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Return of Organization Exempt From Income Tax

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

DLN: 93493130014817 OMB No 1545-0047

Department of the Treasury

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 <u>www IRS gov/form990</u>

Open to Public

			alendar year, or tax year beging C Name of organization	nning 01-01-2016 , and endir	ng 12-31-	2016	l			
		pplicable change	UNITED WAY OF GREATER ST JOSE	PH					ication number	
□ Na		-	Doing business as				44-0547	802		
☐ Ini Fin		turn	Doing business as							
		minated d return		nail is not delivered to street address)	Room/suite	•	E Telephon	E Telephone number		
_		on pending	PO BOX 188				(816) 36	54-2381		
			City or town, state or province, cou ST JOSEPH, MO 64502	intry, and ZIP or foreign postal code						
			F Name and address of princip	al officer		U/a) Ta blace	G Gross red		615,999	
			KYLEE STROUGH	ar officer		H(a) Is this	: a group ret dinates?	urn for	□Yes ☑ No	
			PO BOX 188 ST JOSEPH, MO 64502			H(b) Are al	subordinat	es	☐ Yes ☐No	
I Ta:	x-exer	mpt status	✓ 501(c)(3)	(insert no) 4947(a)(1) or	527	includ If "No		st (see	instructions)	
J W	ebsit	te:▶ WW	/W STJOSEPHUNITEDWAY ORG	(H(c) Group		•	•	
K Forr	n of o	rganızatıon	✓ Corporation ☐ Trust ☐ Ass	ociation 🔲 Other 🟲		L Year of forma	tion 1916	M State of MO	of legal domicile	
Pa	rt I	Sumi	marv							
	1	 Briefly des	scribe the organization's mission (
e C	-	TO IMPRO	VE LIVES THROUGH THE CARING	POWER OF COMMUNITY						
ĕ	-									
Ven	-									
Governance	1			scontinued its operations or dispong body (Part VI, line 1a)			of its net as	ssets 3	31	
	l		•	f the governing body (Part VI, line			i	4	31	
Activīties &	5	Total num	nber of individuals employed in c	alendar year 2016 (Part V, line 2a)			5	13	
₹	6	Total nun	nber of volunteers (estimate if ne		6	968				
¥	7a	Total unr	elated business revenue from Pai	t VIII, column (C), line 12			•	7a	0	
	b	Net unrel	ated business taxable income fro	m Form 990-T, line 34		<u> </u>	•	7b	0	
	_					Pri	or Year		Current Year	
ġ	l		ions and grants (Part VIII, line 1	•	•		2,974,1	_	3,257,185	
Rəvenue	l	-	service revenue (Part VIII, line 2 Int income (Part VIII, column (A)	62,5 206,2		77,563				
æ	l		renue (Part VIII, column (A), line	•	•		60,8		69,405	
	l		, , , , , , , , , , , , , , , , , , , ,	ust equal Part VIII, column (A), lii	ne 12)		3,303,8		3,472,595	
	-		nd sımılar amounts paıd (Part IX,				2,337,3	08	2,383,505	
	14	Benefits p	oald to or for members (Part IX,	column (A), line 4)				0	0	
8	15	Salaries,	other compensation, employee b	enefits (Part IX, column (A), lines	5-10)		412,7	'44	418,190	
Expenses	16 a	Professio	nal fundraising fees (Part IX, coli	umn (A), line 11e)				0	0	
<u> </u>	l		raising expenses (Part IX, column (D),	·						
ш	l	•	* * * * * * * * * * * * * * * * * * * *	s 11a-11d, 11f-24e)	•		312,6		323,100	
	l	•	enses Add lines 13–17 (must eq	, , , , , , , , , , , , , , , , , , , ,			3,062,6		3,124,795	
- S	19	Revenue	less expenses Subtract line 16 ii	rom line 12	•	Beginning	241,1 of Current Ye		347,800 End of Year	
ance.										
Net Assets or Fund Balances	20	Total asse	ets (Part X, line 16)		•		10,379,2	23	11,097,110	
₹ <u>₽</u>	l		ılıtıes (Part X, lıne 26)				2,615,8		2,639,346	
		_	s or fund balances Subtract line	21 from line 20	i		7,763,3	84	8,457,764	
Par Under			ature Block eriurv. I declare that I have exan	nined this return, including accom	panving s	chedules and	statements	. and to	the best of my	
knowl	ledge	and belie		e Declaration of preparer (other t						
any k	nowie	eage								
		******	kure of officer			201 Date	7-05-09			
Sign		Julian	are of officer			Date				
Here	;		OY TREASURER r print name and title							
		17	rint/Type preparer's name	Preparer's signature	Dat	e I		TIN		
Paid	d		ARLA R LACKEY CPA	CARLA R LACKEY CPA	- "	Che		00138993	3	
Pre _l		ات ⊢	ırm's name ► CLIFTONLARSONALLE	N LLP			Firm's EIN ► 41-0746749			
Use		1 -	ırm's address ► 2301 VILLAGE DRIVE			Pho	ne no (816) 2	232-8441	_	
			ST JOSEPH, MO 6450	06						
			this return with the preparer sho	· · · · · · · · · · · · · · · · · · ·				✓ Y	es 🗆 No	
For P	aper	work Red	duction Act Notice, see the se	parate instructions.		Cat No 1	1282Y		Form 990 (2016)	

or X as applicable

Section 501(c)(3) organizations.

Yes

Checklist of Required Schedules 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete 1

Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🔧

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b Was the organization included in consolidated, independent audited financial statements for the tax year?

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*

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

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🛸 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX,

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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 🛸 🔒 🔒 Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

assessments, or similar amounts as defined in Revenue Procedure 98-19?

2

3

4

8

9

10

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14h

15

16

17

18

19

No

Page 3

No

No

No

Nο

Nο

Nο

No

No

Nο

Nο

No

No

Nο

No

No

No

Nο

No

No

No

Form **990** (2016)

5 6 7

Yes

Yes

Yes

Yes

29

Par	t IV Checklist of Required Schedules (continued)
20a	Did the organization operate one or more hospital facilities? If

"Yes," complete Schedule H . . .

20a 20b Yes 21

Nο

Page 4

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

instructions for applicable filing thresholds, conditions, and exceptions)

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . 🕏

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I .

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Yes

22

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

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30

31

32

33

34

35a

35h

36

37

Yes

Form 990 (2016)

Yes

Nο

Nο

Nο

Nο

No

Nο

No

No

No

Nο

No

Nο

Nο

Nο

Nο

Nο

Nο

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 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 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,"

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

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year **d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . 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," b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

211111	990 (2016)			Page
Par	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
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 6 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 00	1 1		
		-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
	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			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		103	
За	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		
	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		
	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
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	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	-		
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
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	- ''		140
9	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form			
_	1098-C ⁷	7h		
	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?			
٥-	Did the sponsoring organization make any taxable distributions under section 4966?	8		
	,	9a 9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	90		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
	Section 501(c)(12) organizations. Enter	-		
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	1		
-	against amounts due or received from them)			
2a	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			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
	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	13-		
а	additional information the organization mast report on Schedule o	13a		
	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			
b	which the organization is licensed to issue qualified health plans			
b c	which the organization is licensed to issue qualified health plans	14a		No

Par	t VI	Governance, Management, and DisclosureFor each "Yes" response to lines 2 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sched			" respo	nse to li	nes
		Check if Schedule O contains a response or note to any line in this Part VI					✓
Se	ction	A. Governing Body and Management			1	Yes	No
1a	Enter	the number of voting members of the governing body at the end of the tax year	1a	31		res	No_
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or r committee, explain in Schedule O					
b	Enter	the number of voting members included in line 1a, above, who are independent	1b	31			
2		ny officer, director, trustee, or key employee have a family relationship or a busine r, director, trustee, or key employee?	ss rela		2		No
3		e organization delegate control over management duties customarily performed b cers, directors or trustees, or key employees to a management company or other			3		No
4	Did th	e organization make any significant changes to its governing documents since the	prior F	Form 990 was filed?	4		No
5	Did th	e organization become aware during the year of a significant diversion of the orga	nızatıo	n's assets?	5		No
6		e organization have members or stockholders?			6	Yes	
	Did th	e organization have members, stockholders, or other persons who had the power pers of the governing body?	to elec	t or appoint one or more	7a	Yes	
b	Are ar	ny governance decisions of the organization reserved to (or subject to approval by ns other than the governing body?		bers, stockholders, or	7b		No
8	Did th	le organization contemporaneously document the meetings held or written actions llowing		taken during the year by			
а	The g	overning body?			8a	Yes	
Ь	Each (committee with authority to act on behalf of the governing body?			8b	Yes	
9		re any officer, director, trustee, or key employee listed in Part VII, Section A, who ization's mailing address? If "Yes," provide the names and addresses in Schedule (t be reached at the	9		No
Se	ction	B. Policies (This Section B requests information about policies not requ	ured b	y the Internal Revenu	e Code	⊋.)	
						Yes	No
10a	Did th	e organization have local chapters, branches, or affiliates?			10a		No
b		s," did the organization have written policies and procedures governing the activiti ranches to ensure their operations are consistent with the organization's exempt p			10b		
11a	Has th	ne organization provided a complete copy of this Form 990 to all members of its go	vernin	ng body before filing the	11a	Yes	
b	Descr	be in Schedule O the process, if any, used by the organization to review this Form	990				
12a	Did th	e organization have a written conflict of interest policy? If "No," go to line 13 .			12a	Yes	
b	Were conflic	officers, directors, or trustees, and key employees required to disclose annually in	terests •	that could give rise to	12b	Yes	
C		e organization regularly and consistently monitor and enforce compliance with the full O how this was done	policy •	? If "Yes," describe in	12c	Yes	
13	Did th	e organization have a written whistleblower policy?			13	Yes	
14	Did th	e organization have a written document retention and destruction policy? $\cdot\cdot$			14	Yes	
15		e process for determining compensation of the following persons include a review ns, comparability data, and contemporaneous substantiation of the deliberation an					
а	The o	rganization's CEO, Executive Director, or top management official			15a	Yes	
b	Other	officers or key employees of the organization \ldots . \ldots . \ldots			15b		No
	If "Ye	s" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a		le organization invest in, contribute assets to, or participate in a joint venture or si le entity during the year?			16a		No
b	ın joir	s," did the organization follow a written policy or procedure requiring the organizat it venture arrangements under applicable federal tax law, and take steps to safegu with respect to such arrangements?	ard th		16b		
		C. Disclosure					
17		ne States with which a copy of this Form 990 is required to be filed					
18		on 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 99 ble for public inspection Indicate how you made these available. Check all that ap		990-T (501(c)(3)s only)			
		own website 🗹 Another's website 🗹 Upon request 🔲 Other (explain in S		•			
19	policy	ibe in Schedule O whether (and if so, how) the organization made its governing do , and financial statements available to the public during the tax year					
20		the name, address, and telephone number of the person who possesses the organ EE STROUGH 118 S 5TH ST ST JOSEPH, MO 64501 (816) 364-2381	ization	's books and records			

(A)

Name and Title

(F)

Estimated

Page 7

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

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"

(B)

Average

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

(C)

Position (do not check more

(D)

Reportable

(E)

Reportable

hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation any hours director/trustee) organization (Worganizations from the for related 2/1099-MISC) (W-2/1099organization and Highest compensatemples ee Former Individual trustee or director Office organizations Ē MISC) related Institutional Trust⊷e below dotted organizations employee line) See Additional Data Table

Form 990 (2016)										Page 8
Part VII Section A. Officers, Direc	tors, Trustees	, Key I	Empl	oye	es,	and I	ligh	nest Compensate	d Employees (co	ntinued)
(A) Name and Title	(B) Average hours per week (list any hours		ne bo	ox, u n off	t che inles ficer	s pers and a	on	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	101	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
See Additional Data Table										

See Additional Data Table						

1b Sub-Total	 	 	•		

1b Sub-Total										
c Total from continuation sheets to Pa	rt VII, Sectio	nΑ.				▶□				

1b Sub-Total				>			
c Total from continuation sheets to Pa	rt VII, Sectio	nΑ.		▶			
d Total (add lines 1h and 1c)				▶□	91.693	0	15.883

1b Sub-Total				>			
c Total from continuation sheets to Pa	art VII, Sectio	nΑ.		▶			
d Total (add lines 1b and 1c)				▶□	91,693	0	15,883

1b Sub-Total	•			
c Total from continuation sheets to Part VII, Section A	►ſ			
d Total (add lines 1b and 1c)	▶[91,693	0	15,883
2 Total number of individuals (including but not limited to those listed above) wh	o received more than	\$100,000	

С	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	91,693	0	15,883
2	Total number of individuals (including but not limited to those listed above of reportable compensation from the organization ▶ 0	e) wh	o received more than	\$100,000	

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization Report compensation for the calendar year ending with or within the organization's tax year

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A)

Name and business address

line 1a? If "Yes," complete Schedule J for such individual .

3

4

5

individual .

Section B. Independent Contractors

compensation from the organization ▶ 0

Yes

3

4

5

(B)

Description of services

No

Nο

Nο

Nο

(C)

Compensation

Form 990 (2016)

Part \	VI	• Statement of	Revenue								- rage 3
				a respo	onse or note to any	line in t	hıs Part VII	ı			🗆
							(A) revenue	Rela ex fur	(B) ated or empt action	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1:	a Federated campaig	ns	1a	13,064			161	/enue		312-314
nts		b Membership dues		1b	<u> </u>						
ira nou		c Fundraising events		1c	<u> </u>						
S. (d Related organizatio		1d	<u> </u> 						
Gift		e Government grants (co		1e							
is.		f All other contributions,		L TE	<u> </u>						
tior sr S		and similar amounts no above		1f	3,244,121						
퍨		g Noncash contribution	ons included		_						
Contributions, Giffs, Grants and Other Similar Amounts		ın lınes 1a-1f \$		36,8	<u>310</u>						
ತ್ರ ಕ	ŀ	n Total. Add lines 1a-1	f		>	3	3,257,185				
ile.					Business	Code					
۲. ۲.	2 a	LEADERSHIP PROGRAMS	5			611430		34,758	34,7	758	
Service Revenue		FUNDRAISING SERVICE	S			813219		16,743	16,7		
A C		PROFIT IN EDUCATION	26			611710 611710		7,230 3,959	· · · · · · · · · · · · · · · · · · ·	230 959	
*	u	SUCCESS BY 6 SEMINAR	(5			011710		3,939	5,:	,,,,	
an	e			_				5,752	5,7	752	
Program		All other program se				68,442		•		•	<u>. </u>
		Total.Add lines 2a-2f			<u> </u>	, -			T		
		Investment income (ii similar amounts)	ncluding divid		interest, and other	.	168,22	7			168,227
		Income from investme			ond proceeds						
	5	Royalties									
			(ı) Rea	l	(II) Personal						
	6a	Gross rents		68,168							
	Ŀ	Less rental expenses		0		1					
		5		50.150							
	•	Rental income or (loss)		68,168							
	ď	d Net rental income o	r (loss)		•		68,16	8			68,168
			(ı) Securi	ies	(II) Other						
	7 <i>a</i>	Gross amount from sales of		39,744	12,996	6					
		assets other than inventory									
	Ł	Less cost or									
		other basis and sales expenses	1	.38,741	4,663	3					
	C	Gain or (loss)		98,997	8,333	3					
		d Net gain or (loss) .			•		-90,66	4			-90,664
من	8a	Gross income from for file (not including \$		ents of							
둤		contributions reporte See Part IV, line 18		_ 1							
ě	ı	Less direct expense		a b							
<u> </u>		Net income or (loss)			ents 🕨						
Other Revenue		Gross income from g	amıng actıvıt								
0		See Part IV, line 19		-							
	ŀ	Less direct expense	c	a b		-					
		: Net income or (loss)			les						
		a Gross sales of invent	ory, less								
		returns and allowand	es	a							
	ŀ	Less cost of goods s	old -	a b		-					
		Net income or (loss)									
		Miscellaneous			Business Code						
	11	LaOTHER INCOME			900099	9	1,23	7			1,237
	Ł										
	c	=									
	c	d All other revenue .									
	•	Total. Add lines 11a	-11d				1,23	7			
	12	2 Total revenue. See	Instructions				3,472,59		60 112		0 146.968
							3,472,39	٧١	68,442		0 146,968 Form 990 (2016)

Form 990 (2016)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	unizations must comp	Note column (A)	
	5	'	nete column (A)	П
Check if Schedule O contains a response or note to any	r line in this Part IX	(B)	(C)	 ⊔
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,373,890	2,373,890		
2 Grants and other assistance to domestic individuals See Part IV, line 22	9,615	9,615		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	107,576	63,405	31,628	12,543
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	258,634	162,740	68,568	27,326
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	9,305	4,746	3,742	817
9 Other employee benefits	16,397	9,653	4,821	1,923
10 Payroll taxes	26,278	16,277	7,154	2,847
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	20,750	12,222	6,101	2,427
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	39,885	83	39,786	16
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,725	1,016	506	203
12 Advertising and promotion	8,722	5,082	65	3,575
13 Office expenses	15,222	8,673	4,024	2,525
14 Information technology				
15 Royalties				
16 Occupancy	43,642	25,706	12,829	5,107
17 Travel	9,029	5,387	2,430	1,212
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	29,750	29,518	104	128
20 Interest				
21 Payments to affiliates	34,376	20,247	10,107	4,022

39,485

13,919

21,537

17,820

12,216

5,625

9,397

3,124,795

23,260

8,299

21,537

12,968

12,216

5,625

4,181

2,836,346

11,609

4,020

3,471

585

211,550

4,616

1,600

1,381

4,631

76,899

Form 990 (2016)

22 Depreciation, depletion, and amortization .

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

25 Total functional expenses. Add lines 1 through 24e 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)

23 Insurance . .

c TRAINING

expenses on Schedule O $\,$

a PARENT AWARENESS ITEMS

b EQUIP RENT/MAINTENANCE

d AWARDS (NON ASSISTANCE)

e All other expenses

Page **11**

20

21

22 23

24

25

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27

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29

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31 32

33

34

2,639,346

4.978.696

1,441,401

2.037.667

8,457,764

11,097,110 Form **990** (2016)

2,615,839

4.607.651

1,226,591

1.929.142

7,763,384

10.379.223

		Check if Schedule O contains a response of hot	e to an	iy iine in this Part IX .		•	<u> ⊔</u>
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			957,827	1	611,460
	2	Savings and temporary cash investments .		[334,684	2	810,426
	3	Pledges and grants receivable, net			2,628,970	3	2,831,223
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa II of Schedule L				5	
ts	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L		6			
ssets	7	Notes and loans receivable, net					
ΑS	8	Inventories for sale or use		•		8	
_	9	Prepaid expenses and deferred charges			9,763	9	9,635
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	909,584			
	b	Less accumulated depreciation	10b	510,919	388,011	10 c	398,665
	11	Investments—publicly traded securities .			6,059,968	11	6,435,701
	12	Investments—other securities See Part IV, line	11 .			12	
	13	Investments—program-related See Part IV, line	e 11 .			13	
	14	Intangible assets		[14	
				+			

b	Less accumulated depreciation	10b	510,919	388,011	10 c	398,665
11	Investments—publicly traded securities .			6,059,968	11	6,435,701
12	Investments—other securities See Part IV, line	11 .			12	
13	Investments—program-related See Part IV, line	e 11			13	
14	Intangible assets		[14	
15	Other assets See Part IV, line 11				15	
16	Total assets.Add lines 1 through 15 (must equ	al line	34)	10,379,223	16	11,097,110
17	Accounts payable and accrued expenses			2,615,839	17	2,638,146

D	Less accumulated depreciation	100	510,919	300,011	100	390,000
11	Investments—publicly traded securities .			6,059,968	11	6,435,701
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				15	
16	Total assets.Add lines 1 through 15 (must equa	al line	34)	10,379,223	16	11,097,110
17	Accounts payable and accrued expenses			2,615,839	17	2,638,146
18	Grants payable				18	
19	Deferred revenue			0	19	1,200

20

21

23

24

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32

33 34

Liabilities 22

Fund Balances

Assets or

Net

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958),

check here \blacktriangleright \square and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and

Form	990 (2016)				Page 12
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>		<u> </u>	
				_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			472,595
2	Total expenses (must equal Part IX, column (A), line 25)	2		·	124,795
3	Revenue less expenses Subtract line 2 from line 1	3			347,800
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			763,384
5	Net unrealized gains (losses) on investments	5			346,580
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
	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		8,	457,764
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>	✓
				Yes	No
1	Accounting method used to prepare the Form 990				
	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 separate basis, consolidated basis, or both	on a			
	☐ 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 consolidated basis, or both	basıs,			_
	Separate basis Consolidated basis Both consolidated and separate basis				
С	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 Sche	dule O			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii Audit Act and OMB Circular A-133?	ngle	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

Form **990** (2016)

Additional Data

Software ID:

Software Version:

EIN: 44-0547802

Name: UNITED WAY OF GREATER ST JOSEPH

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BOARD MEMBER

BOARD MEMBER

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HOOK RON

		IN	allie	<i>3</i> .	OIVI	TIED	WA	AT OF GREATER 5	31 JOSEPH	
Form 990 (2016)										
Form 990, Part VII - Compensation of						25, K6	ey F	1 1	1	1 1
Compensated Employees, and Indep	Average hours per week (list any hours for related organizations below dotted line)	Positio tha perse	on (do an one son is	ne bo both recto	ot che ox, u h an or/tr	unless n office rustee)	er !)	(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
AUXIER RON BOARD MEMBER	1 00	×						0	0	0
BRADLEY ERIC BOARD MEMBER	1 00	X						0	0	0
BRAX DAVID BOARD MEMBER	1 00	X						О	0	0
BYRD BEN BOARD MEMBER	1 00	×						0	0	0
CLINTON GEORGE BOARD MEMBER	1 00	X						0	0	0
CODER ELAINE BOARD MEMBER	1 00	X						0	0	0
DALSING MICHAEL BOARD MEMBER	1 00	X						0	0	0
EIMAN PATTI BOARD MEMBER	1 00	X						0	0	0
GRAYSON JASON	1 00	×					П	0	0	0

1 00

Χ

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

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

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HORN JASON

HOY ANN

BOARD MEMBER

BOARD MEMBER

MCANALLY BRAD

BOARD MEMBER

MURPHY SCOTT

BOARD MEMBER

PULIDO MICHAEL

BOARD MEMBER

RUCKER LAVELL

BOARD MEMBER

SHIELDS BRANDT

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

WEIL LISA

THOMASON MICHELE

STEIN ADAM

Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the for related (W-2/1099-(W-2/1099organization and related organizations

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

	organizations below dotted line)	ndividual trustee ir director	Institutional Trustee	êπ	lighest compensated mplovee	omer	MISC)	MISC)	
OODS JULIE	1 00								

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WOODS JULIE	1 00	×	
BOARD MEMBER		^	
WRIGHT SETH	1 00		Γ

BOARD MEMBER

WYBLE MARK

ROSONKE DENNIS

CAMPAIGN CHAIR

JOHNSTON STEVE

CRIPE DAVID

BRADLEY DEBRA

BURKE THOMAS

VICE CHAIR

SECRETARY

CHAIR

MARTIN ROGER

MARGULIES MICHELLE

COMMUNITY INVESTMENT CO-CHAIR

COMMUNITY INVESTMENT CO-CHAIR

COMMUNITY INITIATIVES CHAIR

MARKETING/COMMUNICATIONS CHAIR

......

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) Name and Title Average Position (do not check more Reportable Reportable than one box, unless amount of other hours per compensation compensation person is both an officer from the from related week (list any hours and a director/trustee) organization organizations organization and

(F)

Estimated

compensation

from the

related organizations

15,883

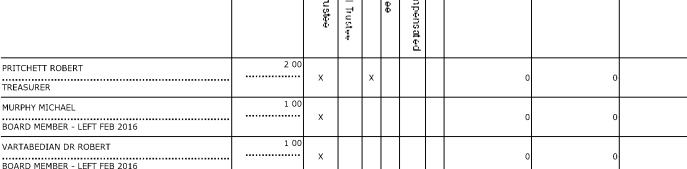
	1						44.000	(11) 2 (4 0 0 0	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)
PRITCHETT ROBERT		x		x				0	
TREASURER								J	
MUDDUY MICHAEL	1 00								

50.00

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STROUGH KYLEE

PRESIDENT/CEO



91,693

em	<u>e GR</u>	<u>APHIC prir</u>	<u>it - DO NO</u>	T PROCESS	As Filed Data -			DLN: 9	3493130014817
SCI	HED	ULE A		Public (Charity Statu	s and Pul	olic Supp		OMB No 1545-0047
	m 990		Con		ganization is a secti 4947(a)(1) nonexe Attach to Form 9	ion 501(c)(3) o mpt charitable	organization or trust.	l l	2016
•		the Treasury	▶ Inf	ormation abou	t Schedule A (Form			ıctions is at	Open to Public Inspection
Nam	e of th	n e organiza OF GREATER S						Employer identific	ation number
								44-0547802	
	rt I				is (All organization: it is (For lines 1 thro			See instructions.	
1					sociation of churches			(Δ)(i).	
2				,	L)(A)(ii). (Attach Sch			(/(-/-	
3					rice organization descr	,	• • • • • • • • • • • • • • • • • • • •	iii).	
4			esearch orga	·	ed in conjunction with			•	nter the hospital's
5		An organiza			of a college or univer	sity owned or op	perated by a gov	ernmental unit descri	bed in section 170
6				•	governmental unit de	scribed in sectio	on 170(b)(1)(A	۸)(v).	
7	✓			rmally receives a (vi). (Complete	a substantial part of its Part II)	s support from a	governmental u	ınıt or from the gener	al public described in
8		A communi	y trust desc	rıbed ın section	170(b)(1)(A)(vi)	(Complete Part I	I)		
9					scribed in 170(b)(1) ee instructions Enter t				ege or university or a
10		from activit	ies related to income and	o its exempt fund unrelated busine	(1) more than 331/3% ctions—subject to cert ess taxable income (le mplete Part III)	ain exceptions,	and (2) no more	than 331/3% of its su	
11		An organiza	tion organiz	ed and operated	exclusively to test for	r public safety S	ee section 509	(a)(4).	
12		more public	ly supported	l organizations d	exclusively for the be escribed in section 5 the type of supporting	09(a)(1) or sec	ction 509(a)(2). See section 509(a	ne purposes of one or a)(3). Check the box
a		Type I. A so	upporting or n(s) the pow	ganızatıon opera	ated, supervised, or co ppoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		manageme	nt of the sup		ervised or controlled in ition vested in the san				
С		Type III fo	ınctionally	i ntegrated. A s	upporting organization				ted with, its
d		functionally	ıntegrated	The organization	 A supporting organing generally must satisf TV, Sections A and 	fy a distribution i	requirement and		
e					ed a written determin integrated supporting		RS that it is a Ty	pe I, Type II, Type II	I functionally
f	Enter			organizations	mregrated supporting	organization			
g	Provi	de the follow	ıng ınformat	on about the su	pported organization(s)			
(i)N	ame of	f supported o	organization	(ii)EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv Is the organiz your governir	ation listed in	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
Tota	1								
Total		work Reduc	tion Act Not	tice, see the In	structions for	Cat No 11285	<u> </u> 5F	 Schedule A (Form 9	90 or 990-EZ) 2016

Section B. Total Support Calendar year (a)2012 **(b)**2013 (c)2014

Gross income from interest, dividends, payments received on 184,974 185,540 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on

15 Public support percentage for 2015 Schedule A, Part II, line 14

(or fiscal year beginning in) ▶

Amounts from line 4

organization

instructions

supported organization

10 Other income Do not include gain 13,147 or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through

3,263,876

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

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))

and stop here. The organization qualifies as a publicly supported organization

box and stop here. The organization qualifies as a publicly supported organization

Section C. Computation of Public Support Percentage

16a 33 1/3% support test-2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

17a 10%-facts-and-circumstances test-2016. 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

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

h 10%-facts-and-circumstances test—2015. 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

h 33 1/3% support test-2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

11,782

2,747,280

3,057,625

185,409

15,767

(d)2015

2,974,163

222,014

5,738

12

14

15

(e)2016

3,257,185

236,395

Schedule A (Form 990 or 990-EZ) 2016

1,237

16,362,132

▶ 🗹

▶□

(f)Total

15,300,129

1,014,332

296,120

92 520 %

92 950 %

47,671

P	art III	Support Schedule for						
		(Complete only if you c						er Part II. If
	ation A	the organization fails to	qualify under t	ne tests listed	below, please co	mpiete Part II.)	
56		Public Support alendar year			T			
		year beginning in)	(a)2012	(b) 2013	(c)2014	(d) 2015	(e)2016	(f) Total
1	Gıfts, grar	its, contributions, and						
		rip fees received (Do not y "unusual grants")						
2		eipts from admissions,						
_		se sold or services						
		, or facilities furnished in						
		y that is related to the on's tax-exempt purpose						
	or garnzaci	on a tax exempt purpose						
3		eipts from activities that are						
	not an uni under sect	related trade or business						
4		ues levied for the						
•		on's benefit and either paid						
		nded on its behalf						
5		of services or facilities by a governmental unit to						
		zation without charge						
6	_	l lines 1 through 5						
7a		ncluded on lines 1, 2, and						
	3 received	from disqualified persons						
Ь	Amounts i	ncluded on lines 2 and 3						
		rom other than disqualified						
		at exceed the greater of						
	\$5,000 or 13 for the	1% of the amount on line						
С	Add lines	*						
8	Public su	pport. (Subtract line 7c						
_	from line (
Se		Total Support		Γ	_	-	1	
		alendar year year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d) 2015	(e)2016	(f)Total
9	•	from line 6						
L0a		ome from interest,						
		, payments received on						
		loans, rents, royalties and						
b		om similar sources I business taxable income						
		ion 511 taxes) from						
		es acquired after June 30,						
	1975	10 110						
C		10a and 10b ne from unrelated business						
11		not included in line 10b,						
		or not the business is						
		carried on						
12		ome Do not include gain or the sale of capital assets						
		n Part VI)						
13		pport. (Add lines 9, 10c,						
	11, and 1	vears. If the Form 990 is fo	r the organization	's first second t	hird fourth or fift	h tay year as a se	ction 501(c)(3) or	ganization
14		•	tile organization	s mst, second, t	illia, iourai, or illi	ii tax year as a se	201011 201(0)(3) 01	yamzation, ▶ □
Se		box and stop here Computation of Public S	Sunnort Perce	ntage				
<u> </u>		port percentage for 2016 (lin			column (f))		15	
16	-	port percentage from 2015 S		•			16	
		Computation of Investi					10	
<u> </u>		nt income percentage for 201			line 13. column (f))	17	
		nt income percentage from 20		. ,	13, column (1	"		
18 10-		upport tests—2016. If the			on line 14 and lin	ie 15 is more than	18 33 1/3% and line	a 17 is not
								▶ □
		33 1/3%, check this box and s support tests—2015. If the						
D			_					
20		than 33 1/3%, check this box		-	•			· — <u> </u>
20	Private f	oundation. If the organization	on did not check a	i box on line 14, :	19a, or 19b, check	this box and see	instructions	▶□

Schedule A (Form 990 or 990-EZ) 2016

5a

6

7

8

10a

supervised by or in connection with its supported organizations

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

amendment to the organizing document)

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

provide detail in Part VI.

answer line 10b below

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Page 4

4b

4c

5a

5b

5c

6

7

8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2016

			res	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		

If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,	1	
describe the designation If historic and continuing relationship, explain	1	
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	

	describe the designation If historic and continuing relationship, explain				
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				
	ın 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			

3а	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			
С	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		
_	the state of the s			

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						
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you						
	checked 12a or 12b in Part I, answer (b) and (c) below						
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 \overline{a}						

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

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

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

than (1) its supported organizations. (11) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

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,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes

Substitutions only. Was the substitution the result of an event beyond the organization's control?

Par	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
Se	ction B. Type I Supporting Organizations			
	ction by Type a 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 Par VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the	t		
	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		
Se	ction C. Type II Supporting Organizations			
	ction c. Type 11 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)	f		
		1		
Se	ction D. All Type III Supporting Organizations			
	// 11 2 2		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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	e		
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			
<u>Se</u> 1	ction E. Type III Functionally-Integrated Supporting Organizations	<u></u>		
т а	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction and the organization satisfied the Activities Test Complete line 2 below	tions)		
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (se	e ınstru	ctions))
2	Activities Test Answer (a) and (b) below.		Yes	No
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 the activities.	22		
h	substantially all of its activities Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the	2a		
U	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.			
	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? <i>Provide details in Part VI</i> .	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		

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)
	Section B - Minimum Asset Amount		(A) Prior Year	` '
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		
_	Average monthly value of securities	1a		
d	Average monthly value of securities	14		
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			

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	1 b		
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		
Net value of non-evempt-use assets (subtract line 4 from line 3)	5		

_	tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1 b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
е	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	

Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency 6 temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) (2016)

(If amount greater than zero, see instructions) Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than

Excess distributions carryover to 2017. Add lines

zero, see instructions)

SCHEDULE A, PART II, LINE 10. GROSS FUNDRAISING REVENUE - 2012 AMOUNT \$ 8,413 2013 AMOUNT \$ 9,765 2014 AMOUNT \$ 13, EXPLANATION OF OTHER 911 2015 AMOUNT \$5,586 OTHER INCOME - 2012 AMOUNT \$4,734 2013 AMOUNT \$2,017 2014

AMOUNT \$ 1,856 2015 AMOUNT \$ 152 2016 AMOUNT \$ 1,237

INCOME

Schedule A (Form 990 or 990-EZ) 2016

SCHEDULE D

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

2016

DLN: 93493130014817 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990)

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

Open to Public Inspection

	me of the organization TED WAY OF GREATER ST JOSEPH			Employer	identification	number
0.12				44-054780)2	
Pa	rt I Organizations Maintaining Donor Complete if the organization answere			or Account	s.	
		(a) Donor advised funds		(b)Funds	and other accou	unts
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 funds are the organization's property, subject to			dvised	□ v	∕es 🔲 i
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?				Y	∕es 🔲 I
Pa	rt III Conservation Easements. Complet	e if the organization answere	ed "Yes" on For	m 990, Part	IV, line 7.	
1	Purpose(s) of conservation easements held by th	e organization (check all that app	oly)			
	\square Preservation of land for public use (e g , rec	reation or education)	Preservation of a	n historically i	mportant land a	irea
	Protection of natural habitat		Preservation of a	certified histo	oric structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation con	tribution in the fo		ervation Id at the End of	f the Year
а	Total number of conservation easements			2a		
Ь	Total acreage restricted by conservation easemen	ts		2b		
c	Number of conservation easements on a certified	historic structure included in (a)		2c		
d	Number of conservation easements included in (c structure listed in the National Register) acquired after 8/17/06, and no	t on a historic	2d		
3	Number of conservation easements modified, tra tax year ▶	nsferred, released, extinguished,	or terminated by	the organiza	tion during the	
4	Number of states where property subject to cons	ervation easement is located ►_				
5	Does the organization have a written policy regar and enforcement of the conservation easements		pection, handling	of violations,	☐ Yes	□ No
6	Staff and volunteer hours devoted to monitoring,	inspecting, handling of violations	s, and enforcing o	conservation e	asements during	g the year
7	Amount of expenses incurred in monitoring, insper	ecting, handling of violations, and	d enforcing conse	rvation easem	nents during the	year
8	Does each conservation easement reported on lir	e 2(d) above satisfy the requirer	ments of section :	170(h)(4)(B)(ι)	
	and section 170(h)(4)(B)(II)?				☐ Yes	□ No
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organizati				
Par	Complete if the organization answere			her Similar	Assets.	
1 a	If the organization elected, as permitted under Si art, historical treasures, or other similar assets h provide, in Part XIII, the text of the footnote to it	eld for public exhibition, educatio	n, or research in			
b	If the organization elected, as permitted under Si historical treasures, or other similar assets held f following amounts relating to these items	FAS 116 (ASC 958), to report in	its revenue statei			
(i) Revenue included on Form 990, Part VIII, line 1			▶ \$		
(i	i)Assets included in Form 990, Part X			▶ \$		
2	If the organization received or held works of art, following amounts required to be reported under			'		
а	Revenue included on Form 990, Part VIII, line 1			▶ \$	i	
ь	Assets included in Form 990, Part X			▶ 5		
	Paperwork Reduction Act Notice, see the Inst	ructions for Form 990.	Cat No		Schedule D (Fo	rm 990) 20

Page 2

Par	t III	Organizations M	aintaining Col	lections o	f Art, Hi	istori	cal Tr	easi	ures, or	Other	Similar A	ssets (coi	ntınued)	
3		g the organization's acq s (check all that apply)	uisition, accessior	n, and other	records, o	check a	any of	the fo	ollowing t	hat are a	sıgnıfıcant	use of its c	ollection	
а		Public exhibition				d		Loan	or excha	inge prog	rams			
b		Scholarly research				е		Othe	er					
С		Preservation for future	e generations											
4	Prov Part	ide a description of the XIII	organızatıon's coll	ections and	explain h	ow the	y furth	er th	e organız	atıon's ex	empt purp	ose in		
5		ng the year, did the org ts to be sold to raise fui									ılar	☐ Yes		lo
Pa	rt IV	Escrow and Cust Complete if the or X, line 21.			" on Forn	n 990,	, Part	IV, I	ine 9, or	reporte	d an amo	unt on Foi	m 990,	Part
1a		e organization an agent ded on Form 990, Part :		an or other i	intermedia	ary for	contrib	oution	ns or othe	r assets r	not	☐ Yes		lo
ь	If "Y	es," explain the arrange	ement in Part XIII	and comple	ete the foll	lowina	table		Г			Amount		_
c		nning balance				9			ŀ	1c				_
d	_	tions during the year							ŀ	1 d				_
е		ibutions during the year	r							1e				_
f		ng balance							ŀ	1f				_
2a		he organization include:	an amount on Fo	rm 990 Par	t X line 2	1 for a	escrow	or ci	ıstodial a	ccount lia	hility?			_
b		es," explain the arrange		·	,	·					•	∐ Yes		lo
Pa	rt V	Endowment Fun	ds. Complete ıf	the organi	ızatıon aı	nswer	ed "Ye	es" o	n Form s	990, Par	t IV, lıne	10.		
				(a)Curren	t year	(b) Pr	ıor year	-	(c)Two ye	ears back	(d)Three ye	ears back (e)Four yea	rs back_
1a	Begini	ning of year balance .		3,	,058,776		3,029	,339		3,356,414	2	2,962,119	2	,686,304
b	Contri	butions			422,700			,162		3,633		15,223		4,000
С	Net in	vestment earnings, gair	ns, and losses		156,404		-7	,206		147,898		379,072		287,039
d	Grants	s or scholarships	•											
е		expenditures for faciliting or a contract of the contract of t	es				9	,519		478,606				15,224
f	Admın	istrative expenses .												
g	End of	f year balance		3,	,637,880		3,058	,776		3,029,339	3	3,356,414	2	,962,119
2	Prov	ide the estimated perce	ntage of the curre	nt year end	l balance ((line 1g	g, colur	mn (a	i)) held a	5				
а	Boar	d designated or quasi-e	ndowment 🟲	11 810 %										
b	Perm	nanent endowment 🟲	56 010 %											
С	Tem	porarily restricted endo	wment ► 32 1	.80 %										
	The	percentages on lines 2a	, 2b, and 2c shou	ld equal 100)%									
3a		here endowment funds	not in the posses	sion of the o	organizatio	on that	are he	eld ar	nd admını	stered for	the			
	_	nization by										2-7	Yes	No
	• •	nrelated organizations					•					3a(i 3a(i	-	No No
b		related organizations . es" on 3a(ii), are the re			eaured or	 n Sche	 dule Ri	,	• •			. 3b		110
4		ribe in Part XIII the inte	-					•			• •			<u> </u>
Pa	rt VI													
		Complete If the or			on Form	990,	Part I	V, lu	ne 11a.	See Forr	n 990, Pa	rt X, line :	10.	
	Descr	ription of property	(a) Cost or oth (investme		(b) Cost o	r other	basis (o	ther)	(c)Accı	ımulated d	epreciation	(d)	Book valu	ie
	Land						3	3,400						33,400
	Buildir							4,524			464,260			360,264
		hold improvements							1		-7-30			··
	Equip	•						1 660			46 659			5 001

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . .

398,665

Part VII Investments—Other Securities. Complete if the org	ganization a	answered 'Yes' on	Form 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b)E		
(a) Description of security of category (including name of security)	val	ue Cos	(c)Method of valuation st or end-of-year market value
(1)Financial derivatives			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIIII Investments—Program Related. Complete if the o See Form 990, Part X, line 13.	rganızatıor	answered 'Yes' o	n Form 990, Part IV, line 11c.
(a) Description of investment	(b) Book v		(c) Method of valuation st or end-of-year market value
(1)			to or end or year market raide
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	,		
Part IX Other Assets. Complete if the organization answered 'Yes' (a) Description	on Form 99	0, Part IV, line 11d	See Form 990, Part X, line 15 (b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answe	red 'Ves' o		IV line 11e or 11f
See Form 990, Part X, line 25.		b) Book value	T
1. (a) Description of liability (1) Federal income taxes	- '	b) Book value	
			_
(2)			-
(3)			-
(4)			
(5)			_
(6)			
(7)			
(8)			
(9)			
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 f	footnote to the	he organization's f	ancial statements that reports the
organization's liability for uncertain tax positions under FIN 48 (ASC 740)			

Net unrealized gains (losses) on investments . . . 2a 346.580 а Donated services and use of facilities . 2b 96.133 b c

2c Recoveries of prior year grants . . . 2d

Other (Describe in Part XIII) . . d е Add lines 2a through 2d 3 Subtract line 2e from line 1 . 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1

Investment expenses not included on Form 990, Part VIII, line 7b. b

Total expenses and losses per audited financial statements .

Donated services and use of facilities .

Prior year adjustments . . .

Other (Describe in Part XIII) .

Add lines 2a through 2d .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Subtract line 2e from line 1 .

Other losses .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Other (Describe in Part XIII)

Supplemental Information

Investment expenses not included on Form 990, Part VIII, line 7b .

Schedule D (Form 990) 2016

Part XI

5

1

2

а b

d

е 3

а

b

c

Part XIII

5

4

Part XII

Other (Describe in Part XIII) Add lines 4a and 4b . . .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

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

4a 4b

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2a

2b 2c

2d

4b

Explanation

18.879

96,133

18.879

4c

2e

3

4c

5

2e

3

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Page 4

3,896,429

442,713

18,879

3,472,595

3,202,049

96,133

18,879

3,124,795

Schedule D (Form 990) 2015

3.105.916

3,453,716

Page 5		chedule D (Form 990) 2015
	ormation (continued)	Part XIII Supplemental Info
	Explanation	Return Reference

Schedule D (Form 990) 2016

Additional Data

Software ID: Software Version:

EIN: 44-0547802

Name: UNITED WAY OF GREATER ST JOSEPH

HIS ACCOUNT WILL FLOW INTO THE OPERATING ENDOWMENT. AND BE USED IN ACCORDANCE WITH THE OPE RATING ENDOWMENT POLICY ANY ADDITIONAL DISTRIBUTION WILL NEED TO BE APPROVED BY THE UNITE

Supplemental Information Return Reference

	Explanation	
		-

PART V, LINE 4 SUCCESS 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

RATING ENDOWMENT IS A BOARD DESIGNATED ENDOWMENT. THE FUNDS IN THIS ACCOUNT WILL BE USED T O REPLENISH ANY SMALL LOSSES SUSTAINED DURING NORMAL OPERATIONS CRYSTAL CIRCLE ENDOWMENT - THE CRYSTAL CIRCLE ENDOWMENT INCLUDES PERMANENTLY RESTRICTED DONOR FUNDS. INCOME FARNED 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

TO BE USED AT THE UNITED WAY BOARD OF DIRECTOR'S DISCRETION OPERATING ENDOWMENT - THE OPE

D WAY BOARD OF DIRECTORS

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2	THE ORGANIZATION IS TAX-EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND HA S BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION THEREFORE, NO INCOME OR EXCISE TAXES HAV E BEEN PROVIDED FOR IN THE FINANCIAL STATEMENTS THE ORGANIZATION FOLLOWS THE STANDARD FOR EVALUATING UNCERTAIN TAX POSITIONS AND HAS DETERMINED NO LIABILITY SHOULD BE RECORDED FOR UNCERTAIN TAX POSITIONS

_ _ _

Supplemental Information				
Return Reference	Explanation			
PART XI, LINE 4B - OTHER ADJUSTMENTS	EVENT EXPENSES NETTED AGAINST REVENUE ON FINANCIAL STATEMENTS 18,879			

Supplemental Information				
Return Reference	Explanation			
PART XII, LINE 4B - OTHER ADJUSTMENTS	EVENT EXPENSES NETTED AGAINST REVENUE ON FINANCIAL STATEMENTS 18,879			

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493130014817 OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ► Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number UNITED WAY OF GREATER ST JOSEPH 44-0547802 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes □ No 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" on 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 (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash other) or government assistance See Additional Data Table (1)(2)(3)(4)(6)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 20 Schedule I (Form 990) 2016 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P

(5) (6)

Schedule I (Form 990) 2016

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

CONDUCTED BY A PROFESSIONAL INDEPENDENT AUDITOR OTHER SPECIFIC FINANCIAL MATERIALS MAY BE REQUESTED. AS NECESSARY THIS INFORMATION IS

Page 2

(7) 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** 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

NOT ONLY REVIEWED BY THE UNITED WAY STAFF, BUT BY COMMUNITY VOLUNTEERS ON A YEARLY BASIS

PART I, LINE 2

Additional Data

AMERICAN RED CROSS

ST JOSEPH, MO 64501

ST JOSEPH, MO 64501 BIG BROTHERS AND BIG

1202 SOUTH 28TH ST ST JOSEPH, MO 64507

401 NORTH 12TH ST

BARTLETT CENTER

409 SOUTH 18TH

SISTERS

44-0545909

23-7116216

43-6068464

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. (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation if applicable organization cash (book, FMV, appraisal, grant or government assistance other)

Software ID:

217,006

33,303

34,810

(q) Description of

non-cash assistance

(h) Purpose of grant

\$212,006 FOR GENERAL

\$5,000 FOR DISASTER

GENERAL OPERATING

GENERAL OPERATING

OPERATING COSTS.

RELIEF

COSTS

COSTS

or assistance

501C3

501C3

501C3

(a) Name and address of

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 44-0546279 501C3 112.169 GENERAL OPERATING BOY SCOUTS-PONY EXPRESS COSTS

(e) Amount of non-

(f) Method of valuation

(a) Description of

(h) Purpose of grant

GENERAL OPERATING

COSTS

1704 BUCKINGHAM ST JOSEPH, MO 64506					
CATHOLIC CHARITIES	43-0887779	501C3	92,912		GENERAL OPERATING

29,417

(d) Amount of cash

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

501C3

(c) IRC section

(a) Name and address of

ST JOSEPH, MO 64501 CHILDREN'S MERCY HOSPITAL

KANSAS CITY, MO 64108

2401 GILLHAM RD

COUNCIL

(b) EIN

44-0605373

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 90-0180479 501C3 42,263 \$28,460 FOR GENERAL COMMUNITY MISSIONS CORPORATION OPERATING COSTS

(e) Amount of non-

(f) Method of valuation

(a) Description of

(h) Purpose of grant

\$14,840 FOR MEDICAL

\$427,343 FOR GENERAL

OPERATING COSTS,

\$1.025 FOR UTILITY ASSISTANCE PROGRAM

AIDE

700 OLIVE ST ST JOSEPH, MO 64501					\$13,803 FOR SPECIAL ASSISTANCE
FAMILY GUIDANCE CENTER 724 NORTH 22ND ST	44-0666362	501C3	300,637		\$285,797 FOR GENERAL OPERATING COSTS,

428,368

ST JOSEPH, MO 64501

501C3

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

INTERFAITH COMMUNITY

ST JOSEPH, MO 64504

SERVICES

200 CHEROKEE

(b) EIN

44-0545910

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

LEGAL AID OF WESTERN MISSOURI 106 SOUTH 7TH ST 4TH FLR ST JOSEPH, MO 64501	43-0824638	501C3	70,000		I .	GENERAL OPERATING COSTS
NORTHWEST MISSOURI	43-1496809	501C3	155,468			\$140,420 FOR GENERAL

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

501C3

44-0545998

SALVATION ARMY

ST JOSEPH, MO 64501

622 MESSANIE

ST JOSEPH, MO 64501					
NORTHWEST MISSOURI COMMUNITY SERVICES 1203 NORTH 6TH ST	43-1496809	501C3	155,468		\$140,420 FOR GENERAL OPERATING COSTS, \$15,048 FOR ADOPT-A-

NORTHWEST MISSOURI	43-1496809	501C3	155,468		\$140,420 FOR GEN
COMMUNITY SERVICES					OPERATING COSTS
1203 NORTH 6TH ST					\$15,048 FOR ADOP
ST JOSEPH, MO 64501					FAMILY PROGRAM

GENERAL OPERATING

COSTS

106,114

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 501C3 7.000 SECOND HARVEST 43-1268319 BACKPACK BUDDIES 915 DOUGLAS PROGRAM ST JOSEPH, MO 64505 SOCIAL WELFARE BOARD 44-6000455 7.000 DIABETES GOVERNMENT AGENCY 904 SOUTH 10TH ST IMANAGEMENT ST JOSEPH, MO 64503 INITIATIVE

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

3801 SOUTH LEONARD RD ST JOSEPH, MO 64503

SPECIALTY INDUSTRIES OF ST 43-0896903 501C3 8,248 IGENERAL OPERATING COSTS JOSEPH INC

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 501C3 74,970 GENERAL OPERATING ST JOSEPH SAFETY AND 44-0548468 HEALTH COUNCIL COSTS

GENERAL OPERATING

COSTS

ST JOSEPH, MO 64501						
THE CENTER 902 EDMOND STE 203 ST JOSEPH, MO 64501	43-1615018	501C3	78,402		I .	GENERAL OPERATING COSTS

181,160

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

501C3

UNITED CEREBRAL PALSY OF

NORTHWEST MISSOURI

3303 FREDERICK AVE ST JOSEPH, MO 64506 43-0909607

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

COSTS

YMCA 44-0552491 501C3 140.718 IGENERAL OPERATING 315 SOUTH 6TH COSTS

ST JOSEPH, MO 64501

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

304 NORTH 8TH

ST JOSEPH, MO 64501

YWCA 44-0552219 501C3 253.116 GENERAL OPERATING

efil	e GRAPHIC pr	int - DO NOT PR	OCESS	As Filed Data -		DLN:	9349313	0014	817
	IEDULE M			loncash Contri	hutions		OMB No 1	545-0	047
(For	m 990)						20	16	-
		Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.							
				le M /Form 990) and its i	netructione is at www.irs	aov/form990			
Intern	timent of the Treasur at Revenue Service Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990 Open to Public Inspection Inspection Employer identification number								
	e of the organizat ED WAY OF GREATER					Employer iden	tification n	ımbei	_
						44-0547802			
Pa	rt I Types	of Property	_						
			(a) Check ıf applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) d of determi ontribution a		:s
1	Art—Works of art	t							
2	Art—Historical tr								
3	Art—Fractional in				100	DETAIL MALLIE			
4	Books and public Clothing and hou		X		100	RETAIL VALUE			
,									
6	Cars and other v	ehicles							
7	Boats and planes								
	Intellectual prope								
9	Securities—Public	•	X	6	26,545	FAIR MARKET \	ALUE		
	Securities—Close Securities—Partr or trust interest	nership, LLC,							
12	Securities—Misce								
		vation storic							
14	Qualified conserv								
	contribution—Of								
	Real estate—Res								
16 17	Real estate—Cor Real estate—Oth								
18	Collectibles .								
19	Food inventory		X	17	7,665	RETAIL VALUE			
20	Drugs and medic	al supplies .			,				
21	Taxidermy								
	Historical artifact								
	Scientific specim								
	Archeological art	ifacts	X	1	3 500	RETAIL VALUE			
	Other ▶ (CRETE)		^	1	2,500	RETAIL VALUE			
26	Other ▶ ()							
27	Other ▶ (
	Other ► (
29	Number of Forms for which the org	s 8283 received by t janization completed	he organiza I Form 8283	ition during the tax year for 3, Part IV, Donee Acknowled	contributions gement	29			0
30~	During the year	did the organization	n receive h	/ contribution any property r	enorted in Dart I lines 1 th	rough 28 that		Yes	No
30a		-			,	-			
		·		ate of the initial contribution	•	to be used			
				od?			· 30a		No
Ь	If "Yes," describ	e the arrangement i	n Part II						
31	Does the organı	zation have a gift ac	ceptance po	olicy that requires the reviev	v of any non-standard contr	ibutions?	31	Yes	<u></u>
32a	Does the organi contributions?			or related organizations to so	olicit, process, or sell nonca	sh 	32a		No_
Ь	If "Yes," describ	e ın Part II							
33	If the organizati	on did not report an	amount in	column (c) for a type of pro	perty for which column (a) i	ıs checked,			
	describe in Part	II							
For D	anarwark Badustie	on Act Notice, see the	Instruction	s for Form 990	Cat No. 512271	School	dule M (Form	000)	2016\

Schedule M (Form 990) (2016)	Page 2
	cion required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part umber of contributions, the number of items received, or a combination of both. Also complete
Return Reference	Explanation
PART I, COLUMN (B)	THE FIGURE REPRESENTS THE NUMBER OF DONORS IN EACH CATEGORY
	Schedule M (Form 990) (2016)

efile GRAPH	IC print - DO NOT PROCESS	DLN	I: 93493130014817				
SCHEDUL	E O Supplemental Information	to Form 990 or 990 F7	OMB No 1545-0047				
SCHEDOL (Form 990 or EZ)	99()- Complete to provide information for re Form 990 or 990-EZ or to provide	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. **Nation to Form 990 or 990-EZ.**					
Department of the T	Open to Public Inspection						
Internal Revenue for Name of the org	anization REATER ST JOSEPH	Employer iden	tification number				
UNITED WAY OF G	REALER ST JOSEPH	44-0547802					
990 Schedule	e O, Supplemental Information						
Return Reference	Ex	Explanation					
FORM 990, PART VI, SECTION A, LINE 6	EACH CONTRIBUTOR TO THE MOST RECENTLY COMPLEMENTED THE ORGANIZATION	ETED UNITED WAY ANNUAL FUNDRAISING	G CAMPAIGN IS A				

Return Explanation
Reference

FORM 990, PART VI, MEMBERS ARE STAGGERED, WITH ONE-THIRD OF MEMBERS BEING ELECTED EACH YEAR THE BOARD MEMBE SECTION A, RS MAY ELECT REPLACEMENT BOARD MEMBERS DURING THE YEAR IF A VACANCY SHOULD OCCUR

Return Explanation
Reference

FORM 990, THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM A COMPLETED FORM 990 IS REVIEW
PART VI, ED BY THE BOARD OF DIRECTORS AT A REGULAR MEETING PRIOR TO THE FILING WITH THE INTERNAL RE
SECTION B, VENUE SERVICE
LINE 11B

Return Reference	Explanation
PART VI,	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 I NTEREST FORMS COMPLETED AND SIGNED EACH YEAR BY BOARD MEMBERS AND KEY STAFF, 2) REQUIRING MEMBERS TO DISCLOSE ANY DUALITY OR CONFLICT OF INTEREST ON ANY MATTER COMING TO A VOTE BY THE BOARD, PRIOR TO THAT VOTE BEING TAKEN A MEMBER DISCLOSING A CONFLICT OF INTEREST MAY NOT VOTE ON THE MATTER AND THE MINUTES OF THE MEETING MUST REFLECT THAT A DISCLOSURE WAS M ADE AND THAT THERE WAS AN ABSTENTION BY THAT MEMBER

Return

Reference	Explaination
FORM 990,	THE PROCESS FOR DETERMINING THE COMPENSATION OF THE PRESIDENT AND CEO OF THE UNITED WAY OF
PART VI,	GREATER ST JOSEPH INCLUDES THE FOLLOWING STEPS 1) THE PRESIDENT COMPLETES A SELF EVALUAT
SECTION B,	ON FORM THAT ENUMERATES THE GOALS AND ACCOMPLISHMENTS OF THE YEAR THIS FORM IS SUBMITTED
LINE 15A	TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS 2) THE EXECUTIVE COMMITTEE AND ANY
	BOARD MEMBER WHO WOULD LIKE TO PARTICIPATE MEETS WITH THE PRESIDENT AND REVIEWS THE PRESID
	ENT'S ACCOMPLISHMENTS FOR THE YEAR, MONITORING PROGRESS TOWARDS GOALS 3) THE EXECUTIVE CO
	ANALTTEE CONCIDEDO THE UNITED WAY WORLDWIDE ON ARY CHRYEY OF COMPARABLE UNITED WAY ON OTH

Explanation

ENT'S ACCOMPLISHMENTS FOR THE YEAR, MONITORING PROGRESS TOWARDS GOALS 3) THE EXECUTIVE CO MMITTEE CONSIDERS THE UNITED WAY WORLDWIDE SALARY SURVEY OF COMPARABLE UNITED WAYS AND OTH ER NONPROFIT ORGANIZATIONS IN THE REGION ALL MOTIONS ARE RECORDED IN EXECUTIVE COMMITTEE MINUTES 4) THE EXECUTIVE COMMITTEE PRESENTS INFORMATION ON THE ENTIRE EVALUATION TO THE B OARD OF DIRECTORS, ALONG WITH A SALARY RECOMMENDATION FOR THE PRESIDENT THE BOARD THEN RE VIEWS THE INFORMATION PROVIDED AND ASKS ADDITIONAL QUESTIONS IF DESIRED THE BOARD OF DIRECTORS MUST APPROVE THE 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 DECEMBER BOARD MEETING FORM 990, PART VI, SECTION B, LINE 15B NO OTHER COMPENSATED INDIVIDUALS MEET THE IRS DEFINITION OF OFFICER OR KEY EMPLOYEE

Return Reference	Explanation
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 ST, ST JOSEPH, 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 PHONE E NUMBER FOR THE UNITED WAY OF GREATER ST JOSEPH IS (816)364-2381

990 Schedule O, Supplemental Information Explanation Return Reference

FORM 990, PART XII, LINE 2C