109	62.59	29,728.97	67.89	32,247.75	2,518.78	1,068	3.31
600	Qualcomm Inc	QCOM 747525103	36 63	21,976.92	61.86	37,115.76	15,138.84	600	1.62
500	Schlumberger Ltd	SLB 806857108	57.50	28,749 65	69.30	34,649.30	5,899.65	550	1.59
1,400	Spectra Energy Corp	SE 847560109	21.27	29,778.00	27.38	38,332.00	8,554.00	1,708	4.46
600	Teva Pharmaceutical Inds Ltd ADR Repstg 1 Ord Sh	TEVA 881624209	52 01	31,205 28	37.34	22,404.00	(8,801.28)	482	2.15
600	Toronto Dominion Bank	TD 891160509	75.68	45,409.50	84.33	50,598.00	5,188.50	1,864	3.68
400	United Technologies Corp	UTX 913017109	74.50	29,799.20	82.01	32,804.00	3,004.80	856	2.61
900	UnitedHealth Group Inc	UNH 91324P102	30.55	27,493.20	54.24	48,816.00	21,322.80	765	1.57
875	US Bancorp Del	USB 902973304	24 01	21,007 09	31.94	27,947.50	6,940.41	683	2.44
2,550	Verizon Communications Inc	VZ 92343V104	36 10	92,061.95	43.27	110,338.50	18,276.55	5,253	4.76
550	Wal Mart Stores Inc	WMT 931142103	50.10	27,553.90	68.23	37,526.50	9,972 60	875	2.33
400	Zimmer Holdings Inc	ZMH 98956P102	57.43	22,970.92	66.66	26,664.00	3,693 08	288	1.08
	Total Common Stock			**1,783,693.18**		**2,242,192.49**	**458,499.31**	**57,377**	
	Total Equity Securities			**1,783,693.18**		**2,242,192.49**	**458,499.31**	**57,377**	

ATTACHMENT A

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									
3,038.235	Dodge & Cox Funds International Stock Fund	DODFX 256206103	34.80	105,720.01	34.64	105,244.46	(475.55)	2,270	2.16
1,029.132	Oppenheimer Developing Mkts Cl Y	ODVYX 683974505	34.26	35,254.73	34.88	35,896.12	641.39	256	0.71
3,105.246	Scout International Fund	UMBWX 81063U503	29.51	91,621.27	33.35	103,559.95	11,938.68	1,643	1 59
6,872.922	Scout Mid Cap Fund	UMBMX 81063U206	13.39	92,028.76	13.67	93,952.84	1,924.08	742	0.79
	Total Equity Fund			**324,624.77**		**338,653.37**	**14,028.60**	**4,911**	
	Total Equity Funds			**324,624.77**		**338,653.37**	**14,028.60**	**4,911**	
Fixed Income Securities									
Corporate Bonds									
50,000	AT&T Inc DTD 7/30/2010 2.500% 8/15/2015 A-	00206RAV4	1.00	49,847 00	104.26	52,129.00	2,282.00	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	105.47	52,736.00	762.15	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	103.87	51,933.50	(2,580 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	110.82	55,409 50	914.50	2,650	3.42
50,000	Berkshire Hathaway Inc DTD 2/11/2010 3.200% 2/11/2015 Sr Unsecured Notes AA+	084670AV0	1.04	52,003.20	105.28	52,639.00	635.80	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	105.87	52,935.00	(1,080.50)	1,750	1.60

ATTACHMENT A

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	Coca Cola Co DTD 3/6/2009 3.625% 3/15/2014 Senior Notes AA-	191216AL4	1.08	54,104.50	103.76	51,878.50	(2,226.00)	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	106.67	53,335 50	(630.50)	1,575	1.44
50,000	Conocophillips DTD 5/21/2009 4.600% 1/15/2015 A	20825CAT1	1.10	55,051.86	108.07	54,035.00	(1,016.86)	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	114.38	57,192 00	1,526.00	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	100.60	50,297.50	354 00	650	1.34
25,000	Goldman Sachs Group Inc DTD 9/29/2004 5.000% 10/1/2014 A-	38143UAW1	1.05	26,317.00	106.52	26,629 75	312.75	1,250	2.77
50,000	Hewlett Packard Co DTD 9/13/2010 2.125% 9/13/2015 Sr Unsecured Notes BBB+	428236BC6	1.01	50,355.50	99.93	49,965.50	(390.00)	1,063	1.97
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	101.49	50,745.00	(3,241.60)	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	108.53	54,266.50	(1,220.50)	2,000	1.60
50,000	Pepsico Inc DTD 1/14/2010 3.100% 1/15/2015 A-	713448BM9	1.07	53,687 50	104.96	52,478 00	(1,209.50)	1,550	1.32
35,000	Rio Tinto Fin Usa Ltd DTD 4/17/2009 9.000% 5/1/2019 A-	767201AH9	1.38	48,324.85	137.35	48,073 55	(251 30)	3,150	2.59

ATTACHMENT A

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	Shell International Fin DTD 9/22/2009 3.250% 9/22/2015 AA	822582AH5	1.04	51,754.00	106.81	53,406 00	1,652.00	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	104.52	52,259.50	2,086 00	1,225	2.38
25,000	Vale Overseas Ltd DTD 1/10/2006 6.250% 1/11/2016 A-	91911TAF0	1.14	28,405.00	112.51	28,127 50	(277.50)	1,563	2 41
50,000	Verizon Communications Inc DTD 3/28/2011 1.950% 3/28/2014 Sr Unsecured Notes A-	92343VBA1	1.02	51,074.00	101.81	50,904.00	(170.00)	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	106.28	53,141.00	1,398.00	1,813	2.83
	Total Corporate Bonds			**1,106,887.86**		**1,104,516.80**	**(2,371.06)**	**38,025**	
	Total Fixed Income Securities			**1,106,887.86**		**1,104,516.80**	**(2,371.06)**	**38,025**	
Fixed Income Funds									
Fixed Income Funds									
12,120 057	Metropolitan West High Yield Bond Fund I	MWHIX 592905848	10.41	126,166.61	10.42	126,290.99	124.38	8,860	7.02
	Total Fixed Income Funds			**126,166.61**		**126,290.99**	**124.38**	**8,860**	
	Total Fixed Income Funds			**126,166.61**		**126,290.99**	**124.38**	**8,860**	
Money Markets and Cash									
Money Market Funds									
140,018.4	Fidelity Treasury Fund #695	FISXX 316175504	1.00	140,018.40	1.00	140,018.40		14	0 01
	Total Money Market Funds			**140,018.40**		**140,018.40**	**0.00**	**14**	
	Total Money Markets and Cash			**140,018.40**		**140,018.40**	**0.00**	**14**	
	Account Total			**3,481,390.82**		**3,951,672.05**	**470,281.23**	**109,186**	

ATTACHMENT A

THE UMB FINANCIAL CORPORATION CHARITABLE FOUNDATION
ATTACHMENT TO FORM 990-PF, PART XV, LINES 2a-2d
For the Year Ended December 31, 2012

RECIPIENT NAME:
SCHOLARSHIP MGMT SERVICES, SHOLARSHIP AMERICA

ADDRESS:
ONE SHOLARSHIP WAY, P.O. BOX 297
SAINT PETER, MN 56082

FORM, INFORMATION MATERIALS:
APPLICATION FOR UMB COUNT-ON-MORE SCHOLARSHIP PROGRAM
SEE ATTACHMENT C

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 MATERIALS:
GRANT APPLICATION UMB FINANCIAL CORPORATION CHARITABLE FOUNDATION
SEE ATTACHMENT D
FOR OPERATING AND CAPITAL GRANTS OF $25,000, A PROPOSAL IS REQUIRED.

SUBMISSION DEADLINES:
NONE

RESTRICTIONS OR LIMITATIONS ON AWARDS:
TO VARIOUS 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.

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 HEALTH BENEFIT ELIGIBLE. THE UMBF ASSOCIATE MUST HAVE A MIMIMUM 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 ADADEMIC YEAR.

ATTACHMENT C

Application for UMB count on More Scholarship Program

Company LOGO here

<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

ATTACHMENT C

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

ATTACHMENT C

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 _____

ATTACHMENT C

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.)

ATTACHMENT D

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

ATTACHMENT D

- 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.	Employer identification number (EIN) or
	THE UMB FINANCIAL CORPORATION CHARITABLE FOUNDATION 132378	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 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	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 13

5 For calendar year 2012, 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 INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

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	$ 2,329.
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	$ 2,360.
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	$ 0

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 ▶ ELECTRONICALLY FILED Title ▶ Date ▶