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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation)

OMB No 1545-1150

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning 10-01-2013, and ending 09-30-2014

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): PO BOX 203
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: WARRENSBURG, MO 64093

D Employer identification number: 43-1057218

E Telephone number:

F Group Exemption Number:

G Accounting Method: [ ] Cash [X] 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.JOHNSONCOMOUNITEDWAY.ORG

J Tax-exempt status (check only one): [X] 501(c)(3) [ ] 501(c) ( ) (insert no ) [ ] 4947(a)(1) or [ ] 527

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 155,471

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 [X]

Table with 21 rows and 2 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values include 119,850, 244, 3,660, 31,717, 155,471, 95,245, 20,000, 9,836, 2,761, 1,735, 11,135, 140,712, 14,759, 42,897, 57,656.

**Part II Balance Sheets** (see the instructions for Part II)

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

	(A) Beginning of year		(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	93,017	<b>22</b>	75,916
<b>23</b> Land and buildings . . . . .	0	<b>23</b>	0
<b>24</b> Other assets (describe in Schedule O) . . . . .	4,006	<b>24</b>	19,293
<b>25 Total assets</b> . . . . .	97,023	<b>25</b>	95,209
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .	54,126	<b>26</b>	37,553
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	42,897	<b>27</b>	57,656

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

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

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

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

<b>28</b> 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 \$ 95,245) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>
<b>29</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>
<b>30</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>
<b>31</b> Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32 Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/>	<b>32</b> 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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V Other Information (Note the Schedule A and personal benefit contract 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 (2013) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, political expenditures, loans, and controlled entities.

	Yes	No
46		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 . . . . .

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

	Yes	No
47		No
48		No
49a		No
49b		

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 . . . . .

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

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

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

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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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 business address of each independent contractor	(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 Date 2015-02-11  
 SCOTT PATRICK PRESIDENT Type or print name and title

**Paid Preparer Use Only**  
 Print/Type preparer's name: JONNA D ALBERT Preparer's signature: Date: 2015-02-12 Check  if self-employed PTIN: P00749134  
 Firm's name: Jonna D Albert Accounting &Tax LLC Firm's EIN: 43-1876954  
 Firm's address: 454 E Gay Street Warrensburg, MO 64093 Phone no: (660) 429-4495

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

**Additional Data**

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

**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
SCOTT PATRICK PRESIDENT	2 00	0	0	0
RHONDA MCCLUNG VICE PRESIDENT	2 00	0	0	0
KATHY RAY-SMITH TREASURER	2 00	0	0	0
DONNA COOK SECRETARY	2 00	0	0	0
ROBERT VICKERS EXECUTIVE DIRECTOR	20 00	0	0	0
MARY BETH HARPER DIRECTOR	0 00	0	0	0
LIZ KOSTAS DIRECTOR	0 00	0	0	0
RHONDA MCCLUNG DIRECTOR	0 00	0	0	0
MELISSA FREY DIRECTOR	0 00	0	0	0
LESLIE ADAMS DIRECTOR	0 00	0	0	0
JACK MOORE DIRECTOR	0 00	0	0	0
LEANNE LARSON DIRECTOR	3 00	0	0	0
PHILIP SHUMARD DIRECTOR	0 00	0	0	0
JEFF TERRY DIRECTOR	0 00	0	0	0
EUGENE STILLMAN DIRECTOR	0 00	0	0	0

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

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(E) Expense account and other allowances</b>
HEATHER COUNTS DIRECTOR	0 00	0	0	0
KAREN HIBDON DIRECTOR	0 00	0	0	0
KIM NICAS DIRECTOR	0 00	0	0	0
MARLENE STEWART DIRECTOR	0 00	0	0	0
TERRENCE MOODY DIRECTOR	3 00	0	0	0
DEB ORR DIRECTOR	0 00	0	0	0

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**  
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at**  
**[www.irs.gov/form990](http://www.irs.gov/form990).**

**2013**

**Open to Public Inspection**

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 described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  
  - a  Type I b  Type II c  Type III - Functionally integrated d  Type III - Non-functionally integrated
- 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 supported organization?

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

**(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)

(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 monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	155,593	144,568	148,080	164,627	123,510	736,378
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	155,593	144,568	148,080	164,627	123,510	736,378
<b>5</b> 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)						123,119
<b>6 Public support.</b> Subtract line 5 from line 4						613,259

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4	155,593	144,568	148,080	164,627	123,510	736,378
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,656	1,039	633	207	244	3,779
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )					31,717	31,717
<b>11 Total support</b> (Add lines 7 through 10)						771,874
<b>12</b> Gross receipts from related activities, etc (see instructions)					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	79 450 %
<b>15</b> Public support percentage for 2012 Schedule A, Part II, line 14	<b>15</b>	89 330 %
<b>16a 33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2013.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2013</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2012</b> Schedule A, Part III, line 17	<b>18</b>	

- 19a 33 1/3% support tests—2013.** 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—2012.** 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

Return Reference	Explanation
Other income (Part II, line 10 or Part III, line 12)	PY AGENCY ALLOCATIONS IN EXCESS OF DISTRIBUTIONS AND PY INCREASE OF PLEDGES RECEIVABLE TO ACTUAL

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

**2013**

**Open to Public  
Inspection**

Name of the organization  
JOHNSON COUNTY UNITED WAY

Employer identification number

43-1057218

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Description of other revenue Part I line 8	DESCRIPTION AMOUNTPY AGENCY ALLOC IN EXCESS OF DISTR 9,530PY INCR OF PLEDGES RECV TO ACTUAL 22,187
List of grants and similar amounts paid Part I line 10	ACTIVITY ALLOCATION GRANTEE AMERICAN RED CROSS STREET 208 EMERSON STREET CITY, STATE, ZIP WARRENSBURG, MO 64093RELATIONSHIP NONE AMOUNT 3,805ACTIVITY ALLOCATION GRANTEE HOLDEN SENI OR CENTER AND SPORTS PRGSTREET 204 W 2ND STREET CITY, STATE, ZIP HOLDEN, MO 64040RELATIONS HIP NONE AMOUNT 5,250ACTIVITY ALLOCATION GRANTEE WARRENSBURG SENIOR CENTER STREET 445 E GA Y STREET CITY, STATE, ZIP WARRENSBURG, MO 64093RELATIONSHIP NONE AMOUNT 4,730ACTIVITY ALLO CATION GRANTEE CATHOLIC CHARITIES, WARRENSBURG STREET 118 HOUT STREET CITY, STATE, ZIP WAR RRENSBURG, MO 64093RELATIONSHIP NONE AMOUNT 630ACTIVITY ALLOCATION GRANTEE CHILDRENS MERCY HOSPITAL STREET 2401 GILLHAM ROAD CITY, STATE, ZIP KANSAS CITY, MO 64108RELATIONSHIP NONE AMOUNT 5,700ACTIVITY ALLOCATION GRANTEE HOMEMAKER HEALTH CARE STREET 1760 SOUTH RIDGE DRIVE CITY, STATE, ZIP JEFFERSON CITY, MO 65109RELATIONSHIP NONE AMOUNT 2,010ACTIVITY ALLOCATIO N GRANTEE JOHNSON COUNTY ADULT LITERACY STREET 432 N HOLDEN STREET CITY, STATE, ZIP WARREN SBURG, MO 64093RELATIONSHIP NONE AMOUNT 3,050ACTIVITY ALLOCATION GRANTEE SALVATION ARMY - WARRENSBURG UNIT STREET 122 HOUT STREET CITY, STATE, ZIP WARRENSBURG, MO 64093RELATIONSHIP NONE AMOUNT 7,200ACTIVITY ALLOCATION GRANTEE SHOW-ME CHRISTIAN YOUTH HOME STREET 24302 MA HIN ROAD CITY, STATE, ZIP LA MONTE, MO 65337RELATIONSHIP NONE AMOUNT 9,690ACTIVITY ALLOCAT ION GRANTEE KNOB NOSTER YOUTH SPORTS ASSOC STREET 303 S LINCOLN STREET CITY, STATE, ZIP KN OB NOSTER, MO 65336RELATIONSHIP NONE AMOUNT 2,070ACTIVITY ALLOCATION GRANTEE THE FOOD CENT ER STREET 118F HOUT STREET CITY, STATE, ZIP WARRENSBURG, MO 64093RELATIONSHIP NONE AMOUNT 14,000ACTIVITY ALLOCATION GRANTEE UNIV OF MISSOURI HEALTH SVC CENTER STREET ONE HOSPITAL D RIVE CITY, STATE, ZIP COLUMBIA, MO 65201RELATIONSHIP NONE AMOUNT 680ACTIVITY ALLOCATION GRANTEE PATHWAY COMMUNITY BEHAVIOR HEALTH STREET 520 BURKARTH ROAD CITY, STATE, ZIP WARRENSB URG, MO 64093RELATIONSHIP NONE AMOUNT 4,590ACTIVITY ALLOCATION GRANTEE HOPE COALITION STRE ET 212 W 2ND STREET CITY, STATE, ZIP HOLDEN, MO 64040RELATIONSHIP NONE AMOUNT 8,180ACTIVIT Y ALLOCATION GRANTEE BIG BROTHERS / BIG SISTERS STREET 608 N COLLEGE AVE CITY, STATE, ZIP WARRENSBURG, MO 64093RELATIONSHIP NONE AMOUNT 9,830ACTIVITY ALLOCATION GRANTEE HEART OF AM ERICA BOY SCOUTS STREET 10210 HOLMES ROAD CITY, STATE, ZIP KANSAS CITY, MO 64131RELATIONSH IP NONE AMOUNT 1,940ACTIVITY ALLOCATION GRANTEE KINGSVILLE RECREATION PROGRAM STREET 1739 SW 195 ROAD CITY, STATE, ZIP KINGSVILLE, MO 64061RELATIONSHIP NONE AMOUNT 2,200ACTIVITY AL LOCATION GRANTEE MID-CONTINENT GIRL SCOUTS STREET 8383 E STATE ROUTE 350 CITY, STATE, ZIP KANSAS CITY, MO 64133RELATIONSHIP NONE AMOUNT 1,940ACTIVITY ALLOCATION GRANTEE 4-H ASSISTA NCE FUND STREET 135 W MARKET ST CITY, STATE, ZIP WARRENSBURG, MO 64093RELATIONSHIP NONE AMOUNT 1,590ACTIVITY ALLOCATION GRANTEE WARRENSBURG PARKS FOR 21ST CENTURY STREET 445 E GAY ST CITY, STATE, ZIP WARRENSBURG, MO 64093RELATIONSHIP NONE AMOUNT 6,160
Description of other expenses Part I line 16	DESCRIPTION AMOUNTGENERAL CAMPAIGN EXPENSE 4,250INSURANCE 1,668OFFICE OPERATIONS 1,116DUES AND SUBSCRIPTIONS 1,290PAYROLL TAXES 1,565TELEPHONE 712WEB SERVICES 479BANK SERVICE CHARG ES 55
Description of other assets Part II line 24	CATEGORY BEGINNING OF YEAR END OF YEARPLEDGES RECEIVABLE 4,006 19,293
Description of total liabilities Part II line 26	CATEGORY BEGINNING OF YEAR END OF YEARAGENCY ALLOTMENTS PAYABLE 52,670 36,241PAYROLL TAXES PAYABLE 1,456 1,185OTHER ACCOUNTS PAYABLE 0 127