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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
UNITED WAY OF GREATER ST JOSEPH

Doing business as

Number and street (or P O box if mail is not delivered to street address) PO BOX 188 | Room/suite

City or town, state or province, country, and ZIP or foreign postal code
ST JOSEPH, MO 64502

D Employer identification number
44-0547802

E Telephone number
(816) 364-2381

G Gross receipts $ 3,518,030

F Name and address of principal officer
KYLEE STROUGH
PO BOX 188
ST JOSEPH, MO 64502

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW STJOSEPHUNITEDWAY ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1916

M State of legal domicile MO

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO IMPROVE LIVES THROUGH THE CARING POWER OF COMMUNITY

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	32
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	32
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	10
6	Total number of volunteers (estimate if necessary)	**6**	660
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,747,280	3,057,625
9	Program service revenue (Part VIII, line 2g)	51,488	60,738
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	794,788	311,542
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	67,975	71,928
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,661,531	3,501,833
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,421,855	2,348,139
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	411,950	419,601
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶144,095		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	266,047	303,505
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,099,852	3,071,245
19	Revenue less expenses Subtract line 18 from line 12	561,679	430,588

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	10,069,870	10,347,824
21	Total liabilities (Part X, line 26)	2,709,020	2,590,359
22	Net assets or fund balances Subtract line 21 from line 20	7,360,850	7,757,465

Part II Signature Block

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

****** | 2015-05-12
Signature of officer | Date

DENNIS ROSONKE TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
TIM REYNOLDS CPA	TIM REYNOLDS CPA			P00742849

Firm's name ▶ CLIFTONLARSONALLEN LLP | Firm's EIN ▶ 41-0746749

Firm's address ▶ 2301 VILLAGE DRIVE
ST JOSEPH, MO 64506 | Phone no (816) 232-8441

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

THE MISSION OF THE UNITED WAY OF GREATER ST JOSEPH IS TO IMPROVE LIVES THROUGH THE CARING POWER OF COMMUNITY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 2,416,656 including grants of $ 2,344,801) (Revenue $ 19,915)

ALLOCATED SERVICESUNITED WAY FUNDING PRIMARILY SUPPORTS THE DIRECT CLIENT SERVICES RELATED TO EDUCATION, FINANCIAL STABILITY, AND HEALTH THAT ARE DELIVERED THROUGH UNITED WAY'S LOCAL 19 PARTNER AGENCIES AMONG THE ACHIEVEMENTS IN 2014 WERE EDUCATION UNITED WAY OF GREATER ST JOSEPH WORKS TO HELP PEOPLE OF ALL AGES REACH THEIR POTENTIAL THROUGH A VARIETY OF EDUCATIONAL PURSUITS THAT WILL, IN TURN, STRENGTHEN OUR COMMUNITY QUALITY EARLY LEARNING, YOUTH EDUCATION IN AND OUT OF THE CLASSROOM, AND OTHER INSTRUCTION FOR LIFE-LONG LEARNING ARE JUST A FEW WAYS UNITED WAY SUPPORTS EDUCATION -36 TEEN MOTHERS REMAINED IN SCHOOL OR AN ALTERNATIVE EDUCATIONAL PROGRAM THROUGHOUT PREGNANCY AND AFTER DELIVERY -170 CHILDREN WITH A DISABILITY OR SPECIAL NEED AND THEIR FAMILIES RECEIVED SERVICES THAT HELPED THE CHILDREN WORK TOWARD IMPORTANT DEVELOPMENTAL MILESTONES FINANCIAL STABILITY STABLE HOUSEHOLD FINANCES ARE IMPORTANT FOR DAILY LIVING, WHICH IS WHY UNITED WAY OF GREATER ST JOSEPH ALSO FOCUSES ON FINANCIAL STABILITY UNITED WAY SUPPORTS EFFORTS FOR FAMILIES AND INDIVIDUALS IN CRISIS SUCH EFFORTS INCLUDE FOOD, DISASTER RELIEF, INFORMATION AND REFERRAL, AND SHELTER SERVICES RELATED TO HOMELESSNESS OR DOMESTIC VIOLENCE UNITED WAY IS ALSO WORKING TO PREVENT FINANCIAL SITUATIONS FOR BECOMING PROBLEMS IN THE FIRST PLACE -101 ADULTS WITH DISABILITIES HELD JOBS THROUGH SHELTERED AND SUPPORTED EMPLOYMENT -11,373 REFERRALS WERE MADE TO FAMILIES SEEKING ASSISTANCE THROUGH THE LOCAL INFORMATION RESOURCE AND REFERRAL HOTLINE HEALTH IN THE GREATER ST JOSEPH AREA, YOUR CONTRIBUTIONS HELP PEOPLE OF ALL AGES IMPROVE THEIR PHYSICAL AND MENTAL WELL-BEING HEALTH IS PROMOTED THROUGH FITNESS AND WELLNESS ACTIVITIES, NUTRITION AND IN-HOME SERVICES, COUNSELING, AND OTHER IMPORTANT PROGRAMS GOOD HEALTH IS CRUCIAL FOR EVERYONE -$26,279,324 IN UNCOMPENSATED MEDICAL CARE WAS PROVIDED TO BUCHANAN COUNTY CHILDREN -622 WOMEN RECEIVED MAMMOGRAMS OR WERE EDUCATED ABOUT GOOD BREAST HEALTH PRACTICES UNITED WAY HEALTH EFFORTS FOR LOCAL PEOPLE (HELP) FUND RECIPIENTS ARE AWARDED GRANTS FOR UP TO $10,000 FOR LOCAL, HEALTH-RELATED PROGRAMS OR PROJECTS 2014 RECIPIENTS WERE SECOND HARVEST'S BACKPACK BUDDIES PROGRAM AND SOCIAL WELFARE BOARD'S DIABETES MANAGEMENT INITIATIVE IN 2014, REPRESENTATIVES FROM NON-PROFITS, CHURCHES, UTILITY COMPANIES, AND GOVERNMENT AGENCIES AS WELL AS COMMUNITY MEMBERS COLLABORATED TO HELP CLIENTS WITH NEEDS FOR WHICH THERE ARE FEW OR NO RESOURCES COMMON NEEDS WERE DENTAL CARE AND RENTAL ASSISTANCE THROUGH THE WORK OF UNITED WAY UNMET NEEDS, AREA PEOPLE WERE CONNECTED TO RESOURCES TO HELP THEM GAIN AND MAINTAIN STABILITY

4b (Code) (Expenses $ 239,297 including grants of $ 3,338) (Revenue $ 40,823)

I UNITED WAY FINANCIAL STABILITY- PROVIDING OPPORTUNITIES FOR INDIVIDUALS AND FAMILIES TO BECOME FINANCIALLY SELF-SUFFICIENT THROUGH THE UNITED WAY FINANCIAL STABILITY INITIATIVE, COMMUNITY LEADERS FROM ALL SECTORS COLLABORATE TO FOCUS ON 1) PROVIDING FINANCIAL EDUCATION OPPORTUNITIES, 2) INCREASING THE USE OF FREE TAX PREPARATION SERVICES AND PROMOTING THE EARNED INCOME TAX CREDIT, AND 3) ADVOCATING FOR LOCAL, STATE AND FEDERAL POLICY CHANGE TO HELP PREVENT POVERTY AND TO HELP PEOPLE MOVE OUT OF POVERTY THE UNITED WAY FINANCIAL STABILITY INITIATIVE PROMOTED FREE TAX PREPARATION SERVICES OFFERED BY UNITED WAY PARTNER AGENCY INTERSERV DURING THE 2014 TAX SEASON, MORE THAN 1,100 INDIVIDUALS RECEIVED TAX ASSISTANCE THROUGH UNITED WAY PARTNER AGENCIES PREPARERS FILED 212 EARNED INCOME TAX CREDIT RETURNS FOR A TOTAL OF $184,000, PLUS OVER $1 1 MILLION WERE RECEIVED LOCALLY THROUGH TAX REFUNDS FREE TAX PREPARATION SERVICES HELP PEOPLE KEEP AND SAVE THEIR OWN MONEY IN ADDITION, UNITED WAY SHARED A FINANCIAL EDUCATION CURRICULUM GEARED TOWARDS ELEMENTARY-AGE CHILDREN FOR AGENCIES TO IMPLEMENT IN THEIR PROGRAMS II UNITED WAY LEADERSHIP ST JOSEPH BUILDING THE SKILLS OF INDIVIDUALS TO BE EFFECTIVE LEADERS IN THE COMMUNITY UNITED WAY LEADERSHIP ST JOSEPH IS AN ANNUAL, YEAR-LONG LEADERSHIP DEVELOPMENT PROGRAM FOR ADULTS LIVING OR WORKING IN THE ST JOSEPH AREA THE PROGRAM HELPS CREATE A NETWORK OF TRAINED INDIVIDUALS WILLING TO ENGAGE IN LEADERSHIP AND COMMUNITY SERVICE WITH ENHANCED KNOWLEDGE OF OUR COMMUNITY'S OPPORTUNITIES, REALITIES, AND CHALLENGES IN 2014, 28 COMMUNITY MEMBERS COMPLETED THE PROGRAM, BRINGING THE TOTAL NUMBER OF PROGRAM GRADUATES TO 775 SINCE 1982 DURING THE YEAR, PARTICIPANTS LEARNED AND PRACTICED PROJECT DEVELOPMENT RELATED TO ESSENTIAL LEADERSHIP SKILLS THE CLASS WAS DIVIDED INTO FIVE GROUPS AND CHALLENGED TO LEARN THE PROCESS OF DEVELOPING A PROJECT THAT WOULD MEET A COMMUNITY NEED THE CHALLENGE RESULTED IN THE FOLLOWING PROJECTS A PROPOSAL TO ENCOURAGE ALL ST JOSEPH CITY OFFICES AND SCHOOLS TO MANDATE RECYCLING OF ALL ELIGIBLE MATERIALS, A PROJECT TO ADD DIRECTIONAL OR DISTANCE SIGNAGE ON THE URBAN TRAIL, PROPOSED GUIDELINES AND PROCESSES FOR A 5K EVENT TO BENEFIT THE YWCA VICTIM SERVICES PROGRAM, A PROPOSED SUMMER INTERN PROGRAM TO LEARN ABOUT ST JOSEPH AND GET INVOLVED IN THE COMMUNITY, AND PLANS FOR ST JOSEPH HABITAT FOR HUMANITY TO PLACE ALUMINUM CAN RECYCLING COTTAGES AT VARIOUS BUSINESS TO ENCOURAGE THE COMMUNITY TO LIVE MORE ECO-FRIENDLY AND ENVIRONMENTALLY AWARE THE 2014 DISTINGUISHED LEADER AWARD WAS PRESENTED TO CLASS OF 2000 ALUMNA, LINDA BURNS III UNITED WAY PROFIT IN EDUCATION- TO IMPROVE THE EDUCATION LEVEL OF THE POTENTIAL AND CURRENT WORKFORCE UNITED WAY PROFIT IN EDUCATION WORKS TO CONTINUE INCREASING THE HIGH SCHOOL GRADUATION RATE BY COLLABORATING WITH AND SUPPORTING EDUCATION EFFORTS ACROSS THE COMMUNITY IN 2014, THE UNITED WAY BEST (BUSINESS AND EDUCATION SUCCEED TOGETHER) PROGRAM SERVED OVER 60 STUDENTS, GRADES 7-12 BUSINESS PARTNERS WORKED WITH STUDENTS, HELPING THEM LEARN ABOUT LOCAL BUSINESSES, DIFFERENT JOBS AVAILABLE AND REQUIRED TRAINING AND EDUCATION ALSO, UNITED WAY READING ADVENTURE, A SUMMER READING PROGRAM, WAS HELD AT FIVE SITES DURING 2014 ON AVERAGE, 90 VOLUNTEERS READ WITH 250 CHILDREN EACH WEEK THE GOAL OF UNITED WAY READING ADVENTURE IS TO HELP ELEMENTARY AGE STUDENTS MAINTAIN THEIR READING SKILLS OVER THE SUMMER AND HELP BUILD THEIR HOME LIBRARIES THROUGH DONATED BOOKS UNITED WAY PROFIT IN EDUCATION COMMITTEES ARE WORKING TO FURTHER THE IMPACT AND REACH OF THE STRATEGIC PLAN A NEWLY FORMED COMMITTEE IS FOCUSING ON CONNECTING BUSINESS AND HUMAN RESOURCE EXPECTATIONS INTO THE CLASSROOM IV UNITED WAY SUCCESS BY 6- PREPARING CHILDREN TO BE SUCCESSFUL LEARNERS WHEN THEY BEGIN KINDERGARTEN UNITED WAY SUCCESS BY 6 FOSTERS AND PARTICIPATES IN COMMUNITY-WIDE PARTNERSHIPS TO PREPARE YOUNG CHILDREN FOR SUCCESS IN SCHOOL AND LIFE THE INITIATIVE AIMS TO STRENGTHEN THE SYSTEM THAT NURTURES OUR COMMUNITY'S YOUNGEST MEMBERS BY WORKING WITH PARENTS, CHILDCARE PROVIDERS, EARLY EDUCATION TEACHERS AND LOCAL BUSINESSES DURING THE LAST SCHOOL YEAR, 293 INCOMING KINDERGARTENERS AND THEIR FAMILIES COMPLETED UNITED WAY KINDERCLUB NINETY-FOUR PERCENT OF THEIR PARENTS SAID THEY FELT THEIR CHILD GAINED IMPORTANT SKILLS FROM THE PROGRAM THIS PAST SUMMER, UNITED WAY SUCCESS BY 6 INSTALLED A PLAY PATH AT HYDE PARK THIS ENHANCEMENT WILL HELP FAMILIES HAVE FUN WHILE LEARNING AT THE PARK THE EDUCATION LEVEL OF EARLY EDUCATION AND CHILDCARE PROVIDERS IS A KEY FACTOR IN THE QUALITY OF CARE PROVIDED TO YOUNG CHILDREN IN THEIR CHARGE UNITED WAY SUCCESS BY 6 DELIVERED OVER 1,300 CLOCK HOURS OF TRAINING TO AREA CHILDCARE PROVIDERS AND EARLY EDUCATORS IN ADDITION, UNITED WAY SUCCESS BY 6 AWAREDED 16 SCHOLARSHIPS FOR AREA CHILDCARE PROVIDERS TO CONTINUE THEIR FORMAL EDUCATION V UNITED WAY VOLUNTEER CENTER- CONNECTING THE COMMUNITY THROUGH VOLUNTEERISM THE UNITED WAY VOLUNTEER CENTER IS A CENTRAL RESOURCE FOR VOLUNTEER NEEDS ACROSS THE GREATER ST JOSEPH AREA INDIVIDUALS, GROUPS AND CORPORATIONS SEEKING VOLUNTEER OPPORTUNITIES CAN FIND A VARIETY OF OPTIONS CALLING FOR VARYING COMMITMENTS AVAILABLE AT MANY DIFFERENT NON-PROFIT ORGANIZATIONS IN 2014, MONTHLY CVRN (COMMUNITY VOLUNTEER RESOURCE NETWORK) MEETINGS WERE ATTENDED BY 21 INDIVIDUALS WHO MANAGE VOLUNTEERS FOR THEIR NON-PROFIT ORGANIZATIONS UNITED WAY IS BUILDING THE CAPACITY OF COMMUNITY VOLUNTEER COORDINATORS THROUGH THE GROUP CVRN PROMOTES AND DEVELOPS EFFECTIVE VOLUNTEER MANAGEMENT PROGRAMS IN THE COMMUNITY AND ENHANCES THE KNOWLEDGE, SKILLS, AND CONNECTIONS AMONG MEMBERS THE SIXTH YEAR OF THE UNITED WAY STUFF THE BUS! SCHOOL SUPPLIES DRIVE BROUGHT TOGETHER HUNDREDS OF VOLUNTEERS WHO COLLECTED OVER 23,908 PACKAGES OF SCHOOL SUPPLY ITEMS FOR STUDENTS WHO NEEDED THEM THE SECOND ANNUAL HOLIDAY VOLUNTEER GUIDE WAS CREATED TO CONNECT THOSE WANTING TO VOLUNTEER DURING THE HOLIDAY SEASON, AND THE AGENCIES WERE GRATEFUL FOR THE ADDITIONAL HELP

4c (Code) (Expenses $ 89,916 including grants of $) (Revenue $)

GENERAL ACTIVITIES OF THE UNITED WAY, WHICH CONTRIBUTE TO BUILDING COMMUNITY COALITIONS AND SUPPORTING COMMUNITY PLANNING, ARE ACCOUNTED FOR IN THE COMMUNITY BUILDING PROGRAM

See Additional Data

4d Other program services (Describe in Schedule O)

(Expenses $ 72,690 including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 2,818,559

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** 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*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	6		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	10		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	32		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	32		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		**5**		No
6	Did the organization have members or stockholders?		**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ MO

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ KYLEE STROUGH

118 S 5TH
ST JOSEPH, MO 64501 (816) 364-2381

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								84,166	0	19,363

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶0

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 33,545				
	b	Membership dues	1b				
	c	Fundraising events	1c 12,250				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 3,011,830				
	g	Noncash contributions included in lines 1a-1f $	23,038				
	h	**Total.** Add lines 1a-1f	▶	3,057,625			
Program Service Revenue			Business Code				
	2a	LEADERSHIP PROGRAMS	611430	31,300	31,300		
	b	FUNDRAISING SERVICES	813219	19,915	19,915		
	c	PROFIT IN EDUCATION	611710	5,950	5,950		
	d	SUCCESS BY 6 SEMINARS	611710	3,573	3,573		
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f	▶	60,738			
	3	Investment income (including dividends, interest, and other similar amounts)	▶	113,051			113,051
	4	Income from investment of tax-exempt bond proceeds	▶				
	5	Royalties	▶				
			(i) Real / (ii) Personal				
	6a	Gross rents	72,358 /				
	b	Less rental expenses	0 /				
	c	Rental income or (loss)	72,358 /				
	d	Net rental income or (loss)	▶	72,358			72,358
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	198,491 /				
	b	Less cost or other basis and sales expenses	0 /				
	c	Gain or (loss)	198,491 /				
	d	Net gain or (loss)	▶	198,491			198,491
Other Revenue	8a	Gross income from fundraising events (not including $ 12,250 of contributions reported on line 1c) See Part IV, line 18	a 13,911				
	b	Less direct expenses	b 16,197				
	c	Net income or (loss) from fundraising events	▶	-2,286			-2,286
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities	▶				
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory	▶				
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS	900099	1,856			1,856
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d	▶	1,856			
	12	**Total revenue.** See Instructions	▶	3,501,833	60,738	0	383,470

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,344,801	2,344,801		
2 Grants and other assistance to domestic individuals See Part IV, line 22	3,338	3,338		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	103,530	75,577	12,424	15,529
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	258,445	157,244	44,857	56,344
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,657	4,069	2,911	1,677
9 Other employee benefits	23,318	12,614	4,743	5,961
10 Payroll taxes	25,651	16,384	4,108	5,159
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	19,500	11,980	3,336	4,184
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	36,469	22,963	6,202	7,304
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,836	2,127	315	394
12 Advertising and promotion	13,565	8,459	404	4,702
13 Office expenses	19,034	13,192	2,110	3,732
14 Information technology				
15 Royalties				
16 Occupancy	47,173	28,886	8,197	10,090
17 Travel	6,290	3,836	1,032	1,422
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,571	8,830	125	1,616
20 Interest				
21 Payments to affiliates	33,622	20,657	5,750	7,215
22 Depreciation, depletion, and amortization	47,671	29,292	8,151	10,228
23 Insurance	11,623	7,235	1,946	2,442
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PARENT AWARENESS MATERI	26,870	26,870		
b EQUIPMENT RENT AND MAIN	10,013	6,336	1,630	2,047
c TRAINING	6,242	6,242		
d AWARDS (NON ASSISTANCE)	5,445	5,445		
e All other expenses	6,581	2,182	350	4,049
25 **Total functional expenses.** Add lines 1 through 24e	3,071,245	2,818,559	108,591	144,095
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☑

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		1,388,657	1	799,074
	2	Savings and temporary cash investments		1,542,114	2	784,659
	3	Pledges and grants receivable, net		2,503,158	3	2,648,526
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		7,082	9	6,885
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 878,489			
	b	Less accumulated depreciation	10b 449,149	474,826	10c	429,340
	11	Investments—publicly traded securities		4,151,039	11	5,677,319
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		2,994	15	2,021
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		10,069,870	16	10,347,824
Liabilities	17	Accounts payable and accrued expenses		2,709,020	17	2,587,959
	18	Grants payable			18	
	19	Deferred revenue			19	2,400
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		2,709,020	26	2,590,359
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		4,301,823	27	4,553,455
	28	Temporarily restricted net assets		1,146,287	28	1,289,868
	29	Permanently restricted net assets		1,912,740	29	1,914,142
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		7,360,850	33	7,757,465
	34	Total liabilities and net assets/fund balances		10,069,870	34	10,347,824

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,501,833
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,071,245
3	Revenue less expenses Subtract line 2 from line 1	3	430,588
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,360,850
5	Net unrealized gains (losses) on investments	5	-33,973
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,757,465

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:
Software Version:
EIN: 44-0547802
Name: UNITED WAY OF GREATER ST JOSEPH

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses $ 72,690 including grants of $) (Revenue $)

COMMUNICATIONSIT TAKES STRONG COMMUNITY SUPPORT TO PRODUCE THE LEVEL OF PROGRAM ACHIEVEMENTS (LISTED UNDER 4A), AND SUSTAINING THAT SUPPORT REQUIRES AN ACTIVE COMMUNICATIONS EFFORT UNITED WAY LETS DONORS AND THE GENERAL PUBLIC KNOW ABOUT THE ORGANIZATION'S ACCOMPLISHMENTS THROUGH PRINTED MATERIALS INCLUDING, AN ANNUAL REPORT, E-NEWSLETTERS, WEB SITE, VIDEO PRODUCTIONS, MEDIA OUTREACH, AND SPECIAL EVENTS

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AUXIER RON BOARD MEMBER	1 00	X						0	0	0
(1) BRADLEY DEBRA BOARD MEMBER	1 00	X						0	0	0
(2) BRAX DAVID BOARD MEMBER	1 00	X						0	0	0
(3) BURKE THOMAS BOARD MEMBER	1 00	X						0	0	0
(4) CAROLUS BRETT BOARD MEMBER - LEFT JANUARY 2014	1 00	X						0	0	0
(5) CLINTON GEORGE BOARD MEMBER	1 00	X						0	0	0
(6) CONNALLY CHRIS BOARD MEMBER - LEFT JANUARY 2014	1 00	X						0	0	0
(7) CRIPE DAVID BOARD MEMBER	1 00	X						0	0	0
(8) DALSING MICHAEL BOARD MEMBER	1 00	X						0	0	0
(9) DIAL JAIME BOARD MEMBER - LEFT JANUARY 2014	1 00	X						0	0	0
(10) EIMAN PATTI BOARD MEMBER	1 00	X						0	0	0
(11) ELLIS BILL BOARD MEMBER - LEFT JANUARY 2014	1 00	X						0	0	0
(12) GADDIE JENNI BOARD MEMBER	1 00	X						0	0	0
(13) GRAYSON JASON BOARD MEMBER	1 00	X						0	0	0
(14) HOOK RON BOARD MEMBER	1 00	X						0	0	0
(15) JOHNSTON STEVE BOARD MEMBER	1 00	X						0	0	0
(16) MCANALLY BRAD BOARD MEMBER	1 00	X						0	0	0
(17) MURPHY MICHAEL BOARD MEMBER	1 00	X						0	0	0
(18) MURPHY SCOTT BOARD MEMBER	1 00	X						0	0	0
(19) PULIDO MICHAEL BOARD MEMBER	1 00	X						0	0	0
(20) RICHMOND TOM BOARD MEMBER	1 00	X						0	0	0
(21) ROSONKE DENNIS BOARD MEMBER	1 00	X						0	0	0
(22) RUCKER LAVELL BOARD MEMBER	1 00	X						0	0	0
(23) STEELE DARREN BOARD MEMBER	1 00	X						0	0	0
(24) TEWELL TOM BOARD MEMBER - LEFT JANUARY 2014	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) TITCOMB BILL BOARD MEMBER - LEFT JANUARY 2014	1 00	X						0	0	0
(1) VARTABEDIAN DR ROBERT BOARD MEMBER	1 00	X						0	0	0
(2) VEALE MIKE BOARD MEMBER - LEFT JANUARY 2014	1 00	X						0	0	0
(3) WEIL LISA BOARD MEMBER	1 00	X						0	0	0
(4) WOODS JULIE BOARD MEMBER	1 00	X						0	0	0
(5) WRIGHT SETH CHAIR	3 00	X		X				0	0	0
(6) MARTIN ROGER VICE CHAIR	2 00	X		X				0	0	0
(7) RYAN AMY SECRETARY	2 00	X		X				0	0	0
(8) HORN JASON TREASURER	2 00	X		X				0	0	0
(9) CAROLUS KATIE COMMUNITY INVESTMENT CO-CHAIR	2 00	X		X				0	0	0
(10) PRITCHETT ROBERT COMMUNITY INVESTMENT CO-CHAIR	2 00	X		X				0	0	0
(11) STEIN ADAM CAMAPAIGN CHAIR	3 00	X		X				0	0	0
(12) MEIERHOFFER TODD COMMUNITY INITIATIVES CHAIR	2 00	X		X				0	0	0
(13) BRADLEY ERIC MARKETING/COMMUNICATIONS CHAIR	2 00	X		X				0	0	0
(14) SEVERN BILL PAST CHAIR - LEFT JANUARY 2014	2 00	X		X				0	0	0
(15) STROUGH KYLEE PRESIDENT	50 00			X				84,166	0	19,363

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
UNITED WAY OF GREATER ST JOSEPH

Employer identification number
44-0547802

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

g 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 listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	3,352,873	3,467,743	3,263,876	2,747,280	3,057,625	15,889,397
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	3,352,873	3,467,743	3,263,876	2,747,280	3,057,625	15,889,397
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						64,311
6 **Public support.** Subtract line 5 from line 4						15,825,086

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	3,352,873	3,467,743	3,263,876	2,747,280	3,057,625	15,889,397
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	179,080	163,661	184,974	185,540	185,409	898,664
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	11,081	21,225	13,147	11,782	15,767	73,002
11 **Total support** Add lines 7 through 10						16,861,063

12	Gross receipts from related activities, etc (see instructions)	12	280,513

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	93 860 %
15	Public support percentage for 2013 Schedule A, Part II, line 14	15	94 490 %

16a **33 1/3% support test—2014.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2013.** 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 **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** 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—2013.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	GROSS FUNDRAISING REVENUE - 2010 AMOUNT $ 11,043 2011 AMOUNT $ 18,003 2012 AMOUNT $ 8,413 2013 AMOUNT $ 9,765 2014 AMOUNT $ 13,911 MISCELLANEOUS - 2010 AMOUNT $ 38 2011 AMOUNT $ 3,222 2012 AMOUNT $ 4,734 2013 AMOUNT $ 2,017 2014 AMOUNT $ 1,856

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
UNITED WAY OF GREATER ST JOSEPH

Employer identification number
44-0547802

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	3,356,414	2,962,119	2,686,304	2,677,743	2,168,256
b	Contributions	3,633	15,223	4,000	14,000	265,370
c	Net investment earnings, gains, and losses	147,898	379,072	287,039	-5,439	244,117
d	Grants or scholarships					
e	Other expenditures for facilities and programs	274,541		15,224		
f	Administrative expenses					
g	End of year balance	3,233,404	3,356,414	2,962,119	2,686,304	2,677,743

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 8 500 %
- b Permanent endowment ▶ 59 200 %
- c Temporarily restricted endowment ▶ 32 300 %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		33,400		33,400
b Buildings		795,038	413,031	382,007
c Leasehold improvements				
d Equipment		50,051	36,118	13,933
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				429,340

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	3,542,392
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-33,973		
b	Donated services and use of facilities	2b	74,532		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	40,559
3	Subtract line **2e** from line **1**			3	3,501,833
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	3,501,833

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	3,145,777
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	74,532		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	74,532
3	Subtract line **2e** from line **1**			3	3,071,245
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	3,071,245

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
PART V, LINE 4	SUCESS BY 6 ENDOWMENT - THE FUNDS IN THIS ACCOUNT WILL BE USED TO SUPPORT THE SUCCESS BY 6 INITIATIVE FUNDS IN THIS ACCOUNT INCLUDE DONOR RESTRICTED FUNDS WITH INCOME BEING ABLE TO BE USED AT THE UNITED WAY BOARD OF DIRECTOR'S DISCRETION OPERATING ENDOWMENT - THE OPERATING ENDOWMENT IS A BOARD DESIGNATED ENDOWMENT THE FUNDS IN THIS ACCOUNT WILL BE USED TO REPLENISH ANY SMALL LOSSES SUSTAINED DURING NORMAL OPERATIONS CRYSTAL CIRCLE ENDOWMENT - THE CRYSTAL CIRCLE ENDOWMENT INCLUDES PERMANENTLY RESTRICTED DONOR FUNDS INCOME EARNED IN THIS ACCOUNT WILL FLOW INTO THE ANNUAL CAMPAIGN UNITED WAY ENDOWMENT - THE UNITED WAY ENDOWMENT INCLUDES PERMANENTLY RESTRICTED DONOR FUNDS UP TO 90% OF THE INCOME EARNED IN THIS ACCOUNT WILL FLOW INTO THE OPERATING ENDOWMENT, AND BE USED IN ACCORDANCE WITH THE OPERATING ENDOWMENT POLICY ANY ADDITIONAL DISTRIBUTION WILL NEED TO BE APPROVED BY THE UNITED WAY BOARD OF DIRECTORS

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493132002435

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

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

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
UNITED WAY OF GREATER ST JOSEPH

Employer identification number
44-0547802

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 CAMPAIGN DINNERS (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	26,161			26,161
	2 Less Contributions	12,250			12,250
	3 Gross income (line 1 minus line 2)	13,911			13,911
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	6,593			6,593
	8 Entertainment				
	9 Other direct expenses	9,604			9,604
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(16,197)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-2,286

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activities conducted in

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
UNITED WAY OF GREATER ST JOSEPH

Employer identification number
44-0547802

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 24

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) COLLEGE SCHOLARSHIPS FOR EARLY CHILDHOOD PROFESSIONAL	6	1,857			
(2) MEDICAL	1	120			
(3) HOUSING ASSISTANCE	4	1,361			

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	THE UNITED WAY MONITORS GRANT FUNDS BY REQUIRING GRANT RECIPIENTS TO SUBMIT TO THE UNITED WAY BUDGET FORMS ON AN ANNUAL BASIS GRANT RECIPIENTS MUST ALSO SUBMIT ANNUAL OUTCOME REPORTS DETAILING THEIR ACCOMPLISHMENTS MONTHLY FINANCIAL STATEMENTS ARE ALSO REQUIRED PRIOR TO A RELEASE OF AN AGENCY'S MONTHLY ALLOCATION GRANTEES MUST ALSO PROVIDE TO THE UNITED WAY A YEAR-END REPORT AND AN UP-TO-DATE AUDIT CONDUCTED BY A PROFESSIONAL INDEPENDENT AUDITOR OTHER SPECIFIC FINANCIAL MATERIALS MAY BE REQUESTED, AS NECESSARY THIS INFORMATION IS NOT ONLY REVIEWED BY THE UNITED WAY STAFF, BUT BY COMMUNITY VOLUNTEERS ON A YEARLY BASIS

Additional Data

Software ID:
Software Version:
EIN: 44-0547802
Name: UNITED WAY OF GREATER ST JOSEPH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN RED CROSS401 NORTH 12TH STREET ST JOSEPH,MO 64501	44-0545909	501C3	213,863				GENERAL OPERATING COSTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BARTLETT CENTER409 SOUTH 18TH ST JOSEPH,MO 64501	23-7116216	501C3	32,745				GENERAL OPERATING COSTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BIG BROTHERS AND BIG SISTERS1202 SOUTH 28TH STREET ST JOSEPH,MO 64507	43-6068464	501C3	33,421				GENERAL OPERATING COSTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BOY SCOUTS-PONY EXPRESS COUNCIL1704 BUCKINGHAM ST JOSEPH,MO 64506	44-0546279	501C3	110,149				GENERAL OPERATING COSTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CATHOLIC CHARITIES902 EDMOND SUITE 204 ST JOSEPH,MO 64501	43-0887779	501C3	112,914				$92,914 FOR GENERAL OPERATING COSTS, $20,000 FOR TURNAROUND PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHILDREN'S MERCY HOSPITAL2401 GILLHAM ROAD KANSAS CITY,MO 64108	44-0605373	501C3	27,329				GENERAL OPERATING COSTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY MISSIONS CORPORATION700 OLIVE STREET ST JOSEPH,MO 64501	90-0180479	501C3	28,104				GENERAL OPERATING COSTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FAMILY GUIDANCE CENTER724 NORTH 22ND STREET ST JOSEPH,MO 64501	44-0666362	501C3	281,108				GENERAL OPERATING COSTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GIRL SCOUTS OF NE KS AND NW MO3300 DALE AVENUE SUITE 105 ST JOSEPH,MO 64506	43-0892926	501C3	11,466				GENERAL OPERATING COSTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
INTERFAITH COMMUNITY SERVICES200 CHEROKEE ST JOSEPH,MO 64504	44-0545910	501C3	426,540				$424,631 FOR GENERAL OPERATING COSTS, $1,909 FOR UTILITY ASSISTANCE PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LEGAL AID OF WESTERN MISSOURI106 SOUTH 7TH STREET 4TH FLOOR ST JOSEPH,MO 64501	43-0824638	501C3	66,979				GENERAL OPERATING COSTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NW MISSOURI COMMUNITY SERVICES 1203 NORTH 6TH STREET ST JOSEPH,MO 64501	43-1496809	501C3	135,240				GENERAL OPERATING COSTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SALVATION ARMY622 MESSANIE ST JOSEPH,MO 64501	44-0545998	501C3	119,763				$104,263 FOR GENERAL OPERATING COSTS, AND $15,500 FOR PEST EXTERMINATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SECOND HARVEST (HELP FUND)915 DOUGLAS ST JOSEPH,MO 64505	43-1268319	501C3	7,000				BACKPACK BUDDIES PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SOCIAL WELFARE BOARD (HELP FUND)904 SOUTH 10TH STREET ST JOSEPH,MO 64503	44-6000455	GOVERNMENT AGENCY	7,000				DIABETES MANAGEMENT INITIATIVE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SPECIALTY INDUSTRIES OF ST JOSEPH INC3801 SOUTH LEONARD ROAD ST JOSEPH,MO 64503	43-0896903	501C3	4,324				GENERAL OPERATING COSTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST JOSEPH HEALTH AND SAFETY COUNCIL118 SOUTH 5TH LOWER LEVEL ST JOSEPH,MO 64501	44-0548468	501C3	75,457				$74,057 FOR GENERAL OPERATING COSTS, $1,400 FOR SAFETY ACRES PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE CENTER902 EDMOND SUITE 203 ST JOSEPH,MO 64501	43-1615018	501C3	65,623				GENERAL OPERATING COSTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED CEREBRAL PALSY OF NORTHWEST MISSOURI 3303 FREDERICK AVENUE ST JOSEPH,MO 64506	43-0909607	501C3	177,104				GENERAL OPERATING COSTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YMCA315 SOUTH 6TH ST JOSEPH,MO 64501	44-0552491	501C3	155,449				GENERAL OPERATING COSTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YWCA304 NORTH 8TH ST JOSEPH,MO 64501	44-0552219	501C3	251,717				GENERAL OPERATING COSTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY ACTION PARTNERSHIPPO BOX 3068 ST JOSEPH,MO 64503	43-0828262	501C3	704				UTILITY ASSISTANCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MARYVILLE COMMUNITY SERVICESPO BOX 328 MARYVILLE,MO 64468	43-6063875	501C3	785				UTILITY ASSISTANCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED SERVICES - KANSAS CITY6323 MANCHESTER AVENUE KANSAS CITY,MO 64133	43-1197168	501C3	17				UTILITY ASSISTANCE

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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 990-EZ 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.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
UNITED WAY OF GREATER ST JOSEPH	44-0547802

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IV, LINE 11F	
FORM 990, PART VI, SECTION A, LINE 2	KYLEE STROUGH SERVED ON THE MISSOURI WESTERN STATE UNIVERSITY BOARD OF GOVERNORS THROUGH M AY OF 2014 AND ROBERT VARTABEDIAN IS PRESIDENT OF MISSOURI WESTERN STATE UNIVERSITY ALL B OARD MEMBERS AND THE KEY EMPLOYEES DISCLOSE THEIR BUSINESS RELATIONSHIPS EACH YEAR ON THE CONFLICT OF INTEREST POLICY THESE ARE KEPT ON RECORD AT THE UNITED WAY OF GREATER ST JOS EPH OFFICE
FORM 990, PART VI, SECTION A, LINE 6	EACH CONTRIBUTOR TO THE UNITED WAY CAMPAIGN IS A MEMBER OF THE ORGANIZATION
FORM 990, PART VI, SECTION A, LINE 7A	THE GENERAL MEMBERSHIP ELECTS THE BOARD OF DIRECTORS AT THE ANNUAL MEETING TERMS OF BOARD MEMBERS ARE STAGGERED, WITH ONE-THIRD OF MEMBERS BEING ELECTED EACH YEAR THE BOARD MEMBE RS MAY ELECT REPLACEMENT BOARD MEMBERS DURING THE YEAR IF A VACANCY SHOULD OCCUR
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM A COMPLETED 990 IS REVIEWED BY THE BOARD OF DIRECTORS AT A REGULAR MEETING PRIOR TO THE FILING WITH THE INTERNAL REVENUE SERVICE
FORM 990, PART VI, SECTION B, LINE 12C	THE UNITED WAY OF GREATER ST JOSEPH REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPL IANCE WITH ITS CONFLICT OF INTEREST POLICY BY 1)MAINTAINING RECORDS OF THE CONFLICT OF IN TEREST FORMS COMPLETED AND SIGNED EACH YEAR BY BOARD MEMBERS AND KEY STAFF, 2)REQUIRING ME MBERS TO DISCLOSE ANY DUALITY OR CONFLICT OF INTEREST ON ANY MATTER COMING TO A VOTE BY TH E BOARD, PRIOR TO THAT VOTE BEING TAKEN A MEMBER DISCLOSING A CONFLICT OF INTEREST MAY NO T VOTE ON THE MATTER AND THE MINUTES OF THE MEETING MUST REFLECT THAT A DISCLOSURE WAS MAD E AND THAT THERE WAS AN ABSTENTION BY THAT MEMBER
FORM 990, PART VI, SECTION B, LINE 15A	THE PROCESS FOR DETERMINING THE COMPENSATION OF THE PRESIDENT AND CEO OF THE UNITED WAY OF GREATER ST JOSEPH INCLUDES THE FOLLOWING STEPS- 1)THE PRESIDENT COMPLETES A SELF EVALUATI ON FORM THAT ENUMERATES THE GOALS AND ACCOMPLISHMENTS OF THE YEAR THIS FORM IS SUBMITTED TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS, 2)THE EXECUTIVE COMMITTEE AND ANY BO ARD MEMBER WHO WOULD LIKE TO PARTICIPATE MEETS WITH THE PRESIDENT AND REVIEWS THE PRESIDEN T'S ACCOMPLISHMENTS FOR THE YEAR, MONITORING PROGRESS TOWARD GOALS 3)THE EXECUTIVE COMMIT TEE CONSIDERS THE UNITED WAY WORLDWIDE SALARY SURVEY OF COMPARABLE UNITED WAY ORGANIZATION S IN SIZE AND REGION ALL MOTIONS ARE RECORDED IN EXECUTIVE COMMITTEE MINUTES 4) THE EXECU TIVE COMMITTEE PRESENTS INFORMATION ON THE ENTIRE EVALUATION TO THE BOARD OF DIRECTORS, AL ONG WITH A SALARY RECOMMENDATION FOR THE PRESIDENT THE BOARD THEN REVIEWS THE INFORMATION PROVIDED AND ASKS ADDITIONAL QUESTIONS IF DESIRED THE BOARD OF DIRECTORS MUST APPROVE TH E RECOMMENDATION OR MAKE THEIR OWN RECOMMENDATION ON THE COMPENSATION OF THE PRESIDENT AND CEO THE RECOMMENDATION IS VOTED ON BY THE BOARD AND RECORDED IN THE MINUTES OF THE DECEM BER BOARD MEETING FORM 990, PART VI, SECTION B, LINE 15B NO OTHER EMPLOYEES ARE COMPENSA TED AT A LEVEL THAT WOULD REQUIRE THIS PROCESS
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABL E TO THE PUBLIC AT THE UNITED WAY OF GREATER ST JOSEPH OFFICE AT 118 S 5TH STREET, ST JOS EPH, MO 64501 ANY INDIVIDUAL OR ORGANIZATION WHO WOULD LIKE TO SEE THESE DOCUMENTS MAY DO SO DURING NORMAL OFFICE HOURS OF 8 AM TO 5 PM CENTRAL TIME, MONDAY THROUGH FRIDAY THE PH ONE NUMBER FOR THE UNITED WAY OF GREATER ST JOSEPH IS (816) 364-2381
FORM 990, PART XII, LINE 2C OVERSIGHT PROCESS	PROCESS IS CONSISTENT WITH PRIOR YEARS