Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-PF and its separate instructions is at *www.irs.gov/form990pf.*

OMB No 1545-0052

2014

Open to Public Inspection

For calendar year 2014 or tax year beginning , 2014, 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 or province, country, and ZIP or foreign postal 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 [X] Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

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

I Fair market value of all assets at end of year *(from Part II, col (c), line 16)* ▶ $ 5,000,567.

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

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

Part I Analysis of Revenue and Expenses *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)*	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue				
1 Contributions, gifts, grants, etc , received (attach schedule)	300,000.			
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	116,405.	118,327.		ATCH 1
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10	93,488.			
b Gross sales price for all assets on line 6a 433,340.				
7 Capital gain net income (from Part IV, line 2)		93,488.		
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	509,893.	211,815.		
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)				
c Other professional fees (attach schedule) [2]	2,310.			2,310.
17 Interest				
18 Taxes (attach schedule) (see instructions) [3]	3,266.	1,016.		
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	5,576.	1,016.		2,310.
25 Contributions, gifts, grants paid	214,930.			214,930.
26 **Total expenses and disbursements** Add lines 24 and 25	220,506.	1,016.		217,240.
27 Subtract line 26 from line 12				
a **Excess of revenue over expenses and disbursements**	289,387.			
b **Net investment income** (if negative, enter -0-)		210,799.		
c **Adjusted net income** (if negative, enter -0-)				

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Part II Balance Sheets

		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year (a) Book Value	End of year (b) Book Value	End of year (c) Fair Market Value
Assets	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	213,102.	127,489.	127,489.
	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 4	1,798,071.	1,898,989.	3,124,398.
	c	Investments - corporate bonds (attach schedule) ATCH 5	948,853.	1,122,702.	1,099,064.
	11	Investments - land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments - mortgage loans			
	13	Investments - other (attach schedule) ATCH 6	537,063.	637,296.	649,616.
	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)	3,497,089.	3,786,476.	5,000,567.
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. ▶ ☒			
	27	Capital stock, trust principal, or current funds	3,497,089.	3,786,476.	
	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)	3,497,089.	3,786,476.	
	31	Total liabilities and net assets/fund balances (see instructions)	3,497,089.	3,786,476.	

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	3,497,089.
2	Enter amount from Part I, line 27a	2	289,387.
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	3,786,476.
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	3,786,476.

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

	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
a				
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	93,488.
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))
2013	193,600.	4,196,180.	0.046137
2012	180,325.	3,896,643.	0.046277
2011	159,940.	3,791,942.	0.042179
2010	173,184.	2,070,582.	0.083640
2009	750.	9,002.	0.083315

2	Total of line 1, column (d)	2	0.301548
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	0.060310
4	Enter the net value of noncharitable-use assets for 2014 from Part X, line 5	4	4,754,134.
5	Multiply line 4 by line 3	5	286,722.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	2,108.
7	Add lines 5 and 6	7	288,830.
8	Enter qualifying distributions from Part XII, line 4	8	217,240.

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	4,216.
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	4,216.
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	4,216.
6	Credits/Payments			
a	2014 estimated tax payments and 2013 overpayment credited to 2014	6a 2,562.		
b	Exempt foreign organizations - tax withheld at source	6b		
c	Tax paid with application for extension of time to file (Form 8868)	6c 6,000.		
d	Backup withholding erroneously withheld	6d		
7	Total credits and payments Add lines 6a through 6d		7	8,562.
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	4,346.
11	Enter the amount of line 10 to be **Credited to 2015 estimated tax** ▶ 4,346. **Refunded** ▶		11	

Part VII-A Statements Regarding Activities

		Line	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 2014 or the taxable year beginning in 2014 (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)*

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

Website address ▶ N/A

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

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

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

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

		Line	Yes	No
16	At any time during calendar year 2014, 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 FinCEN Form 114, (formerly 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.

		Line	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 2014?	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 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? ☐ 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 2014 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 2014)*	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 2014?	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 4945(d)(4)(A)? (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 7		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				

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

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 ▶		

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	4,622,221.
b	Average of monthly cash balances	1b	204,311.
c	Fair market value of all other assets (see instructions)	1c	
d	**Total** (add lines 1a, b, and c)	1d	4,826,532.
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	4,826,532.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see instructions)	4	72,398.
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,754,134.
6	**Minimum investment return.** Enter 5% of line 5	6	237,707.

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	237,707.
2a	Tax on investment income for 2014 from Part VI, line 5	2a	4,216.		
b	Income tax for 2014 (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	4,216.
3	Distributable amount before adjustments Subtract line 2c from line 1			3	233,491.
4	Recoveries of amounts treated as qualifying distributions			4	
5	Add lines 3 and 4			5	233,491.
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	233,491.

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	217,240.
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	217,240.
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	217,240.

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 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7					233,491.
2 Undistributed income, if any, as of the end of 2014					
a Enter amount for 2013 only					
b Total for prior years 20 12 ,20 11 ,20 10					
3 Excess distributions carryover, if any, to 2014					
a From 2009					
b From 2010	16,791.				
c From 2011					
d From 2012					
e From 2013					
f **Total** of lines 3a through e		16,791.			
4 Qualifying distributions for 2014 from Part XII, line 4 ▶ $ 217,240.					
a Applied to 2013, 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 2014 distributable amount					217,240.
e Remaining amount distributed out of corpus					
5 Excess distributions carryover applied to 2014 *(If an amount appears in column (d), the same amount must be shown in column (a))*		16,251.			16,251.
6 **Enter the net total of each column as indicated below:**					
a Corpus Add lines 3f, 4c, and 4e Subtract line 5		540.			
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 2013 Subtract line 4a from line 2a Taxable amount - see instructions					
f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015					
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)					
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions)					
9 **Excess distributions carryover to 2015.** Subtract lines 7 and 8 from line 6a		540.			
10 Analysis of line 9					
a Excess from 2010	540.				
b Excess from 2011					
c Excess from 2012					
d Excess from 2013					
e Excess from 2014					

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 2014, 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			
	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(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					
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 address of the person to whom applications should be addressed.

ATCH 8

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 9				
Total . . . . . . ▶ **3a**				214,930.
b *Approved for future payment*				
MERCY HEALTH FOUNDATION 655 MARYVILLE CENTRE DR ST LOUIS, MO 63141	NONE	PC	PROGRAM SUPPORT	7,500.
Total . . . . . . ▶ **3b**				7,500.

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	116,405.	
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	93,488.	
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)				209,893.	

13 Total. Add line 12, columns (b), (d), and (e) . . . 13 209,893.

(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

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 noncharitable 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 A Desgrosellier 11-16-15 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	11/12/15		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

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

Schedule of Contributors

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

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www irs.gov/form990

OMB No 1545-0047

2014

Name of the organization	Employer identification number
THE UMB FINANCIAL CORPORATION CHARITABLE FOUNDATION 132378	20-5093263

Organization type (check one)

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

Check if your organization is covered by the **General Rule** or a **Special Rule.**

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II

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

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than $1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling $5,000 or more during the year . . . . ▶ $______________

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

Name of organization THE UMB FINANCIAL CORPORATION CHARITABLE FOUNDATION 132378

Employer identification number 20-5093263

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	UMB BANK 1010 GRAND BLVD KANSAS CITY, MO 64106	$ 300,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization THE UMB FINANCIAL CORPORATION CHARITABLE FOUNDATION 132378

Employer identification number 20-5093263

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
----		$	
----		$	
----		$	
----		$	
----		$	
----		$	

Name of organization	Employer identification number
THE UMB FINANCIAL CORPORATION CHARITABLE FOUNDATION 132378	20-5093263

Part III ***Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e)** and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc , contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
----			

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
----			

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
----			

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
----			

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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 CAPITAL GAIN DISTRIBUTIONS					34,863.	
		PUBLICLY TRADED SECURITIES - LT				P	VAR	VAR
		PROPERTY TYPE: SECURITIES						
398,477.		339,852.					58,625.	
TOTAL GAIN(LOSS)							93,488.	

FROM 01/01/2014
TO 12/31/2014

STATEMENT OF CAPITAL GAINS AND LOSSES
THE UMB FINANCIAL CORPORATION
CHARITABLE FOUNDATION
TRUST YEAR ENDING 12/31/2014

RUN 06/17/2015
11.57 39 AM

TAX PREPARER
TRUST ADMINISTRATOR JLB026
INVESTMENT OFFICER:

LEGEND F - FEDERAL S - STATE I - INHERITED
E - EXEMPT FROM STATE U - ACQ COST UNKNOWN

PROPERTY DESCRIPTION	SHARES	DATE	SALES PRICE	COST BASIS	GAIN/LOSS	MARKET DISCOUNT	TERM	NC	8949
18000 0000 AT&T INC DTD 7/30/2010 2 500% 8/15/2015 - 00206RAV4 - MINOR = 2140									
SOLD		07/15/2014	18427 61						
ACQ	18000 0000	07/27/2010	18427 61	17988 26	439 35	0 00	LT	Y	F
CHANGED 09/29/14 #JL									
250 0000 ALLERGAN INC - 018490102 - MINOR = 3010									
SOLD		06/03/2014	42239 09						
ACQ	250 0000	07/15/2010	42239.09	16259 00	25980.09	0.00	LT	Y	F
CHANGED 09/29/14 #JL									
275 0000 ALLERGAN INC - 018490102 - MINOR = 3010									
SOLD		09/25/2014	48211 96						
ACQ	275 0000	07/15/2010	48211 96	17884 90	30327 06	0 00	LT	Y	F
50000.0000 BAXTER INTERNATIONAL INC DTD 2/26/2009 4 000% 3/1/2014 - 071813AZ2 - MINOR = 2140									
SOLD		03/03/2014	50000 00						
ACQ	50000.0000	08/17/2010	50000 00	54296.51	-4296 51	0 00	LT	Y	F
CHANGED 09/29/14 #JL									
700 0000 BRISTOL-MYERS SQUIBB CO - 110122108 - MINOR = 3010									
SOLD		07/17/2014	33956.30						
ACQ	700.0000	07/20/2011	33956 30	20305 60	13650.70	0.00	LT		F
CHANGED 09/29/14 #JL									
140 0000 CALIFORNIA RESOURCES CRP - 13057Q107 - MINOR = 3010									
SOLD		12/22/2014	819.61						
ACQ	140 0000	07/15/2010	819 61	986 94	-167 33	0.00	LT	Y	F
675 0000 COACH INC - 189754104 - MINOR = 3010									
SOLD		07/17/2014	22942 81						
ACQ	675.0000	07/15/2010	22942 81	24556 50	-1613 69	0 00	LT	Y	F
CHANGED 09/29/14 #JL									
50000 0000 CONOCOPHILLIPS DTD 5/21/2009 4 600% 1/15/2015 - 20825CAT1 - MINOR = 2140									
SOLD		11/25/2014	50289 62						
ACQ	17000 0000	07/23/2010	17098 47	18343 43	-1244 96	0.00	LT	Y	F
	33000 0000	07/23/2010	33191 15	35648 04	-2456 89	0 00	LT	Y	F
25000 0000 GOLDMAN SACHS GROUP INC DTD 9/29/2004 5 000% 10/1/2014 - 38143UAW1 - MINOR = 2140									
SOLD		10/01/2014	25000.00						
ACQ	25000 0000	04/16/2012	25000 00	25905 35	-905 35	0 00	LT	Y	F
50000 0000 MERCK & CO INC DTD 6/25/2009 4.000% 6/30/2015 - 589331AP2 - MINOR = 2140									
SOLD		12/01/2014	51076 50						
ACQ	50000.0000	09/22/2010	51076 50	54400 19	-3323 69	0 00	LT	Y	F
5000 NOW INC - 67011P100 - MINOR = 3010									
SOLD		06/02/2014	17 14						
ACQ	5000	07/15/2010	17 14	7 12	10 02	0 00	LT	Y	F
CHANGED 09/29/14 #JL									
162.0000 NOW INC - 67011P100 - MINOR = 3010									
SOLD		07/17/2014	5496 27						
ACQ	162 0000	07/15/2010	5496 27	2308 03	3188 24	0 00	LT	Y	F
CHANGED 09/29/14 #JL									
50000 0000 VERIZON COMMUNICATIONS INC DTD 3/28/2011 1 950% 3/28/2014 - 92343VBA1 - MINOR = 2140									
SOLD		03/28/2014	50000 00						
ACQ	50000.0000	11/21/2011	50000 00	50962 42	-962 42	0 00	LT	Y	F
CHANGED 09/29/14 #JL									
		TOTALS	398476 91	339852 29					

SUMMARY OF CAPITAL GAINS/LOSSES

FEDERAL	SHORT TERM	LONG TERM 28%	LONG TERM	ST WASH SALE	LT WASH SALE	1250 GAIN
NONCOVERED FROM ABOVE	0 00	0 00	44973 92	0 00	0.00	0 00*
COVERED FROM ABOVE	0 00	0 00	13650 70	0 00	0.00	
COMMON TRUST FUND	0 00	0 00	0 00			0 00
CAPITAL GAIN DIV/DIST	0 00	0 00	34754.85			107.76
	0 00	0 00	93379 47	0 00	0 00	107 76

STATE	SHORT TERM	LONG TERM 28%	LONG TERM	ST WASH SALE	LT WASH SALE	1250 GAIN
NONCOVERED FROM ABOVE	0 00	0 00	44973 92	0 00	0 00	0 00*
COVERED FROM ABOVE	0 00	0 00	13650 70	0 00	0 00	
COMMON TRUST FUND	0 00	0 00	0 00			0 00
CAPITAL GAIN DIV/DIST	0 00	0.00	34754 85			107 76
	0.00	0 00	93379.47	0.00	0 00	107.76

* - 1250 GAIN DETAILED ON TRANS PAGES, NOT ABOVE

CAPITAL LOSS CARRYOVER

FEDERAL	0 00	0 00
MISSOURI	N/A	N/A

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

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
UMB DIVIDENDS AND INTEREST	116,405.	118,327.
TOTAL	116,405.	118,327.

ATTACHMENT 2

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	CHARITABLE PURPOSES
CUSTODIAN & MANAGEMENT FEES	2,310.	2,310.
TOTALS	2,310.	2,310.

FORM 990PF, PART I - TAXES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
FEDERAL TAX PAYMENT PRIOR YEAR	1,250.	
FEDERAL TAX ESTIMATES	1,000.	
FOREIGN TAXES	1,016.	1,016.
TOTALS	3,266.	1,016.

ATTACHMENT 4

FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV
CORPORATE STOCK - SEE ATCH A	1,898,989.	3,124,398.
TOTALS	1,898,989.	3,124,398.

ATTACHMENT 5

FORM 990PF, PART II - CORPORATE BONDS

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV
CORPORATE BONDS - SEE ATCH A	1,122,702.	1,099,064.
TOTALS	1,122,702.	1,099,064.

ATTACHMENT 6

FORM 990PF, PART II - OTHER INVESTMENTS

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV
EQUITY FUNDS -SEE ATCH A	342,699.	363,556.
FIXED INCOME FUNDS -SEE ATCH A	246,897.	242,290.
TORTOISE ENERGY INFRA CORP	47,700.	43,770.
TOTALS	637,296.	649,616.

THE UMB FINANCIAL CORPORATION CHARITABLE 20-5093263

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

ATTACHMENT 7

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
SUSAN 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

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 9

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
AMERICAN ROYAL BOTAR 1701 AMERICAN ROYAL CT KANSAS CITY, MO 64102	NONE PC	2014 BOTAR BALL	10,000
ARIZONA HISPANIC CHAMBER OF COMMERCE FOUNDATION 2201 E CAMELBACK ROAD, SUITE 405B PHOENIX, AZ 85016	NONE PC	PROSPERITY THROUGH EXCELLENCE CAMPAIGN	15,000
BOYS & GIRLS CLUBS OF GREATER KC 6301 ROCKHILL RD #303 KANSAS CITY, MO 64131	NONE PC	KIDS NIGHT OUT MARCH 28, 2015	10,000.
BOYS & GIRLS CLUBS OF SOUTH CENTRAL KS 2400 N OPPORTUNITY DR WICHITA, KS 67219	NONE PC	GENERAL OPERATING SUPPORT	3,000
BOY SCOUTS OF AMERICA 10210 HOLMES RD KANSAS CITY, MO 64131	NONE PC	GENERAL OPERATING SUPPORT	1,000
CITY OF FOUNTAINS PO BOX 9193 SHAWNEE MISSION, KS 66201	NONE PC	PROGRAM SUPPORT	2,500

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

ATTACHMENT 9 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
COLE COUNTY HISTORICAL SOCIETY 109 MADISON ST JEFFERSON CITY, MO 65101	NONE PC	CAPITAL CAMPAIGN SUPPORT	2,500.
COXHEALTH FOUNDATION 3525 S NATIONAL AVE #204 SPRINGFIELD, MO 65807	NONE PC	CAPITAL FUNDING	5,000.
DENVER ACTIVE 20-30 CHILDRENS FOUNDATION 1499 BLAKE ST DENVER, CO 80202	NONE PC	ACITVE 20-30 CHILDRENS FOUNDATION POLO EVENT	2,500.
EAST ANGEL FRIENDS AND ALUMNI FOUNDATION 8 POLO CLUB DRIVE DENVER, CO 80209	NONE PC	EAST HIGH SCHOOL COUNSELING CENTER	5,000
FERGUSON FLORISSANT SCHOOL DISTRICT 2700 DERHAKE ROAD FLORISSANT, MO 63033	NONE PC	PURCHASE OF IPADS - FERGUSON FLORISSANT SCHOOL	3,790.
GLOBAL DOWN SYNDROME FOUNDATION 3300 E FIRST AVENUE STE 390 DENVER, CO 80206	NONE PC	BE BEAUTIFUL BE YOURSELF FASHION SHOW	5,000

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

ATTACHMENT 9 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
KANSAS WESLEYAN UNIVERSITY 100 E CLAFLIN AVE SALINA, KS 67401	NONE PC	SPORTS COMPLEX CAMPAIGN	5,000.
LEE'S SUMMIT WEST BOOSTER CLUB 2600 SW WARD ROAD LEE'S SUMMIT, MO 64082	NONE PC	DIG FOR THE CURE CANCER FUNDRAISER	5,000.
LISC GREATER KANSAS CITY 600 BROADWAY STE 280 KANSAS CITY, MO 64105	NONE PC	GENERAL OPERATING SUPPORT	25,000.
MCALLISTER FOUNDATION 423 NORTH CASCADE AVE COLORADO SPRINGS, CO 80903	NONE PC	CAPITAL SUPPORT MCALLISTER HOUSE MUSEUM	5,000.
MILE HIGH UNTED WAY 711 PARK AVE W DENVER, CO 80205	NONE PC	MODERATORS BALL	5,000.
NATIONAL MULTIPLE SCLEROSIS SOCIETY 7611 STATE LINE, SUITE 100 KANSAS CITY, MO 64114	NONE PC	PROGRAM SUPPORT	15,000.

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
PHOENIX ART MUSEUM 1625 N CENTRAL AVE PHOENIX, AZ 85004	NONE PC	PROGRAM SUPPORT	35,000
PITTSBURG STATE UNIVERSITY FOUNDATION 401 EAST FORD AVE PITTSBURG, KS 66762	NONE PC	CENTER FOR THE ARTS	15,000.
PONY EXPRESS MUSEUM 914 PENN ST ST JOSEPH, MO 64503	NONE PC	BUFFALO BILL IN ST JOSEPH EXHIBIT	5,000.
SALISBURY HOUSE FOUNDATION 4025 TONAWANDA DR DES MOINES, IA 50312	NONE PC	GENERAL OPERATING SUPPORT	2,500.
SEEDS COMMUNITY CAFE 109 E PIKES PEAK COLORADO SPRINGS, CO 80903	NONE PC	COMMUNITY CAFÉ, CULINARY ARTS TRAINING	5,000
THE SPRINGS RESCUE MISSION 5 W LAS VEGAS ST COLORADO SPRINGS, CO 80903	NONE PC	MISSION FARMS GREENHOUSE	5,000

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

ATTACHMENT 9 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
UMKC CONSERVATORY OF MUSIC AND DANCE 4949 CHERRY ST KANSAS CITY, MO 64110	NONE PC	UMKC CONSERVATORY CRESCENDO 2014	10,000.
QUALIFIED SCHOLARSHIP RECIPIENTS	NONE I	SEE ATTACHMENT C	12,140.
		TOTAL CONTRIBUTIONS PAID	214,930.

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	164 32	57,512.00	25,865.94	1,435	2.50
825	Abbott Laboratones	ABT 002824100	30.66	25,293.71	45.02	37,141.50	11,847.79	792	2.13
450	Abbvie Inc	ABBV 00287Y109	24.89	11,199.29	65.44	29,448 00	18,248.71	882	3.00
800	AFLAC Inc	AFL 001055102	47.29	37,830.48	61.09	48,872.00	11,041.52	1,248	2.55
500	Air Products and Chemicals Inc	APD 009158106	86 55	43,273.10	144.23	72,115.00	28,841.90	1,540	2.14
300	Apache Corp	APA 037411105	84.77	25,431 30	62 67	18,801.00	(6,630.30)	300	1.60
875	Apple Inc	AAPL 037833100	35.56	31,112.08	110.38	96,582.50	65,470.42	1,645	1.70
2,020	AT & T Inc	T 00206R102	31.88	64,399.61	33.59	67,851.80	3,452.19	3,798	5.60
600	Baxter International Inc	BAX 071813109	76.83	46,098.96	73.29	43,974.00	(2,124.96)	1,248	2.84
525	Boeing Co	BA 097023105	63.79	33,491.85	129.98	68,239.50	34,747.65	1,911	2.80
1,000	BP Plc 1 Spon ADR Represents 6 Ord Shrs	BP 055622104	51.21	51,209.90	38 12	38,120.00	(13,089.90)	2,400	6.30
1,200	Cerner Corp	CERN 156782104	21.72	26,069.76	64.66	77,592.00	51,522.24	0	
575	Chevron Corp	CVX 166764100	76.51	43,994.89	112.18	64,503.50	20,508.61	2,461	3 82
1,400	Coca Cola Co	KO 191216100	31.43	44,000.60	42.22	59,108.00	15,107.40	1,708	2.89
550	Costco Wholesale Corp	COST 22160K105	56.04	30,821.01	141.75	77,962.50	47,141.49	781	1.00
925	CVS Health Corporation	CVS 126650100	30.50	28,210.65	96.31	89,086.75	60,876.10	1,295	1.45
1,100	Danaher Corp Del	DHR 235851102	37 95	41,743.68	85.71	94,281.00	52,537.32	440	0.47
1,050	Disney Walt Co	DIS 254687106	34.02	35,718.90	94.19	98,899.50	63,180.60	1,208	1.22
900	Duke Energy Hldg Corp	DUK 26441C204	56.52	50,866.11	83.54	75,186.00	24,319.89	2,862	3.81

ATTACHMENT A

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)*								
450	Eaton Corp Plc Sedol B8KQN82	ETN G29183103	51.95	23,375.25	67.96	30,582 00	7,206 75	882	2.88
2,000	General Electric Co	GE 369604103	26 41	52,819.80	25.27	50,540.00	(2,279 80)	1,840	3.64
500	GlaxoSmithKline Plc One ADR rpstg 2 Ord Shares	GSK 37733W105	49.31	24,654.95	42.74	21,370.00	(3,284.95)	1,326	6.20
50	Google Inc Class A	GOOGL 38259P508	244 76	12,238.15	530.66	26,533.00	14,294.85	0	
50	Google Inc Cl C	GOOG 38259P706	244.15	12,207.35	526.40	26,320.00	14,112.65	0	
1,000	Highwoods Properties Inc	HIW 431284108	42.10	42,095.00	44.28	44,280.00	2,185.00	1,700	3.84
1,025	Home Depot Inc	HD 437076102	27.99	28,687.80	104.97	107,594.25	78,906.45	1,927	1 79
700	Illinois Tool Works Inc	ITW 452308109	43.48	30,434.88	94.70	66,290.00	35,855.12	1,358	2.05
1,850	Intel Corp	INTC 458140100	21.24	39,290.86	36.29	67,136.50	27,845.64	1,665	2.48
225	International Business Machines	IBM 459200101	129.85	29,217.29	160.44	36,099.00	6,881 71	990	2.74
440	Johnson & Johnson	JNJ 478160104	77.82	34,239.19	104.57	46,010.80	11,771.61	1,232	2.68
1,050	Johnson Controls Inc	JCI 478366107	29 31	30,773.82	48.34	50,757.00	19,983.18	1,092	2.15
900	JPMorgan Chase & Co	JPM 46625H100	32.37	29,131.20	62.58	56,322.00	27,190.80	1,440	2.56
300	Kraft Foods Group Inc	KRFT 50076Q106	43.85	13,154 94	62.66	18,798.00	5,643 06	660	3.51
775	Merck & Co Inc	MRK 58933Y105	44.53	34,510.13	56.79	44,012.25	9,502.12	1,395	3.17
1,350	Microsoft Corp	MSFT 594918104	25.44	34,341.57	46.45	62,707.50	28,365.93	1,674	2.67
500	Mondelez International Inc	MDLZ 609207105	26.08	13,040 00	36.33	18,162.50	5,122.50	300	1.65
650	National Oilwell Varco Inc	NOV 637071101	31.68	20,588.97	65.53	42,594.50	22,005.53	1,196	2.81
800	NextEra Energy Inc	NEE 65339F101	65.76	52,607.92	106.29	85,032.00	32,424 08	2,320	2.73

ATTACHMENT A

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)*									
600	Norfolk Southern Corp	NSC 655844108	73.75	44,250.00	109.61	65,766.00	21,516 00	1,368	2 08
600	Northern Trust Corp	NTRS 665859104	50.34	30,203.04	67.40	40,440.00	10,236 96	792	1.96
350	Occidental Petroleum Corp	OXY 674599105	78.07	27,324.53	80.61	28,213 50	888.97	1,008	3.57
1,400	Oracle Corp	ORCL 68389X105	23.65	33,107.62	44.97	62,958.00	29,850 38	672	1.07
1,000	Paychex Inc	PAYX 704326107	29.35	29,346.80	46.17	46,170.00	16,823.20	1,520	3.29
475	Pepsico Inc	PEP 713448108	63.32	30,075.72	94.56	44,916.00	14,840.28	1,245	2.77
580	Philip Morris International Inc	PM 718172109	68.34	39,635.98	81.45	47,241.00	7,605 02	2,320	4.91
350	Praxair Inc	PX 74005P104	81.98	28,694.61	129.56	45,346.00	16,651.39	910	2.01
475	Procter & Gamble Co	PG 742718109	62.59	29,728.97	91.09	43,267.75	13,538.78	1,223	2.83
600	Qualcomm Inc	QCOM 747525103	36.63	21,976.92	74 33	44,598.00	22,621 08	1,008	2 26
500	Schlumberger Ltd	SLB 806857108	57.50	28,749.65	85.41	42,705.00	13,955.35	800	1.87
1,400	Spectra Energy Corp	SE 847560109	21.27	29,778.00	36.30	50,820.00	21,042.00	2,072	4.08
1,200	Toronto Dominion Bank	TD 891160509	37 84	45,409.50	47.78	57,336.00	11,926.50	1,985	3.46
400	United Technologies Corp	UTX 913017109	74.50	29,799.20	115.00	46,000.00	16,200.80	944	2.05
900	UnitedHealth Group Inc	UNH 91324P102	30.55	27,493.20	101.09	90,981.00	63,487.80	1,350	1.48
875	US Bancorp Del	USB 902973304	24.01	21,007.09	44.95	39,331.25	18,324.16	858	2.18
2,550	Verizon Communications Inc	VZ 92343V104	36.10	92,061.95	46.78	119,289.00	27,227.05	5,610	4.70
550	Wal Mart Stores Inc	WMT 931142103	50.10	27,553.90	85.88	47,234.00	19,680.10	1,056	2.24

ATTACHMENT A

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)*								
400	Zimmer Holdings Inc	ZMH 98956P102	57.43	22,970.92	113.42	45,368.00	22,397 08	352	0.78
	Total Common Stock			**1,898,988.61**		**3,124,398.35**	**1,225,409.74**	**78,041**	
	Total Equity Securities			**1,898,988.61**		**3,124,398.35**	**1,225,409.74**	**78,041**	
	Equity Funds								
	Equity Fund								
7,023.758	Scout International Fund	UMBWX 81063U503	31.52	221,401.94	32.59	228,904.27	7,502.33	3,645	1.59
8,720.943	Scout Mid Cap Fund	UMBMX 81063U206	13.91	121,297.53	15.44	134,651.36	13,353.83	142	0.11
	Total Equity Fund			**342,699.47**		**363,555.63**	**20,856.16**	**3,787**	
	Total Equity Funds			**342,699.47** I		**363,555.63** I2	**20,856.16**	**3,787**	
	Corporate Bonds								
50,000	Aflac Inc DTD 5/21/2009 8.500% 5/15/2019 Sr Notes A	001055AC6	1.25	62,414.00	124.97	62,486 00	72.00	4,250	2.50
32,000	AT&T Inc DTD 7/30/2010 2 500% 8/15/2015 A-	00206RAV4	1.00	31,902.08	101.08	32,345.60	443.52	800	2.57
50,000	Bank New York Co Inc MTN DTD 6/18/2010 2.950% 6/18/2015 Sr Unsecured Notes A+	06406HBQ1	1.03	51,564.45	101.12	50,561.50	(1,002.95)	1,475	2.26
50,000	Bank of America Corporation DTD 8/23/2007 6.000% 9/1/2017 Senior Notes A-	060505DH4	1.12	56,126.31	110.27	55,132.50	(993.81)	3,000	2.19
50,000	Bear Stearns Co Inc DTD 10/31/2005 5.300% 10/30/2015 A	073902KF4	1.08	53,752.83	103.67	51,832.50	(1,920.33)	2,650	3.72

ATTACHMENT A

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 %
	Corporate Bonds *(continued)*								
50,000	Berkshire Hathaway Inc DTD 2/11/2010 3.200% 2/11/2015 Sr Unsecured Notes AA	084670AV0	1.03	51,723.82	100.29	50,143.00	(1,580 82)	1,600	2.40
50,000	Bhp Billiton Finance DTD 2/24/2012 1.625% 2/24/2017 A+	055451AP3	1.01	50,440.00	100.83	50,413.50	(26.50)	813	1.21
50,000	Boeing Co DTD 7/28/2009 3.500% 2/15/2015 Sr Unsecured Notes A	097023AY1	1.07	53,430.87	100.32	50,162.00	(3,268 87)	1,750	1.87
50,000	BP Capital Markets Plc DTD 5/10/2013 1.375% 5/10/2018 Sr Unsecured A	05565QCE6	0.98	49,065.00	98.23	49,112.50	47.50	688	1.95
50,000	Bunge NA Finanace LP DTD 3/22/2007 5.900% 4/1/2017 Sr Unsecured Notes BBB-	120569AA6	1.10	55,030.22	108.73	54,364.00	(666.22)	2,950	2.32
50,000	Colgate Palmolive Co Mtns Be DTD 8/5/2009 3.150% 8/5/2015 AA-	19416QDN7	1.07	53,464.57	101.61	50,807.00	(2,657.57)	1,575	1.64
50,000	Ford Motor Credit Co DTD 8/4/2010 6.625% 8/15/2017 Sr Unsecured Notes BBB-	345397VP5	1.14	57,205.51	111.48	55,738.00	(1,467.51)	3,313	2.09
50,000	General Electric Cap Corp DTD 10/20/2006 5.375% 10/20/2016 AA+	36962GY40	1.09	54,737.41	107.48	53,740.50	(996.91)	2,688	3.27
50,000	Hartford Financial Services Group DTD 3/9/2007 5.375% 3/15/2017 BBB	416515AT1	1.10	54,812.68	108.02	54,010.00	(802 68)	2,688	1.93
50,000	Hewlett Packard Co DTD 9/13/2010 2.125% 9/13/2015 Sr Unsecured Notes BBB+	428236BC6	1.01	50,304.17	100.79	50,392.50	88.33	1,063	2.00

ATTACHMENT A

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 %
	Corporate Bonds *(continued)*								
50,000	Morgan Stanley MTN DTD 12/28/2007 5.950% Ser F 12/28/2017 Senior Unsecured Notes A-	61744YAD0	1.12	55,836.40	111 12	55,557 50	(278.90)	2,975	2.60
50,000	Pepsico Inc DTD 1/14/2010 3.100% 1/15/2015 A-	713448BM9	1.06	53,209.86	100 08	50,040 00	(3,169.86)	1,550	1.54
35,000	Rio Tinto Fin Usa Ltd DTD 4/17/2009 9.000% 5/1/2019 A-	767201AH9	1.33	46,670.14	126.52	44,280.60	(2,389.54)	3,150	3.26
50,000	Shell International Fin DTD 9/22/2009 3.250% 9/22/2015 AA	822582AH5	1.03	51,499.73	101.87	50,933.50	(566.23)	1,625	2.62
50,000	U S Bancorp Mtns DTD 7/27/2010 2.450% 7/27/2015 A+	91159HGX2	1.00	50,153.27	101.15	50,575.50	422.23	1,225	2.38
25,000	Vale Overseas Ltd DTD 1/10/2006 6.250% 1/11/2016 A-	91911TAF0	1.12	27,919.41	103 96	25,990 00	(1,929.41)	1,563	2.93
50,000	Wells Fargo & Co MTN DTD 3/30/2010 3.625% 4/15/2015 A+	94974BEU0	1.03	51,439.34	100.89	50,445 50	(993.84)	1,813	2.97
	Total Corporate Bonds			1,122,702.07		1,099,063.70	(23,638.37)	45,200	
	Total Fixed Income Securities			1,122,702.07		1,099,063.70	(23,638.37)	45,200	
	Fixed Income Funds								
9,650.29	DoubleLine Total Return Bond Fund CL I.	DBLTX 258620103	11.35	109,515 51	10 97	105,863.68	(3,651.83)	5,153	4.87
13,752.683	RiverPark S/T Hi-Yield Fd - I	RPHIX 76882K702	9.99	137,381.96	9.92	136,426 62	(955.34)	5,102	3.74
	Total Fixed Income Funds			246,897.47		242,290.30	(4,607.17)	10,256	
	Total Fixed Income Funds			246,897.47		242,290.30	(4,607.17)	10,256	
				I		I2			

Σ. I's = 637296 Σ. I2's = 649616

ATTACHMENT A

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 %
Other Funds									
Other Funds									
1,000	Tortoise Energy Infrastructure Corp	TYG 89147L100	47.70	47,699 50	43 77	43,770.00	(3,929.50)	2,460	5.62
	Total Other Funds			47,699.50		43,770.00	(3,929.50)	2,460	
	Total Other Funds			47,699.50		43,770.00	(3,929.50)	2,460	
				I		I2			
Money Markets & Cash									
Money Market Funds									
127,489.15	Fidelity Treasury Fund #695	FISXX 316175504	1.00	127,489.15	1 00	127,489.15		13	0.01
	Total Money Market Funds			127,489 15		127,489.15	0.00	13	
	Total Money Markets and Cash			127,489.15		127,489.15	0.00	13	
	Account Total			3,786,476.27		5,000,567.13	1,214,090.86	139,757	

ATTACHMENT A

ATTACHMENT A

THE UMB FINANCIAL CORPORATION CHARITABLE FOUNDATION
ATTACHMENT TO FORM 990-PF, PART XV, LINES 2a-2d
For the Year Ended December 31, 2014

RECIPIENT NAME:
SCHOLARSHIP MGMT SERVICES

ADDRESS:
ONE SCHOLARSHIP WAY
SAINT PETER, MN 56082

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

SUBMISSION DEADLINES:
POSTMARK DEADLINE JANUARY 25TH

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.

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

UMB COUNT-ON-MORE Scholarship Program

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

Application postmark deadline January 25

FOR SCHOLARSHIP MANAGEMENT SERVICES USE ONLY

ID #	AA	PD	RIC/CS	GPA	SATCR	SATM	SATW	ACTC	TOTAL

APPLICANT DATA

Last Name ______ First ______ Middle Initial ______
Permanent Home
Mailing Address ______ Apartment # ______
City ______ State ______ ZIP Code ______
Phone (______) ______ Date of Birth Month ______ Day ______ Year ______
Social Security Number ______ Email Address ______
Applicant is married ☐ Yes ☐ No 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

ASSOCIATE PARENT OR GUARDIAN INFORMATION

Last Name ______ First ______ Middle Initial ______
Last 4 Digits of Social Security Number ______ Work Phone (______) ______
Email Address ______
Date of Hire with UMBF including its affiliates and subsidiaries Month ______ Day ______ Year ______
Work Location City ______ State ______
Relationship to Applicant ______ The applicant is a dependent of the associate ☐ Yes ☐ No

HIGH SCHOOL DATA

School Name ______ High School Graduation Date Month ______ Year ______
City ______ State ______ Phone (______) ______

POST-SECONDARY SCHOOL DATA

Name of postsecondary school you plan to attend (If unknown, please list in order of preference the schools to which you have applied or intend to apply) **Use official school names. Do <u>not</u> 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
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

Employer/Position	From - Mo/Yr	To - Mo/Yr	Hours per Week	Were you paid for your work?
				YES / NO
				YES / NO
				YES / NO
				YES / NO

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

The UMBF associate must complete this portion of the application This data will be used to determine the award amount should the applicant be selected as a recipient Adjusted gross income and total federal income tax amounts should be from parents' most recently filed tax return **If this section is not completely filled out or if the applicant does not demonstrate financial need, the student will be considered for a minimum honorarium award only, if available.**

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 associate parent or guardian
☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Single

10 Of the total number of family members on line 8, number of students attending college at least half-time during the next school year (include applicant, exclude parents) # ______

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 postsecondary 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 ____________________ Phone (________) ____________

Signature ____________________ Organization ____________________ Date ____________

TRANSCRIPT INFORMATION

A complete transcript of grades **must** be sent with this application 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 Online transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken (Completion of high school information below is not necessary)

2. **High school seniors and students who have completed less than one full quarter or semester** of postsecondary 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.)**

Applicant ranks ________

in a class of ________

Cumulative Grade Point Average
Weighted ________/4 0 scale
Unweighted ________/4 0 scale

SAT		
Critical Reading	Math	Writing

ACT				
English	Math	Reading	Science	Composite

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

School Official's Address Street ____________________ City ____________________ State ________ ZIP Code ________

APPLICATION CHECKLIST

The student is responsible for submitting all materials to Scholarship Management Services on time Incomplete applications will not be evaluated This application becomes complete and valid only when all of the following materials have been received

- ☐ Student Application with completed Applicant Appraisal
- ☐ Current Complete Transcript(s) of Grades (including grading scale)

Postmark deadline January 25

All materials, including transcript, must be addressed to

UMB COUNT-ON-MORE Scholarship Program
Scholarship Management Services
One Scholarship Way
Saint Peter, MN 56082

CERTIFICATION

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

I acknowledge decisions are final I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge I will provide proof of information, including an official transcript of grades, a copy of my U S Income Tax Return and such other information as may be requested Falsification of information may result in termination of any award granted

Applicant's Signature ____________________ Date ____________

Associate's Signature ____________________ Date ____________

ATTACHMENT C

GRANT APPLICATION SUMMARY

Please complete the following form, add required attachments and return the packet to UMB Charitable Trusts and Foundations. 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 checklist:

- ☐ Proposal (2 page limit)
- ☐ Agency budget & project budget
- ☐ IRS letter re 501(c)(3) determination (1st time submission only)
- ☐ Annual Report – if available
- ☐ List of funding sources & collaborators (if not included in Annual Report)
- ☐ List of board of directors & officers (if not included in Annual Report)

ATTACHMENT D