

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**Open to Public Inspection**

**A For the 2010 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>UNITED WAY OF GREATER TOPEKA, INC.</b>		<b>D</b> Employer identification number <b>48-0561978</b>
	Doing Business As		<b>E</b> Telephone number <b>(785) 273-4804</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>7,069,486.</b>
	PO BOX 4188, 1315 SW ARROWHEAD		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or country, and ZIP + 4 <b>TOPEKA, KS 66604</b>		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No," attach a list. (see instructions)
<b>F</b> Name and address of principal officer: <b>MIRIAM KREHBIEL</b> <b>SAME AS C ABOVE</b>		<b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>WWW.UNITEDWAYTOPEKA.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1958</b> <b>M</b> State of legal domicile: <b>KS</b>	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO CREATE POSITIVE, SUSTAINABLE CHANGE IN OUR COMMUNITY WITH AN EMPHASIS ON THESE VALUES: COMMITMENT</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>27</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>27</b>
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>	<b>27</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>3114</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>7,228,738.</b>	<b>6,691,227.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>95,772.</b>	<b>0.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>27,719.</b>	<b>6,466.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>25,781.</b>	<b>20,931.</b>
		<b>7,378,010.</b>	<b>6,718,624.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>4,796,345.</b>	<b>4,137,387.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>813,618.</b>	<b>814,686.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>430,358.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>2,409,183.</b>	<b>2,503,585.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>8,019,146.</b>	<b>7,455,658.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-641,136.</b>	<b>-737,034.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>7,682,171.</b>	<b>7,278,962.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>1,570,491.</b>	<b>1,615,571.</b>
	<b>6,111,680.</b>	<b>5,663,391.</b>	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	▶ Signature of officer		Date
	▶ <b>MIRIAM KREHBIEL, PRESIDENT</b>		Type or print name and title
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>CHERYL G. HAYWARD</b>	Preparer's signature	Date
	Firm's name ▶ <b>BERBERICH TRAHAN &amp; CO., P.A.</b>	Firm's EIN ▶	Check if self-employed <input type="checkbox"/> PTIN
	Firm's address ▶ <b>3630 SW BURLINGAME ROAD</b> <b>TOPEKA, KS 66611-2050</b>	Phone no. <b>(785) 234-3427</b>	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: TO CREATE POSITIVE SUSTAINABLE CHANGE IN OUR COMMUNITY.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,939,355. including grants of \$ ) (Revenue \$ ) IN 2010, THE UNITED WAY OF GREATER TOPEKA BOARD OF DIRECTORS CONTINUED THE PROCESS OF TRANSFORMING OUR ORGANIZATIONAL MODEL FROM FUNDER TO CHANGE AGENT TO SUPPORT OUR MISSION OF CREATING POSITIVE SUSTAINABLE CHANGE IN THE COMMUNITY. WE SPOKE WITH OVER 200 PEOPLE FROM A BROAD CROSS SECTION OF THE COMMUNITY WHO VOICED SUPPORT FOR CONTINUED WORK IN THE AREAS OF INCOME, EDUCATION AND HEALTH.

IN APRIL, THE BOARD OF DIRECTORS APPROVED THE BUILDING BLOCKS FOR THE COMMON GOOD. THE NEXT PHASE OF OUR WORK IDENTIFIED COMMUNITY GOALS AND STRATEGIES THE FOLLOWING COMMUNITY FOCUS AREAS:

\* SCHOOL READINESS - EARLY CHILDHOOD EDUCATION

4b (Code: ) (Expenses \$ 1,800,830. including grants of \$ ) (Revenue \$ ) ON-GRADE ACHIEVEMENT

BOLD GOAL: REDUCE THE ACHIEVEMENT GAP BY 50% IN 3RD GRADE READING AND 6TH GRADE MATH FOR LOW SOCIO-ECONOMIC STUDENTS.

VOLUNTEERS ON THE ON-GRADE ACHIEVEMENT IMPACT COUNCIL INCLUDE A SMALL BUSINESS OWNER AND A SCHOOL SUPERINTENDENT. MORE THAN 20 PEOPLE FROM ACROSS THE COMMUNITY MEET BI-WEEKLY BECAUSE THEY UNDERSTAND THAT THE FUTURE OF OUR COMMUNITY AND OUR COUNTRY DEPENDS ON STUDENTS GRADUATING FROM HIGH SCHOOL ON TIME WITH A PLAN FOR THEIR FUTURE. THIS GROUP'S FOCUS AREA IS KEEPING KIDS ON TRACK AS THEY MOVE THROUGH ELEMENTARY, MIDDLE AND HIGH SCHOOL. ON A NATIONAL LEVEL, THE COUNCIL STUDIED THE

4c (Code: ) (Expenses \$ 1,794,234. including grants of \$ ) (Revenue \$ ) FINANCIAL BEHAVIOR

BOLD GOAL: CUT IN HALF THE PERCENTAGE OF LOW INCOME FAMILIES AND INDIVIDUALS WHO ARE FINANCIALLY UNSTABLE, DEFINED AS SPENDING MORE THAN 40% OF THEIR INCOME ON HOUSING EXPENSES.

THE NUMBER OF FAMILIES IN NEED OF FINANCIAL SUPPORT IS GROWING EACH YEAR. FROM 2007 TO 2009 IN SHAWNEE COUNTY, 87% OF THE PARENTS OF LOW INCOME CHILDREN HAVE FULL TIME OR PART EMPLOYMENT. STILL, 17.1% OF HOMEOWNERS AND 37.4% OF RENTERS SPEND 35% OR MORE OF THEIR HOUSEHOLD INCOME ON HOUSING EXPENSES. FROM 2007 TO 2009, THE AVERAGE MONTHLY NUMBER OF PEOPLE RECEIVING FOOD ASSISTANCE AND CHILD CARE ASSISTANCE

4d Other program services. (Describe in Schedule O.) (Expenses \$ 1,062,028. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 6,596,447.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		
20b			

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Main table with columns for question ID, question text, and Yes/No columns. Includes rows 1a-14b with various tax-related questions and numerical inputs.

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

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year		
	<b>1a</b> 27		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 27		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Does the organization have members or stockholders?		X
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>7b</b>			
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>8a</b>			
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>8b</b>			
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **MIRIAM KREHBIEL - (785) 228-5115**  
**1315 SW ARROWHEAD, TOPEKA, KS 66604**

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOE ALESHIRE PAST CHAIR		X		X				0.	0.	0.
MELISSA HUNGERFORD CHAIR		X		X				0.	0.	0.
BRAD OWEN TREASURER		X		X				0.	0.	0.
MARK AULT FINANCE CHAIR		X		X				0.	0.	0.
SCOTT GRIFFITH CHAIR ELECT		X		X				0.	0.	0.
BECKY HOLMQUIST COMMUNITY INVESTMENT		X						0.	0.	0.
TODD FLEISCHER COMMUNICATIONS		X						0.	0.	0.
GARY DOYLE LABOR PARTICIPATION		X						0.	0.	0.
KENT TOWNSEND STRATEGIC COMMITTEE		X						0.	0.	0.
WILLIAM W. BUNTEN BOARD MEMBER		X						0.	0.	0.
JEREMY FRANCIS YOUNG LEADERS SOCIETY		X						0.	0.	0.
ANDY CORBIN BOARD MEMBER		X						0.	0.	0.
JIM OGLE BOARD MEMBER		X						0.	0.	0.
DARREL PAVELKA BOARD MEMBER		X						0.	0.	0.
DOUG STERBENZ BOARD MEMBER		X						0.	0.	0.
BETSY THOMPSON BOARD MEMBER		X						0.	0.	0.
RICH WELLS BOARD MEMBER		X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BRENDA DIETRICH BOARD MEMBER		X						0.	0.	0.
JOHN FAGER BOARD MEMBER		X						0.	0.	0.
SUSAN DUFFY CAMPAIGN CHAIR		X						0.	0.	0.
BRYAN BEALL BOARD MEMBER		X						0.	0.	0.
MATTHEW FRANK BOARD MEMBER		X						0.	0.	0.
LARRY MCCOIG BOARD MEMBER		X						0.	0.	0.
LARRY ROBBINS BOARD MEMBER		X						0.	0.	0.
JANET STANEK BOARD MEMBER		X						0.	0.	0.
JERI HANSEN WOMEN UNITED		X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								178,247.	0.	22,738.
<b>d Total (add lines 1b and 1c)</b>								178,247.	0.	22,738.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 1

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS





**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	1987308.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4703919.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	<b>Total.</b> Add lines 1a-1f		6691227.				
	Program Service Revenue	2 a		Business Code				
b								
c								
d								
e								
f		All other program service revenue						
g		<b>Total.</b> Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		29,140.			29,140.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)			-22,674.			-22,674.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a		55,061.			
		Less: direct expenses	b		51,429.			
		Net income or (loss) from fundraising events			3,632.			3,632.
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses		b						
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a	<b>SPONSORSHIP</b>	900099		15,830.	15,830.			
b	<b>MISCELLANEOUS</b>	900099		928.	928.			
c	<b>LEADERSHIP TRAINING</b>	900099		541.	541.			
d	All other revenue							
e	<b>Total.</b> Add lines 11a-11d			17,299.				
12	<b>Total revenue.</b> See instructions.			6718624.	17,299.	0.	10,098.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....	4,137,387.	4,137,387.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	200,985.	60,632.	108,827.	31,526.
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 .....	467,125.	203,036.	76,718.	187,371.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	33,534.	14,720.	5,103.	13,711.
9 Other employee benefits .....	53,580.	21,225.	13,455.	18,900.
10 Payroll taxes .....	59,462.	23,589.	16,072.	19,801.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....				
c Accounting .....	20,525.		20,525.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....	17,627.		17,627.	
g Other .....	38,704.	15,600.	22,100.	1,004.
12 Advertising and promotion .....	5,489.			5,489.
13 Office expenses .....	51,974.	20,618.	14,049.	17,307.
14 Information technology .....	15,952.	1,546.	13,108.	1,298.
15 Royalties .....				
16 Occupancy .....	97,394.	36,179.	30,845.	30,370.
17 Travel .....	12,082.	3,755.	2,767.	5,560.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings .....	36,813.	10,550.	19,453.	6,810.
20 Interest .....				
21 Payments to affiliates .....	57,996.		57,996.	
22 Depreciation, depletion, and amortization .....	12,633.	5,011.	3,415.	4,207.
23 Insurance .....	2,597.	1,030.	702.	865.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <b>COMMUNITY SERVICE PROG</b> .....	2,007,009.	2,007,009.		
b <b>CAMPAIGN EXPENSE</b> .....	85,069.			85,069.
c <b>NEW PARENT EDUCATION</b> .....	15,260.	15,260.		
d <b>DAY OF CARING</b> .....	6,304.	6,304.		
e <b>WOMEN UNITED</b> .....	5,285.	5,285.		
f All other expenses .....	14,872.	7,711.	6,091.	1,070.
25 <b>Total functional expenses.</b> Add lines 1 through 24f	7,455,658.	6,596,447.	428,853.	430,358.
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation .....				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	200.	<b>1</b>	766,237.	
	<b>2</b> Savings and temporary cash investments .....	352,819.	<b>2</b>	755,332.	
	<b>3</b> Pledges and grants receivable, net .....	4,461,807.	<b>3</b>	3,426,817.	
	<b>4</b> Accounts receivable, net .....	2,737.	<b>4</b>	15,120.	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	15,920.	<b>9</b>	18,933.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 347,420.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 327,080.	20,081.	<b>10c</b> 20,340.	
	<b>11</b> Investments - publicly traded securities .....	2,828,495.	<b>11</b>	2,276,074.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	112.	<b>15</b>	109.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	7,682,171.	<b>16</b>	7,278,962.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	125,635.	<b>17</b>	91,037.	
	<b>18</b> Grants payable .....	252,365.	<b>18</b>	377,899.	
	<b>19</b> Deferred revenue .....	131,188.	<b>19</b>	140,582.	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....	1,061,303.	<b>25</b>	1,006,053.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,570,491.	<b>26</b>	1,615,571.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	2,211,617.	<b>27</b>	2,588,197.	
	<b>28</b> Temporarily restricted net assets .....	3,695,609.	<b>28</b>	2,859,240.	
	<b>29</b> Permanently restricted net assets .....	204,454.	<b>29</b>	215,954.	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
	<b>33</b> Total net assets or fund balances .....	6,111,680.	<b>33</b>	5,663,391.	
<b>34</b> Total liabilities and net assets/fund balances .....	7,682,171.	<b>34</b>	7,278,962.		

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,718,624.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,455,658.
3	Revenue less expenses. Subtract line 2 from line 1	3	-737,034.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,111,680.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	288,745.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	5,663,391.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	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.	X	



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	6,004,477.	6,212,437.	7,811,984.	7,228,738.	6,691,227.	33,948,863.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	6,004,477.	6,212,437.	7,811,984.	7,228,738.	6,691,227.	33,948,863.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						1,029,255.
<b>6 Public support.</b> Subtract line 5 from line 4.						32,919,608.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4 .....	6,004,477.	6,212,437.	7,811,984.	7,228,738.	6,691,227.	33,948,863.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	36,798.	81,956.	36,695.	27,719.	29,140.	212,308.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	311,727.	94,990.	4,245.	6,009.	17,299.	434,270.
<b>11 Total support.</b> Add lines 7 through 10						34,595,441.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	3,191,315.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....	<input type="checkbox"/>					

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

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	95.16	%
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 .....	<b>15</b>	94.10	%
<b>16a 33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF GREATER TOPEKA, INC.

Employer identification number

48-0561978

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

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

a Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

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

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

(check all that apply):

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

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

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

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

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

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

	Amount
c Beginning balance	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	243,061.	194,549.	293,697.		
b Contributions	11,500.	13,885.	12,000.		
c Net investment earnings, gains, and losses	17,180.	36,581.	-106,148.		
d Grants or scholarships					
e Other expenditures for facilities and programs			5,000.		
f Administrative expenses		1,954.			
g End of year balance	271,741.	243,061.	194,549.		

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  79.47 %
- c Term endowment  20.53 %

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		347,420.	327,080.	20,340.
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 20,340.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DUE TO AGENCIES AND COMMUNITIES	1,006,053.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	1,006,053.

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,718,624.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,455,658.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-737,034.
4	Net unrealized gains (losses) on investments	4	204,402.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	84,343.
9	Total adjustments (net). Add lines 4 through 8	9	288,745.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-448,289.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	6,152,575.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	204,402.
b	Donated services and use of facilities	2b	97,571.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	51,429.
e	Add lines 2a through 2d	2e	353,402.
3	Subtract line 2e from line 1	3	5,799,173.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	17,627.
b	Other (Describe in Part XIV.)	4b	901,824.
c	Add lines 4a and 4b	4c	919,451.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,718,624.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	6,600,864.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	97,571.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	51,429.
e	Add lines 2a through 2d	2e	149,000.
3	Subtract line 2e from line 1	3	6,451,864.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	17,627.
b	Other (Describe in Part XIV.)	4b	986,167.
c	Add lines 4a and 4b	4c	1,003,794.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	7,455,658.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4: THE ENDOWMENT FUNDS ARE RESTRICTED PER DONOR**

**DIRECTION.**

**PART X, LINE 2: THE ORGANIZATION'S POLICY IS TO EVALUATE UNCERTAIN TAX POSITIONS ANNUALLY. MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS.**

**Part XIV** Supplemental Information (continued)

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN DONOR DESIGNATED CONTRIBUTIONS 84,343.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 51,429.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED CONTRIBUTIONS 901,824.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 51,429.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED CONTRIBUTION ALLOCATIONS 986,167.



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		CHRISTMAS BUREAU (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	55,061.		55,061.
	2	Less: Charitable contributions			
	3	Gross income (line 1 minus line 2)	55,061.		55,061.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	51,429.		51,429.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			( 51,429 )
	11	Net income summary. Combine line 3, column (d), and line 10			3,632.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				( _____ )
8	Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization **UNITED WAY OF GREATER TOPEKA, INC.** Employer identification number **48-0561978**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
A CHILD'S WORLD DAY CARE 302 MADISON ST OSKALOOSA, KS 66066	48-0937719	501(C)(3)	93,000.	0.			DISTRIBUTION TO PARTICIPATING AGENCY
AMERICAN RED CROSS, KANSAS CAPITAL AREA CHAPTER - 1221 SW 17TH ST - TOPEKA, KS 66604	48-0547720	501(C)(3)	155,000.	0.			DISTRIBUTION TO PARTICIPATING AGENCY
KANSAS BIG BROTHERS BIG SISTERS, INC. - PO BOX 48109 - WICHITA, KS 67202	23-7056717	501(C)(3)	135,000.	0.			DISTRIBUTION TO PARTICIPATING AGENCY
THE BOYS AND GIRLS CLUB OF TOPEKA 2150 SW WESTPORT DR, STE 204 TOPEKA, KS 66614	48-0636732	501(C)(3)	260,000.	0.			DISTRIBUTION TO PARTICIPATING AGENCY
BOY SCOUTS OF AMERICA- JAYHAWK AREA COUNCIL - PO BOX 851 - TOPEKA, KS 66601	48-0543748	501(C)(3)	145,000.	0.			DISTRIBUTION TO PARTICIPATING AGENCY
BREAKTHROUGH HOUSE, INC. 603 SW TOPEKA BLVD, STE 100 TOPEKA, KS 66603	48-0879168	501(C)(3)	104,000.	0.			DISTRIBUTION TO PARTICIPATING AGENCY

- 2** Enter total number of section 501(c)(3) and government organizations **41.**
- 3** Enter total number of other organizations

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2010)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA OF SHAWNEE COUNTY, INC. 501 SE JEFFERSON TOPEKA, KS 66607	48-1030095	501(C)(3)	70,000.	0.			DISTRIBUTION TO PARTICIPATING AGENCY
CATHOLIC CHARITIES OF NORTHEAST KANSAS, INC. - 9720 W 87TH ST - OVERLAND PARK, KS 66212	48-1181305	501(C)(3)	118,000.	0.			DISTRIBUTION TO PARTICIPATING AGENCY
COMMUNITY RESOURCES COUNCIL OF SHAWNEE COUNTY, INC. - 501 SE JEFFERSON - TOPEKA, KS 66607-1135	48-0543785	501(C)(3)	49,961.	0.			DISTRIBUTION TO PARTICIPATING AGENCY
DOORSTEP, INC. 1119 SW 10TH ST TOPEKA, KS 66604	48-0734624	501(C)(3)	52,500.	0.			DISTRIBUTION TO PARTICIPATING AGENCY
ERC/RESOURCE AND REFERRAL INC. 1710 SW 10TH, STE 215 TOPEKA, KS 66604	48-0888057	501(C)(3)	60,000.	0.			DISTRIBUTION TO PARTICIPATING AGENCY
FAMILY SERVICE AND GUIDANCE CENTER OF TOPEKA, INC. - 325 SW FRAZIER AVE - TOPEKA, KS 66606-1963	48-0637039	501(C)(3)	60,000.	0.			DISTRIBUTION TO PARTICIPATING AGENCY
FLORENCE CRITTENTON SERVICES, INC. 2649 SW ARROWHEAD RD TOPEKA, KS 66614	48-0561977	501(C)(3)	85,000.	0.			DISTRIBUTION TO PARTICIPATING AGENCY
GIRL SCOUTS OF NE KANSAS & NW MISSOURI - 8383 BLUE PARKWAY DR - KANSAS CITY, MO 64133	43-0892926	501(C)(3)	72,500.	0.			DISTRIBUTION TO PARTICIPATING AGENCY
HOUSING AND CREDIT COUNSELING, INC. - 1195 SW BUCHANAN - TOPEKA, KS 66604	48-0822466	501(C)(3)	40,500.	0.			DISTRIBUTION TO PARTICIPATING AGENCY

LHA

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEFFERSON COUNTY SERVICE ORGANIZATION - PO BOX 212 - OSKALOOSA, KS 66066	48-0825212	501(C)(3)	34,500.	0.			DISTRIBUTION TO PARTICIPATING AGENCY
KANSAS CHILDREN'S SERVICE LEAGUE 1365 N CUSTER WICHITA, KS 67203	48-0543749	501(C)(3)	100,500.	0.			DISTRIBUTION TO PARTICIPATING AGENCY
LEGAL AID SOCIETY OF TOPEKA, KANSAS LEGAL SERVICES, INC. - 712 S KANSAS AVE, STE 200 - TOPEKA, KS 66603	48-0872528	501(C)(3)	87,000.	0.			DISTRIBUTION TO PARTICIPATING AGENCY
LET'S HELP INC. 200 S KANSAS AVE TOPEKA, KS 66603	48-0800447	501(C)(3)	156,875.	0.			DISTRIBUTION TO PARTICIPATING AGENCY
LULAC MULTIPURPOSE SENIOR CENTER, INC. - 1502 NE SEWARD AVE - TOPEKA, KS 66616	48-1000629	501(C)(3)	74,500.	0.			DISTRIBUTION TO PARTICIPATING AGENCY
MEALS ON WHEELS OF SHAWNEE AND JEFFERSON COUNTIES, INC. - 1500 SW 10TH AVE - TOPEKA, KS 66604	48-0792685	501(C)(3)	104,000.	0.			DISTRIBUTION TO PARTICIPATING AGENCY
THE SALVATION ARMY 1320 SE 6TH AVE TOPEKA, KS 66607	44-0545998	501(C)(3)	125,000.	0.			DISTRIBUTION TO PARTICIPATING AGENCY
SHAWNEE REGIONAL PREVENTION AND RECOVERY SERVICES, INC. - 2209 SW 29TH ST - TOPEKA, KS 66611	48-6120880	501(C)(3)	82,000.	0.			DISTRIBUTION TO PARTICIPATING AGENCY
TOPEKA ASSN. FOR RETARDED CITIZENS, INC. - 2701 SW RANDOLPH AVE - TOPEKA, KS 66611	48-6086732	501(C)(3)	210,000.	0.			DISTRIBUTION TO PARTICIPATING AGENCY

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Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOPEKA AIDS PROJECT, INC. 708 SW 6TH AVE TOPEKA, KS 66603	48-1032982	501(C)(3)	59,750.	0.			DISTRIBUTION TO PARTICIPATING AGENCY
TDC LEARNING CENTERS, INC. 3500 SW 10TH AVE TOPEKA, KS 66604	48-0687195	501(C)(3)	315,000.	0.			DISTRIBUTION TO PARTICIPATING AGENCY
UNITED CEREBRAL PALSY OF KANSAS 5111 E 21ST ST WICHITA, KS 67208	48-0631254	501(C)(3)	46,600.	0.			DISTRIBUTION TO PARTICIPATING AGENCY
YOUNG MEN'S CHRISTIAN ASSOCIATION OF TOPEKA, KS - 421 VAN BUREN ST - TOPEKA, KS 66603	48-0543757	501(C)(3)	105,000.	0.			DISTRIBUTION TO PARTICIPATING AGENCY
YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF TOPEKA, KS - 225 SW 12ST ST - TOPEKA, KS 66612	48-0556758	501(C)(3)	289,555.	0.			DISTRIBUTION TO PARTICIPATING AGENCY
AMERICAN CANCER SOCIETY- SHAWNEE COUNTY UNIT - 1315 SW ARROWHEAD RD, #A - TOPEKA, KS 66604	74-1185665	501(C)(3)	189,981.	0.			DISTRIBUTION TO PARTICIPATING AGENCY
SHAWNEE COUNTY FAMILY RESOURCE CENTER - 400 SW OAKLEY - TOPEKA, KS 66606-1963	48-1175588	501(C)(3)	160,000.	0.			DISTRIBUTION TO PARTICIPATING AGENCY
HEALTH ACCESS, SHAWNEE COUNTY MEDICAL SOCIETY - 623 SW 10TH ST - TOPEKA, KS 66612	48-1242654	501(C)(3)	72,600.	0.			DISTRIBUTION TO PARTICIPATING AGENCY
UNITED WAY OF GREATER LOS ANGELES 523 W 6TH ST LOS ANGELES, CA 90014	95-2274801	501(C)(3)	19,614.	0.			DISTRIBUTION TO DESIGNATED ANOTHER UNITED WAY

LHA

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF JACKSON COUNTY PO BOX 365 HOLTON, KS 66436	48-0893713	501(C)(3)	14,706.	0.			DISTRIBUTION TO DESIGNATED ANOTHER UNITED WAY
UNITED WAY OF DOUGLAS COUNTY 2518 RIDGE CT LAWRENCE, KS 66046	48-0796320	501(C)(3)	153,706.	0.			DISTRIBUTION TO DESIGNATED ANOTHER UNITED WAY
UNITED WAY OF GREATER KANSAS CITY, INC. - 1080 WASHINGTON - KANSAS CITY, MO 64105	44-0545812	501(C)(3)	24,785.	0.			DISTRIBUTION TO DESIGNATED ANOTHER UNITED WAY
UNITED WAY OF NEW YORK CITY TWO PARK AVE NEW YORK, NY 10016	13-2617681	501(C)(3)	12,726.	0.			DISTRIBUTION TO DESIGNATED ANOTHER UNITED WAY
MIDLAND CARE CONNECTION 200 SW FRAZIER CIRCLE TOPEKA, KS 66606	48-0883888	501(C)(3)	12,000.	0.			DISTRIBUTION TO PARTICIPATING AGENCY
UNITED WAY OF THE INLAND VALLEYS 6215 RIVER CREST DR STE B RIVERSIDE, CA 92507	95-1742174	501(C)(3)	22,609.	0.			DISTRIBUTION TO DESIGNATED ANOTHER UNITED WAY
UNITED WAY OF EL PASO COUNTY PO BOX 3488 EL PASO, TX 79923	74-1291051	501(C)(3)	9,753.	0.			DISTRIBUTION TO DESIGNATED ANOTHER UNITED WAY
UNITED WAY OF MIDDLE TENNESSEE, INC. - 250 VENTURE CIRCLE - NASHVILLE, TN 37228	62-0533104	501(C)(3)	5,304.	0.			DISTRIBUTION TO DESIGNATED ANOTHER UNITED WAY

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: THE ORGANIZATION HOLDS MONTHLY GRANT PARTNERS MEETINGS AND REVIEWS USES OF FUNDS AND QUARTERLY REPORT OF OUTCOMES TO FUNDERS.



**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
MARK AULT	FINANCE CHAIR	0.	IN THE ORDINARY COURSE OF BUSINESS		X

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

**SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:**

(A) NAME OF PERSON: MARK AULT

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FINANCE CHAIR

(C) AMOUNT OF TRANSACTION \$ (D) DESCRIPTION O

(D) DESCRIPTION OF TRANSACTION: IN THE ORDINARY COURSE OF BUSINESS,

ALLIANCE BANK HOLDS CERTIFICATES OF DEPOSIT FOR UNITED WAY IN THE AMOUNT OF \$235,398 AT DECEMBER 31, 2010. MR. AULT IS PRESIDENT AND AN OWNER OF ALLIANCE BANK.

(E) SHARING OF ORGANIZATION REVENUES? = NO



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

Department of the Treasury  
Internal Revenue Service

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

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF GREATER TOPEKA, INC.

Employer identification number

48-0561978

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO COMMUNITY SUCCESS, ACCOUNTABILITY/TRANSPARENCY, OPERATIONAL  
EXCELLENCE, CUSTOMER-CENTERED, INCLUSIVENESS, INNOVATION/CONTINUOUS  
QUALITY IMPROVEMENT.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

- \* HIGH SCHOOL GRADUATION - ON-GRADE ACHIEVEMENT
- \* FINANCIAL STABILITY - FINANCIAL BEHAVIOR
- \* HEALTH & WELLNESS - BASIC HEALTH CARE AND PREVENTION

FOUR IMPACT COUNCILS WERE CONVENED TO IDENTIFY THE ROOT CAUSES OF  
CRITICAL LOCAL ISSUES AND DEVELOP GOALS AND STRATEGIES TO ACHIEVE REAL,  
MEASUREABLE RESULTS IN OUR COMMUNITY. THESE ALL-VOLUNTEER GROUPS MET  
BI-WEEKLY FOR THREE MONTHS AND PRODUCED FIVE BOLD GOALS TO MOVE SHAWNEE  
AND JEFFERSON CO. TO SUCCESS IN THE FOUR COMMUNITY FOCUS AREAS OVER THE  
NEXT TEN YEARS.

EARLY CHILDHOOD EDUCATION

BOLD GOAL: INCREASE BY 50% THE NUMBER OF CHILDREN WHO START  
KINDERGARTEN WITH THE PRE-LITERACY SKILLS NECESSARY FOR SUCCESS IN  
SCHOOL. MANY STUDIES OVER THE PAST DECADE HAVE SHOWN THAT THE EARLY  
YEARS, FROM BIRTH TO AGE 5, FORM AN INDELIBLE BLUEPRINT FOR A CHILD'S  
LONG-TERM LEARNING SUCCESS. EARLY BEHAVIORS AND SKILLS ASSOCIATED WITH  
SUCCESSFUL READING DEVELOPMENT USED TO BE DESCRIBED AS READINESS  
SKILLS, BUT EDUCATORS NOW USE THE TERM PRE-LITERACY. THIS UMBRELLA TERM

Name of the organization UNITED WAY OF GREATER TOPEKA, INC.	Employer identification number 48-0561978
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COVERS MORE THAN A CHILD'S ABILITY TO IDENTIFY LETTERS, NUMBERS, OR SHAPES. IT INCLUDES IMPORTANT SKILLS SUCH AS ORAL LANGUAGE, AN AWARENESS OF SOUNDS, AS WELL AS KNOWLEDGE OF THE ALPHABET AND AN UNDERSTANDING OF COMMON PRINT CONCEPTS, SUCH AS KNOWING THAT PRINT GOES FROM LEFT TO RIGHT AND FROM UP TO DOWN ON A PAGE.

BY THE TIME CHILDREN ENTER KINDERGARTEN, TEACHERS EXPECT THEM TO HAVE SOME PRE-LITERACY SKILLS- ESPECIALLY THE ABILITY TO CARRY ON A BRIEF CONVERSATION. THEY ARE ALSO EXPECTED TO PAY ATTENTION, AND REACT TO STORIES; TO KNOW SOME LETTERS OF THE ALPHABET AND THE SOUNDS THAT THESE LETTERS MAKE, AS WELL AS SOME BASIC PRINT CONCEPTS, SUCH AS KNOWING THAT PRINTED WORDS CONVEY MEANING. THESE ARE ALL SKILLS DERIVED FROM LIVING IN A LANGUAGE- AND PRINT-RICH ENVIRONMENT.

KINDERGARTEN TEACHERS ACROSS THE STATE PROVIDED DATA OVER A THREE YEAR PERIOD (2005-2008) FOR THE KANSAS SCHOOL READINESS PROJECT. THE EARLY EDUCATION IMPACT COUNCIL REVIEWED THE PROJECT AND MEMBERS WERE DRAWN TO THESE TWO FACTS:

\* THE MOST INFLUENTIAL ACTIVITY THAT PARENTS PERFORMED BEFORE KINDERGARTEN IN RELATION TO 3RD GRADE READING SCORES WAS TO TALK WITH THEIR CHILDREN ABOUT WHAT HAPPENED DURING THE DAY.

\* CHILDREN WHO ARE READ TO EVERY DAY HAVE HIGHER READING SKILLS AND SCORED HIGHER ON ALL ACHIEVEMENT TESTS. THIS CARRIES ON TO 3RD GRADE.

IN SHAWNEE COUNTY, 16.9% OF CHILDREN UNDER AGE 18 LIVE UNDER THE POVERTY LEVEL; NEARLY 51% OF CHILDREN PARTICIPATE IN THE FREE AND REDUCED LUNCH PROGRAM; THE RATE FOR TOPEKA PUBLIC SCHOOLS IS 74% AND

Name of the organization UNITED WAY OF GREATER TOPEKA, INC.	Employer identification number 48-0561978
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63% IN OSKALOOSA PUBLIC SCHOOLS; NEARLY 19% OF MOTHERS WHO GIVE BIRTH IN SHAWNEE CO. DO NOT HAVE A HIGH SCHOOL DIPLOMA.

THE MOST TELLING INFORMATION OF ALL CAME FROM KINDERGARTEN ASSESSMENTS ADMINISTERED AT THE BEGINNING OF THE SCHOOL YEAR. IN TOPEKA PUBLIC SCHOOLS, 56.5% OF KINDERGARTNERS, ABOUT 465 FIVE-YEAR-OLD CHILDREN, STARTED SCHOOL WITHOUT THE SKILLS NEEDED TO BE SUCCESSFUL. IN MORE RURAL AREAS, THE NUMBER OF KIDS WHO REQUIRE REMEDIATION WAS STILL AN ASTONISHING 30%.

WHILE THE EARLY EDUCATION IMPACT COUNCIL COMPLETES ITS PLANNING WORK, THE UNITED WAY OF GREATER TOPEKA REMAINS COMMITTED TO PROVIDING QUALITY EARLY CARE AND EDUCATION OPPORTUNITIES FOR YOUNG CHILDREN. PROGRAMS FUNDED THROUGH UNITED WAY IN 2010 INCLUDE:

\* QUALITY CHILD CARE OPPORTUNITIES FOR 375 CHILDREN FROM BIRTH TO 5 YEARS OLD.

\* PARENT CHILD LEARNING CENTERS AT TWO TOPEKA HIGH SCHOOLS THAT PROVIDE PARENTING EDUCATION CLASSES, QUALITY INFANT-TODDLER CHILD CARE AND FAMILY SUPPORT SERVICES FROM A LICENSED SOCIAL WORKER.

\* HIGH QUALITY PRE-K FOR 138 CHILDREN WITH ONE OR MORE AT RISK FACTORS, INCLUDING POVERTY, SUBSTANCE ABUSE, DEVELOPMENTAL DISABILITIES AND MENTAL ILLNESS.

\* SUPPORT SERVICES FOR CHILD CARE PROGRAMS SERVING CHILDREN FROM BIRTH TO 5 YEARS OF AGE, INCLUDING PROFESSIONAL DEVELOPMENT, TECHNICAL ASSISTANCE, ON-SITE COACHING AND A RESOURCE LENDING LIBRARY.

\* HOME VISITATION PROGRAMS PRIMARILY DESIGNED TO SERVE FAMILIES WITH MULTIPLE RISK FACTORS FOR ABUSE AND NEGLECT, INCLUDING POVERTY,

Name of the organization UNITED WAY OF GREATER TOPEKA, INC.	Employer identification number 48-0561978
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SUBSTANCE ABUSE, DEVELOPMENTAL DISABILITIES AND MENTAL ILLNESS.

\* EARLY ASSESSMENT AND REFERRAL SERVICES FOR NEW PARENTS WHO ARE IDENTIFIED AS HAVING MULTIPLE RISK FACTORS FOR ABUSE AND NEGLECT.

\* EARLY CHILDHOOD INTERVENTION PROGRAMS THAT PROVIDE COMPREHENSIVE MENTAL HEALTH SERVICES TO CHILDREN AGE 2 TO 6 AND THEIR FAMILIES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

MILE GUIDE: MILESTONES FOR IMPROVING LEARNING AND EDUCATION FROM THE PARTNERSHIP FOR 21ST CENTURY SKILLS, WHICH STATED:

\* NO 21ST CENTURY SKILLS IMPLEMENTATION CAN BE SUCCESSFUL WITHOUT DEVELOPING CORE ACADEMIC SUBJECT KNOWLEDGE AND UNDERSTANDING AMONG ALL STUDENTS.

\* STUDENTS WHO CAN THINK CRITICALLY AND COMMUNICATE EFFECTIVELY MUST BUILD ON A BASE OF CORE ACADEMIC SUBJECT KNOWLEDGE.

THE STATE OF KANSAS RECENTLY CHANGED THE WAY IT CALCULATES GRADUATION RATES. BEGINNING WITH THE 2010 GRADUATION CLASS, DATA WILL BE COLLECTED ON CHILDREN FROM 9TH GRADE THROUGH GRADUATION. THE FIRST YEAR RECOMMENDATION IS FOR ALL KANSAS SCHOOLS TO GRADUATE 80%. THIS WILL REQUIRE SIGNIFICANT IMPROVEMENT IN MANY SCHOOLS BECAUSE THE NEW CALCULATION WILL DECREASE THE CURRENT HIGH SCHOOL GRADUATION RATES BY 10-15%. THIS WILL SIGNIFICANTLY INCREASE A GRADUATION RATE THAT IS ONLY 85% NOW.

ONE OF THE MOST SIGNIFICANT RISK FACTORS IS LOW SOCIOECONOMIC STATUS. THIS IS ILLUSTRATED BY THE FOLLOWING CHART. TOPEKA PUBLIC SCHOOLS (TPS) IS AN URBAN SCHOOL DISTRICT, AUBURN WASHBURN IS SUBURBAN AND SILVER

Name of the organization UNITED WAY OF GREATER TOPEKA, INC.	Employer identification number 48-0561978
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LAKE IS RURAL.

DISTRICT	FREE/REDUCED LUNCH	3RD GRADE READING	6TH GRADE MATH
TPS	71.1%	69.7%	64.8%
AUBURN WASHBURN	28.4%	96.2%	94%
SILVER LAKE	20.8%	93.3%	92.9%

WHILE THE ON-GRADE ACHIEVEMENT IMPACT COUNCIL COMPLETES ITS PLANNING WORK, THE UNITED WAY OF GREATER TOPEKA REMAINS COMMITTED TO ON-TIME HIGH SCHOOL GRADUATION BY PROVIDING QUALITY OUT OF SCHOOL ACTIVITIES, EVIDENCE-BASED MENTORING PROGRAMS AND REDUCING RISKY BEHAVIORS FOR CHILDREN FROM 6 TO 18 YEARS OF AGE. PROGRAMS FUNDED THROUGH UNITED WAY INCLUDE:

\* BEFORE AND AFTER SCHOOL CARE AND FULL-TIME SUMMER CAMP PROGRAMS FOR MORE THAN 5,000 CHILDREN FROM 6 TO 17 YEARS OF AGE.

\* PROGRAM TO REDUCE RISKY BEHAVIORS ASSOCIATED WITH UNDERAGE DRINKING TARGETED AT CHILDREN IN 6TH, 8TH, 10TH AND 12TH GRADES IN FIVE SCHOOL DISTRICTS IN SHAWNEE CO. OUTCOMES MEASUREMENT TOOL IS THE COMMUNITY THAT CARES DATA SURVEY ADMINISTERED BY CLASSROOM TEACHERS ANNUALLY.

\* ALTERNATIVE EDUCATION PROGRAM FOR LONG TERM SUSPENDED/EXPELLED YOUTH FROM 7TH TO 12TH GRADE CONSIDERED HIGH RISK FOR ACADEMIC FAILURE.

\* TEEN LEADERSHIP AND OBESITY MANAGEMENT/PREVENTION PROGRAMS.

\* SCOUTING PROGRAMS FOR CHILDREN OF INCARCERATED PARENTS.

\* PARTNER WITH THE HEARTLAND VISIONING PROJECT TO INCREASE ON-TIME HIGH SCHOOL GRADUATION THROUGH THE USE OF SCHOOL VOLUNTEERS AND ACADEMIC MENTORS FOR YOUTH AT RISK FOR DROPPING OUT OF SCHOOL.

Name of the organization UNITED WAY OF GREATER TOPEKA, INC.	Employer identification number 48-0561978
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## FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

INCREASED 11.2%. THESE FAMILIES AND INDIVIDUALS NEED FAMILY-SUSTAINING EMPLOYMENT, MANAGEABLE EXPENSES AND A PLAN TO SAVE AND ACQUIRE ASSETS.

WHILE THE FINANCIAL STABILITY IMPACT COUNCIL COMPLETES ITS PLANNING WORK, UNITED WAY OF GREATER TOPEKA IS COMMITTED TO FINANCIAL STABILITY BY PROVIDING FAMILIES WITH RESOURCES AND OPPORTUNITIES THEY NEED TO MEET THEIR BASIC NEEDS, INCLUDING EMERGENCY ASSISTANCE WITH RENT, UTILITIES AND FOOD. AN EXCELLENT RESOURCE TO SUPPORT FINANCIAL STABILITY IS THE ASSET BUILDING COALITION, WHICH PROVIDES FREE TAX PREPARATION, EDUCATION AND OUTREACH.

\* AN INVESTMENT OF \$5,000 AND USE OF SIX LAPTOP COMPUTERS LEVERAGED AN IRS VITA GRANT OF \$14,300.

\* 92 VITA AND RSVP VOLUNTEERS LOGGED A TOTAL OF 12,340 HOURS TO COMPLETE 9,135 FEDERAL TAX RETURNS IN 2009, AN INCREASE OF 9.9% OVER 2008.

\* THE AVERAGE ADJUSTED GROSS INCOME (AGI) FOR ALL SITES WAS \$21,097.

\* FREE TAX SITES HELPED TAXPAYERS RECEIVE \$7,937,000 IN FEDERAL REFUNDS AND PAY \$900,000 IN TAX LIABILITIES.

\* 2,114 EARNED INCOME CREDIT RETURNS YIELDED MORE THAN \$2,445,000 IN FEDERAL REFUNDS. THE STATE MATCH FOR EIC WAS APPROXIMATELY \$415,746.

\* THE FREE TAX ASSISTANCE SAVED TAXPAYERS AN ESTIMATED \$2,283,750 IN TAX PREPARATION FEES.

## FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

Name of the organization UNITED WAY OF GREATER TOPEKA, INC.	Employer identification number 48-0561978
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## HEALTH AND WELLNESS

BOLD GOALS: REDUCE THE NUMBER OF ADULTS WHO ARE OVERWEIGHT AND OBESE BY 10%. REDUCE BY 20% THE NUMBER OF 6TH THROUGH 12TH GRADERS WHO ILLEGALLY USE ALCOHOL, TOBACCO AND MARIJUANA.

THE TOP LEVEL RESEARCH FOR THESE GOALS CAME FROM THE HEALTHY PEOPLE 2010 REPORT. TEN LEADING HEALTH INDICATORS WERE USED TO MEASURE THE COUNTY'S HEALTH AND WERE SELECTED ON THE BASIS OF THEIR ABILITY TO MOTIVATE ACTION, THE AVAILABILITY OF DATA TO MEASURE PROGRESS, AND THEIR IMPORTANCE AS PUBLIC HEALTH ISSUES. THREE OF THE TOP FOUR INDICATORS ARE PHYSICAL ACTIVITY, OVERWEIGHT AND OBESITY, AND SUBSTANCE ABUSE. ON THE STATE LEVEL, 14.6% OF THE SUBSTANCE ABUSE TREATMENT ADMISSIONS IN KANSAS WERE BETWEEN THE AGES OF 12-17 IN 2005. THE MOST COMPELLING DATA ON OBESITY AND SUBSTANCE ABUSE CAME FROM COUNTY-LEVEL DATA.

## \* OBESITY:

\* COUNTY HEALTH RANKINGS, KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT

## \* SHAWNEE COUNTY

\* 63.7% OF ADULTS ARE OVERWEIGHT OR OBESE

\* 25.6% OF ADULTS REPORT NO LEISURE TIME EXERCISE IN PAST

## MONTH

\* HEART DISEASE IS THE LEADING CAUSE OF DEATH

## \* JEFFERSON CO.

\* 61.7% OF ADULTS ARE OVERWEIGHT OR OBESE

\* 24.6% OF ADULTS REPORT NO LEISURE TIME EXERCISE IN PAST

Name of the organization UNITED WAY OF GREATER TOPEKA, INC.	Employer identification number 48-0561978
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## MONTH

\* HEART DISEASE IS THE SECOND LEADING CAUSE OF DEATH

\* SUBSTANCE ABUSE:

\* SHAWNEE COUNTY 2010 RISK AND PROTECTIVE FACTOR PROFILES FROM  
THE KANSAS COMMUNITIES THAT CARE YOUTH SURVEY

\* THIS ANNUAL ASSESSMENT MONITORS THE INCIDENCE AND  
PREVALENCE OF ADOLESCENT PROBLEM BEHAVIORS AND THE ENVIRONMENTAL  
FACTORS THAT PUT CHILDREN AT RISK OR PROTECT THEM FROM DEVELOPING THOSE  
BEHAVIORS.

\* FIVE PUBLIC SCHOOL DISTRICTS HAVE PARTICIPATED IN THE  
SURVEY FROM 1999 THROUGH 2010.

\* IN 2010:

\* 28.4% OF YOUTH IN GRADES 6, 8, 10 AND 12 REPORTED USING  
ALCOHOL AT LEAST ONCE IN THE PAST 30 DAYS.

\* 12.3% OF YOUTH IN GRADES 6, 8, 10 AND 12 REPORTED USING  
MARIJUANA AT LEAST ONCE IN THE PAST 30 DAYS.

\* 12.2% REPORTED BEING DRUNK OR HIGH AT SCHOOL AT LEAST ONCE  
IN THE PAST YEAR.

WHILE THE OBESITY AND SUBSTANCE ABUSE IMPACT COUNCILS COMPLETE THEIR  
PLANNING, UNITED WAY OF GREATER TOPEKA IS COMMITTED TO PROVIDING ACCESS  
TO SERVICES NEEDED TO ENSURE THE HEALTH AND WELL-BEING OF ALL  
RESIDENTS. WE PARTNER WITH THE SHAWNEE CO. MEDICAL SOCIETY TO HELP LOW  
INCOME, UNINSURED RESIDENTS FIND MEDICAL HOMES WITH ACCESS TO DONATED



Name of the organization UNITED WAY OF GREATER TOPEKA, INC.	Employer identification number 48-0561978
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SPECIALTY CARE, HOSPITAL SERVICES AND PRESCRIPTIONS.

\* AN INVESTMENT OF \$72,600 LEVERAGED PRIMARY MEDICAL CARE AND PRESCRIPTIONS FOR 2,396 RESIDENTS THROUGH SERVICES PROVIDED BY 332 VOLUNTEERS WITH A VALUE OF MORE THAN \$10,801,100 INCLUDING:

\* DONATED PHYSICIAN CARE - \$1,942,084

\* DONATED HOSPITAL CARE - \$8,030,464

\* PRESCRIPTIONS - \$224,773

EXPENSES \$ 1,062,028. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: A DRAFT OF THE FORM 990 IS PROVIDED TO THE FINANCE COMMITTEE TO REVIEW FOR COMMENTS AND ANY CHANGES. THE CHANGES ARE COMMUNICATED TO THE PAID PREPARER. AFTER ANY CHANGES ARE MADE, THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW AT A REGULARLY SCHEDULED BOARD MEETING. UPON APPROVAL BY THE BOARD, THE RETURN IS ELECTRONICALLY FILED.

FORM 990, PART VI, SECTION B, LINE 12C: ON AN ANNUAL BASIS, THE ORGANIZATION REQUIRES A CONFLICT OF INTEREST DISCLOSURE STATEMENT FROM THE BOARD OF DIRECTORS. THIS IS SIGNED BY THE MEMBER AND ANY POTENTIAL CONFLICT LISTED. WHEN THIS BECOMES A MATTER OF BOARD ACTION, SUCH MEMBER SHALL NOT VOTE OR USE PERSONAL INFLUENCE ON THE MATTER.

FORM 990, PART VI, SECTION B, LINE 15: THE CEO'S COMPENSATION IS BASED ON PERFORMANCE AS REVIEWED BY EXECUTIVE COMMITTEE AND APPROVED BY THE BOARD. SALARY IS COMPARED TO OTHER POSITIONS AS RECORDED IN A SALARY POLL FROM UNITED WAY OF AMERICA.

Name of the organization <b>UNITED WAY OF GREATER TOPEKA, INC.</b>	Employer identification number <b>48-0561978</b>
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FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATON MAKES THEIR FORM 1023 AND 990 AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST DURING REGULAR BUSINESS HOURS.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES THEIR GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST DURING REGULAR BUSINESS HOURS.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED GAINS ON INVESTMENTS:	204,402.
CHANGE IN DONOR DESIGNATED CONTRIBUTIONS	84,343.
TOTAL TO FORM 990, PART XI, LINE 5	288,745.

PART XII, LINE 2C  
NO CHANGE FROM PRIOR YEAR.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2010

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

For calendar year 2010 or other tax year beginning , and ending

Header section containing organization name (UNITED WAY OF GREATER TOPEKA, INC.), address (PO BOX 4188, 1315 SW ARROWHEAD TOPEKA, KS 66604), and exemption type (501(c) corporation).

Section H: Describe the organization's primary unrelated business activity. Section I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? (No)

J The books are in care of MIRIAM KREHBIEL Telephone number (785) 228-5115

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1a-13 showing various income and expense categories with a total of 0.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 4 columns: Line number, Description, Sub-column, Total. Rows 14-34 showing various deduction categories and the final unrelated business taxable income of 0.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
36 Trusts Taxable at Trust Rates. See instructions for tax computation.
37 Proxy tax. See instructions
38 Alternative minimum tax
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)
41 Subtract line 40e from line 39
42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)
43 Total tax. Add lines 41 and 42
44a Payments: A 2009 overpayment credited to 2010
45 Total payments. Add lines 44a through 44g
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid
49 Enter the amount of line 48 you want: Credited to 2011 estimated tax Refunded

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.
3 Enter the amount of tax-exempt interest received or accrued during the tax year

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

1 Inventory at beginning of year
2 Purchases
3 Cost of labor
4a Additional section 263A costs
4b Other costs (attach schedule)
5 Total. Add lines 1 through 4b
6 Inventory at end of year
7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2
8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here
Signature of officer: [Signature] Date: [Date]
Title: PRESIDENT
May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No

Paid Preparer Use Only
Print/Type preparer's name: CHERYL G. HAYWARD
Preparer's signature: [Signature]
Date: [Date]
Check [ ] if self-employed
PTIN: P00016097
Firm's name: BERBERICH TRAHAN & CO., P.A.
Firm's EIN: 48-1066439
Firm's address: 3630 SW BURLINGAME ROAD, TOPEKA, KS 66611-2050
Phone no.: (785) 234-3427

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II</b>	<b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).	
<b>Type or print</b>  File by the extended due date for filing your return. See instructions.	Name of exempt organization <b>UNITED WAY OF GREATER TOPEKA, INC.</b>	Employer identification number <b>48-0561978</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO BOX 4188, 1315 SW ARROWHEAD</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>TOPEKA, KS 66604</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) ..... 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**MIRIAM KREHBIEL**

• The books are in the care of  **1315 SW ARROWHEAD - TOPEKA, KS 66604**  
 Telephone No.  **(785) 228-5115** FAX No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2011**.

5 For calendar year **2010**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension  
**TAXPAYER REQUESTS ADDITIONAL TIME TO COMPLILE THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	0.
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	0.

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title  **CPA** Date

**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2010, or fiscal year beginning \_\_\_\_\_, 2010, and ending \_\_\_\_\_, 20\_\_\_\_

**2010**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **See instructions.**

Name of exempt organization

Employer identification number

**UNITED WAY OF GREATER TOPEKA, INC.**

**48-0561978**

Name and title of officer

**MIRIAM KREHBIEL  
PRESIDENT**

**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>6718624</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b</b> Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) .....	<b>5b</b> _____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **BERBERICH TRAHAN & CO., P.A.** to enter my PIN **75992**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**48147361978**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**