

Form **990**

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

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF GREATER TOPEKA, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 4188, 1315 SW ARROWHEAD City or town, state or province, country, and ZIP or foreign postal code TOPEKA, KS 66604 F Name and address of principal officer: MIRIAM KREHBIEL SAME AS C ABOVE	D Employer identification number 48-0561978 E Telephone number (785) 273-4804 G Gross receipts \$ 5,747,139. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number
I 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		
J Website: WWW.UNITEDWAYTOPEKA.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		
L Year of formation: 1958		M State of legal domicile: KS

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO CREATE POSITIVE SUSTAINABLE CHANGE IN THE COMMUNITY. WE FOCUS ON EDUCATION, FINANCIAL STABILITY 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 33 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 33 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 31 6 Total number of volunteers (estimate if necessary) 6 1564 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) Prior Year 6,784,613. Current Year 5,562,581. 9 Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 101,970. 48,294. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 19,616. 61,724. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 6,906,199. 5,672,599.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 4,887,427. 5,111,878. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,008,406. 1,189,839. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 402,853. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 739,381. 675,886. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 6,635,214. 6,977,603. 19 Revenue less expenses. Subtract line 18 from line 12 270,985. -1,305,004.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) Beginning of Current Year 7,745,675. End of Year 6,546,436. 21 Total liabilities (Part X, line 26) 1,182,861. 1,109,834. 22 Net assets or fund balances. Subtract line 21 from line 20 6,562,814. 5,436,602.	

Part II Signature Block

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

Sign Here	Signature of officer MIRIAM KREHBIEL, PRESIDENT Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name CHERYL G. HAYWARD Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN P00016097	Firm's name ▶ BERBERICH TRAHAN & CO., P.A. Firm's address ▶ 3630 SW BURLINGAME ROAD TOPEKA, KS 66611-2050 Firm's EIN ▶ 48-1066439 Phone no. (785) 234-3427

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [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 organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 5,891,183. including grants of \$ 5,111,878.) (Revenue \$) IN 2014, THE UNITED WAY OF GREATER TOPEKA (UWGT) BOARD OF DIRECTORS MAINTAINED UNITED WAY'S ORGANIZATIONAL DIRECTION OF SERVING AS A CHANGE AGENT TO SUPPORT OUR MISSION OF CREATING POSITIVE SUSTAINABLE CHANGE IN THE COMMUNITY. TEN-YEAR COMMUNITY GOALS AND THE STRATEGIES NECESSARY TO MEET THE GOALS HAVE BEEN ADOPTED AND ARE BEING IMPLEMENTED IN THE FOLLOWING COMMUNITY FOCUS AREAS: * BASIC NEEDS * SCHOOL READINESS - EARLY CHILDHOOD EDUCATION * HIGH SCHOOL GRADUATION - ON-GRADE ACHIEVEMENT * FINANCIAL STABILITY - FINANCIAL BEHAVIOR * HEALTHY EATING AND EXERCISE - OBESITY REDUCTION

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses 5,891,183.

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 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>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	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>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	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>	7	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>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 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>	11a 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>	11b	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>	11c	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>	11d	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>	11e 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>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a 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 and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	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>	17	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>	18 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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 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
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 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
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. 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
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O check

Main table with columns for question numbers (1a-14b), Yes/No, and numerical responses. Includes questions about Form 1096, Form W-2G, Form W-3, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4947(a)(1), and Form 720.

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 or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 33		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 33		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **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 or note to any line in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) REX TESSENDORF BOARD MEMBER	0.00	X						0.	0.	0.
(2) JACQUE TAYLOR BOARD MEMBER	0.00	X						0.	0.	0.
(3) BEBO LOWERY-BORN TREASURER/FINANCE CHAIR	0.00	X		X				0.	0.	0.
(4) MARK AULT AUDIT CHAIR	0.00	X		X				0.	0.	0.
(5) SCOTT GRIFFITH PAST CHAIR	0.00	X		X				0.	0.	0.
(6) MARSHALL MEEK BOARD MEMBER	0.00	X						0.	0.	0.
(7) TODD FLEISHER COMMUNICATIONS	0.00	X						0.	0.	0.
(8) GARY DOYLE LABOR PARTICIPATION	0.00	X						0.	0.	0.
(9) KENT TOWNSEND CHAIR	0.00	X		X				0.	0.	0.
(10) RICK ANDERSON STRATEGIC PLANNING	0.00	X						0.	0.	0.
(11) MALAURA DEETER COMMUNITY IMPACT	0.00	X						0.	0.	0.
(12) JIM OGLE KEY CLUB	0.00	X						0.	0.	0.
(13) PATRICK WOODS BOARD MEMBER	0.00	X						0.	0.	0.
(14) FRANK HENDERSON, JR. BOARD MEMBER	0.00	X						0.	0.	0.
(15) PHIL VOSTREJS BOARD MEMBER	0.00	X						0.	0.	0.
(16) JENNIFER FINDLEY VOLUNTEER ENGAGEMENT	0.00	X						0.	0.	0.
(17) CAROL WHEELER RESOURCE DEVELOPMENT	0.00	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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) BRYAN BEALL BOARD MEMBER	0.00	X						0.	0.	0.
(19) KEVIN HAHN BOARD MEMBER	0.00	X						0.	0.	0.
(20) BECKY HOLMQUIST BOARD MEMBER	0.00	X						0.	0.	0.
(21) LARRY ROBBINS CHAIR-ELECT	0.00	X		X				0.	0.	0.
(22) SUSAN DUFFY BOARD MEMBER	0.00	X						0.	0.	0.
(23) DEBRA CLAYTON EARLY EDUDCATION IMPACT CO	0.00	X						0.	0.	0.
(24) MARTY STESSMAN BOARD MEMBER	0.00	X						0.	0.	0.
(25) GLENDA DUBOISE CAMPAIGN CHAIR	0.00	X						0.	0.	0.
(26) LINDSEY BREES BOARD MEMBER	0.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								168,847.	0.	20,524.
d Total (add lines 1b and 1c)								168,847.	0.	20,524.

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

	Yes	No
3 Did the organization list any former 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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 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	2,426,091.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,136,490.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			5,562,581.			
Program Service Revenue	2 a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		40,692.			40,692.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses		0.			
		c Gain or (loss)		7,602.			
		d Net gain or (loss)		7,602.			7,602.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a		105,672.			
		b Less: direct expenses		74,540.			
		c Net income or (loss) from fundraising events		31,132.			31,132.
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses							
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a SPONSORSHIPS		900099	24,783.	24,783.			
b OTHER		900099	5,809.	5,809.			
c							
d All other revenue							
e Total. Add lines 11a-11d			30,592.				
12 Total revenue. See instructions.			5,672,599.	30,592.	0.	79,426.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,111,878.	5,111,878.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	189,371.	61,157.	95,909.	32,305.
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	795,244.	377,500.	231,493.	186,251.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	41,891.	19,106.	13,842.	8,943.
9 Other employee benefits	85,419.	40,984.	24,697.	19,738.
10 Payroll taxes	77,914.	35,451.	25,322.	17,141.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	22,450.		22,450.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	13,810.		13,810.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	80,446.	2,797.	76,296.	1,353.
12 Advertising and promotion	49,934.	21,847.	17,619.	10,468.
13 Office expenses	82,277.	21,414.	30,522.	30,341.
14 Information technology	46,040.	20,948.	14,963.	10,129.
15 Royalties				
16 Occupancy	110,481.	50,269.	35,906.	24,306.
17 Travel	8,559.	3,745.	1,768.	3,046.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	57,497.	21,220.	29,890.	6,387.
20 Interest				
21 Payments to affiliates	38,273.	17,414.	12,439.	8,420.
22 Depreciation, depletion, and amortization	22,397.		22,397.	
23 Insurance	9,778.	4,449.	3,178.	2,151.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUCCESSFUL CONNECTIONS	51,171.	51,171.		
b CAMPAIGN EXPENSE	39,742.	204.	146.	39,392.
c MISCELLANEOUS	31,973.	18,571.	10,920.	2,482.
d COMMUNITY SERVICE PROG	11,058.	11,058.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	6,977,603.	5,891,183.	683,567.	402,853.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	817,454.	1	659,253.
	2 Savings and temporary cash investments	901,378.	2	569,381.
	3 Pledges and grants receivable, net	3,311,058.	3	2,361,166.
	4 Accounts receivable, net	8,016.	4	27,118.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	37,247.	9	53,352.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 453,423.		
	b Less: accumulated depreciation	10b 403,862.		
	11 Investments - publicly traded securities	2,636,460.	11	2,826,605.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	7,745,675.	16	6,546,436.	
Liabilities	17 Accounts payable and accrued expenses	563,648.	17	712,410.
	18 Grants payable		18	
	19 Deferred revenue	70,028.	19	61,842.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	549,185.	25	335,582.
	26 Total liabilities. Add lines 17 through 25	1,182,861.	26	1,109,834.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,618,345.	27	2,830,189.
	28 Temporarily restricted net assets	2,728,515.	28	2,344,619.
	29 Permanently restricted net assets	215,954.	29	261,794.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	6,562,814.	33	5,436,602.	
34 Total liabilities and net assets/fund balances	7,745,675.	34	6,546,436.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,672,599.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,977,603.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,305,004.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,562,814.
5	Net unrealized gains (losses) on investments	5	114,889.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	63,903.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,436,602.

Part XII Financial Statements and Reporting

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,691,227.	6,496,465.	5,936,975.	6,784,613.	5,562,581.	31,471,861.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	6,691,227.	6,496,465.	5,936,975.	6,784,613.	5,562,581.	31,471,861.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						73,629.
6 Public support. Subtract line 5 from line 4.						31,398,232.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	6,691,227.	6,496,465.	5,936,975.	6,784,613.	5,562,581.	31,471,861.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	29,140.	26,628.	30,809.	25,002.	40,692.	152,271.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	17,299.	72,527.	31,693.	30,842.	30,592.	182,953.
11 Total support. Add lines 7 through 10						31,807,085.
12 Gross receipts from related activities, etc. (see instructions)					12	387,306.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	98.71 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	96.79 %
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input checked="" type="checkbox"/>	
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	▶ <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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

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

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

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

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

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2014

Open to Public Inspection

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

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 value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<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.

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- 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
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 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)?
- In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

(i) Revenue included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	296,882.	273,544.	263,054.	271,741.	243,061.
b Contributions	45,840.				11,500.
c Net investment earnings, gains, and losses	14,212.	23,338.	10,490.	-8,687.	17,180.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	356,934.	296,882.	273,544.	263,054.	271,741.

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 73.35 %
- c Temporarily restricted endowment 26.65 %

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

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

- (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 XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		453,423.	403,862.	49,561.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				49,561.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AGENCIES AND COMMUNITIES	335,582.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	335,582.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	5,624,026.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	114,889.	
b	Donated services and use of facilities	2b	118,539.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	74,540.	
e	Add lines 2a through 2d		2e	307,968.
3	Subtract line 2e from line 1		3	5,316,058.
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	13,810.	
b	Other (Describe in Part XIII.)	4b	342,731.	
c	Add lines 4a and 4b		4c	356,541.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	5,672,599.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	6,750,238.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	118,539.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	74,540.	
e	Add lines 2a through 2d		2e	193,079.
3	Subtract line 2e from line 1		3	6,557,159.
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	13,810.	
b	Other (Describe in Part XIII.)	4b	406,634.	
c	Add lines 4a and 4b		4c	420,444.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	6,977,603.

Part XIII Supplemental Information.

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

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 XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 74,540.

Part XIII Supplemental Information *(continued)*

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED CONTRIBUTIONS 342,731.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 74,540.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED CONTRIBUTION ALLOCATIONS 406,634.

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)	NANCY PERRY DAY OF CARIN (event type)	NONE (total number)	
Revenue	1 Gross receipts	83,072.	22,600.		105,672.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	83,072.	22,600.		105,672.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	66,141.	8,399.		74,540.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				74,540.
11 Net income summary. Subtract line 10 from line 3, column (d)				31,132.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
Revenue	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. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization **UNITED WAY OF GREATER 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (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
A CHILD'S WORLD DAY CARE 302 MADISON ST OSKALOOSA, KS 66066	48-0937719	501(C)(3)	89,041.	0.			PROGRAM OPERATING COSTS
AMERICAN RED CROSS, KANSAS CAPITAL AREA CHAPTER - 1221 SW 17TH ST - TOPEKA, KS 66604	48-0547720	501(C)(3)	98,945.	0.			PROGRAM OPERATING COSTS
KANSAS BIG BROTHERS BIG SISTERS, INC. - PO BOX 48109 - WICHITA, KS 67202	23-7056717	501(C)(3)	71,089.	0.			PROGRAM OPERATING COSTS
THE BOYS AND GIRLS CLUB OF TOPEKA 2150 SW WESTPORT DR, STE 204 TOPEKA, KS 66614	48-0636732	501(C)(3)	230,841.	0.			PROGRAM OPERATING COSTS
BOY SCOUTS OF AMERICA- JAYHAWK AREA COUNCIL - PO BOX 851 - TOPEKA, KS 66601	48-0543748	501(C)(3)	13,806.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
AUBURN-WASHBURN USD 437 5928 SW 53RD TOPEKA, KS 66610	48-0722041	501(C)(3)	35,434.	0.			PROGRAM OPERATING COSTS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **41.**
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2014)

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
COMMUNITIES IN SCHOOLS 2711 W 6TH ST, STE E LAWRENCE, KS 66049	48-1175467	501(C)(3)	113,270.	0.			PROGRAM OPERATING COSTS
CATHOLIC CHARITIES OF NORTHEAST KANSAS, INC. - 9720 W 87TH ST - OVERLAND PARK, KS 66212	48-1181305	501(C)(3)	76,347.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
COMMUNITY ACTION, INC 1000 SE HANCOCK STREET TOPEKA, KS 66606	48-0780983	501(C)(3)	289,160.	0.			PROGRAM OPERATING COSTS
DOORSTEP, INC. 1119 SW 10TH ST TOPEKA, KS 66604	48-0734624	501(C)(3)	66,837.	0.			PROGRAM OPERATING COSTS
ERC/RESOURCE & REFERRAL, INC DBA/CHILD CARE AWARE - 1710 SW 10TH, STE 215 - TOPEKA, KS 66604	48-0888057	501(C)(3)	463,239.	0.			PROGRAM OPERATING COSTS
FAMILY SERVICE AND GUIDANCE CENTER OF TOPEKA, INC. - 325 SW FRAZIER AVE - TOPEKA, KS 66606-1963	48-0637039	501(C)(3)	54,359.	0.			PROGRAM OPERATING COSTS
FLORENCE CRITTENTON SERVICES, INC. 2649 SW ARROWHEAD RD TOPEKA, KS 66614	48-0561977	501(C)(3)	45,611.	0.			PROGRAM OPERATING COSTS
COUNTRYSIDE METHODIST CHURCH PRESCHOOL - 3221 BURLINGAME RD - TOPEKA, KS 66611	48-0941169	501(C)(3)	45,569.	0.			PROGRAM OPERATING COSTS
HOUSING AND CREDIT COUNSELING, INC. - 1195 SW BUCHANAN - TOPEKA, KS 66604	48-0822466	501(C)(3)	188,794.	0.			PROGRAM OPERATING COSTS

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)	32,954.	0.			PROGRAM OPERATING COSTS
KANSAS CHILDREN'S SERVICE LEAGUE 1365 N CUSTER WICHITA, KS 67203	48-0543749	501(C)(3)	218,492.	0.			PROGRAM OPERATING COSTS
JACKSON HEIGHTS EDUCATIONAL FUND 12692 266TH RD HOLTON, KS 66436	30-0584777	501(C)(3)	7,500.	0.			PROGRAM OPERATING COSTS
LET'S HELP INC. 200 S KANSAS AVE TOPEKA, KS 66603	48-0800447	501(C)(3)	74,878.	0.			PROGRAM OPERATING COSTS
LULAC MULTIPURPOSE SENIOR CENTER, INC. - 1502 NE SEWARD AVE - TOPEKA, KS 66616	48-1000629	501(C)(3)	10,140.	0.			PROGRAM OPERATING COSTS
MEALS ON WHEELS OF SHAWNEE AND JEFFERSON COUNTIES, INC. - 1500 SW 10TH AVE - TOPEKA, KS 66604	48-0792685	501(C)(3)	96,978.	0.			PROGRAM OPERATING COSTS
HARVESTERS 4021 SW 10TH ST., PMB 364 TOPEKA, KS 66604	43-1208665	501(C)(3)	62,485.	0.			PROGRAM OPERATING COSTS
SHAWNEE REGIONAL PREVENTION AND RECOVERY SERVICES, INC. - 2209 SW 29TH ST - TOPEKA, KS 66611	48-6120880	501(C)(3)	108,550.	0.			PROGRAM OPERATING COSTS
TARC, INC. 2701 SW RANDOLPH AVE TOPEKA, KS 66611	48-6086732	501(C)(3)	433,336.	0.			PROGRAM OPERATING COSTS

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
KANSAS CHILDREN'S DISCOVERY CENTER 4400 SW 10TH AVE TOPEKA, KS 66604	37-1534978	501(C)(3)	10,807.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
TDC LEARNING CENTERS, INC. 3500 SW 10TH AVE TOPEKA, KS 66604	48-0687195	501(C)(3)	22,040.	0.			PROGRAM OPERATING COSTS
KANSAS LEGAL SERVICES 712 S KANSAS AVE TOPEKA, KS 66603	48-0872528	501(C)(3)	31,346.	0.			PROGRAM OPERATING COSTS
YOUNG MEN'S CHRISTIAN ASSOCIATION OF TOPEKA, KS - 421 VAN BUREN ST - TOPEKA, KS 66603	48-0543757	501(C)(3)	69,858.	0.			PROGRAM OPERATING COSTS
YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF TOPEKA, KS - 225 SW 12ST ST - TOPEKA, KS 66612	48-0556758	501(C)(3)	115,026.	0.			PROGRAM OPERATING COSTS
SHAWNEE COUNTY HEALTH AGENCY 1615 SW 8TH TOPEKA, KS 66606	48-6028759	501(C)(3)	303,235.	0.			PROGRAM OPERATING COSTS
HEALTH ACCESS, SHAWNEE COUNTY MEDICAL SOCIETY - 623 SW 10TH ST - TOPEKA, KS 66612	48-1242654	501(C)(3)	71,290.	0.			PROGRAM OPERATING COSTS
POSITIVE CONNECTIONS 708 SW 6TH TOPEKA, KS 66606	48-1032982	501(C)(3)	38,595.	0.			PROGRAM OPERATING COSTS
UNITED WAY OF DOUGLAS COUNTY 2518 RIDGE CT LAWRENCE, KS 66046	48-0796320	501(C)(3)	71,125.	0.			DISTRIBUTION TO DESIGNATED ANOTHER UNITED WAY

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 PUBLIC SCHOOLS FOUNDATION, TPS PINE RIDGE - 624 SW 24TH STREET - TOPEKA, KS 66611	48-1017759	501(C)(3)	20,223.	0.			PROGRAM OPERATING COSTS
COMMUNITY RESOURCES COUNCIL 501 SE JEFFERSON ST, STE 30 TOPEKA, KS 66607	48-0543785	501(C)(3)	22,721.	0.			PROGRAM OPERATING COSTS
TOPEKA RESCUE MISSION 600 NORHT KANSAS AVE TOPEKA, KS 66608	48-0688068	501(C)(3)	41,962.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
TOPEKA PUBLIC SCHOOLS-K PREP CAMP 624 SW 24TH STREET TOPEKA, KS 66611	48-1017759	501(C)(3)	963,357.	0.			PROGRAM OPERATING COST
SALVATION ARMY 1320 SE 6TH AVE. TOPEKA, KS 66607	44-0545998	501(C)(3)	34,827.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
PATTERSON FAMILY CHILD CARE CENTER 2347 SE WISCONSIN AVE. TOPEKA, KS 66605	80-0827007	501(C)(3)	111,692.	0.			PROGRAM OPERATING COST
KTWU 1700 SW COLLEGE AVE TOPEKA, KS 66621	48-6105561	501(C)(3)	7,814.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF THE PLAINS 245 N WATER ST WICHITA, KS 67202	48-0547688	201	8,005.	0.			DISTRIBUTION TO DESIGNATED ANOTHER UNITED WAY

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

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

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

PART I, LINE 2:

THE ORGANIZATION MEETS PERIODICALLY WITH GRANT PARTNERS AND REVIEWS USES OF FUNDS AND SEMI-ANNUAL REPORTS 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	BOARD MEMBER	0.	IN THE ORDINARY COURSE OF BUSINESS,		X

Part V Supplemental Information

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:

BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ -0-

(D) DESCRIPTION OF TRANSACTION: IN THE ORDINARY COURSE OF BUSINESS, ALLIANCE BANK HOLDS CERTIFICATES OF DEPOSIT FOR UNITED WAY IN THE AMOUNT OF \$169,948 AT DECEMBER 31, 2014. 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.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

UNITED WAY OF GREATER TOPEKA, INC.

Employer identification number

48-0561978

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

AND HEALTH.

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

WE CREATE POSITIVE, SUSTAINABLE CHANGE IN OUR COMMUNITY. WE WORK TO SOLVE ISSUES NO SINGLE DONOR, CHARITY, OR GOVERNMENT AGENCY CAN HANDLE ALONE. BY FOCUSING ON EDUCATION, FINANCIAL STABILITY, AND HEALTH, WE HELP MORE CHILDREN GRADUATE AND GET STABLE JOBS, HELP FAMILIES BECOME FINANCIALLY STABLE AND IMPROVE THE OVERALL HEALTH OF OUR COMMUNITY.

EARLY CHILDHOOD EDUCATION

GOAL: 68 PERCENT OF THE CHILDREN WHO START KINDERGARTEN WILL HAVE THE PRE-LITERACY SKILLS FOR SUCCESS IN SCHOOL (THIS IS AN INCREASE OF 50 PERCENT FROM PRESENT LEVELS).

SITUATION SYNOPSIS: ON AVERAGE, 55 PERCENT OF CHILDREN ENTERING KINDERGARTEN IN SHAWNEE COUNTY DO NOT HAVE THE NECESSARY PRE-LITERACY SKILLS TO START THE LEARNING PROCESS. CHILDREN WHO LACK THESE CRITICAL SKILLS WILL HAVE A HARD TIME CATCHING UP TO THEIR PEERS. FOR EVERY 50 CHILDREN WHO DO NOT LEARN TO READ IN KINDERGARTEN, 44 WILL STILL BE BELOW GRADE-LEVEL IN 3RD GRADE. CHILDREN WITH BELOW-GRADE SKILLS BY 3RD GRADE ARE UNLIKELY TO GRADUATE HIGH SCHOOL.

ONE OF THE BEST EXAMPLES OF OUR COMMUNITY IMPACT WORK IS THE PINE RIDGE

Name of the organization

UNITED WAY OF GREATER TOPEKA, INC.

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PARTNERSHIP INVOLVING TOPEKA HOUSING AUTHORITY, UNITED WAY, PARENTS AS TEACHERS, TOPEKA PUBLIC SCHOOLS, AND OTHER ORGANIZATIONS. THE PARTNERSHIP HAS TRANSFORMED A COMMUNITY WHICH WAS ONCE SO DANGEROUS THAT FAMILIES FEARED GOING OUTSIDE AND TO WHICH PIZZA DELIVERY DRIVERS WOULD NOT GO. TODAY, THANKS TO THE PRESENCE OF A PRESCHOOL (WHICH HAS HELPED DRIVE AWAY DRUG ACTIVITY AS DRUG DEALERS ARE FINED DOUBLE IF CAUGHT NEAR A SCHOOL) SUPPORTED BY UNITED WAY, THE COMMUNITY NOW FEELS MUCH SAFER. FAMILIES ARE TRICK OR TREATING, BUILDING SNOWMEN FOR THE FIRST TIME, AND THEY CAN ORDER PIZZA DELIVERED TO THEIR DOOR.

CHILDREN LIVING IN POVERTY ARE MORE LIKELY TO START BEHIND THAN THEIR MORE AFFLUENT PEERS. RESEARCH SHOWS THAT BY THE TIME THEY ARE FOUR YEARS OLD, CHILDREN LIVING IN POVERTY HAVE HEARD ABOUT 13 MILLION WORDS AND HAVE BEEN READ TO ABOUT 25 HOURS. CHILDREN FROM MORE AFFLUENT HOMES HAVE HEARD ABOUT 45 MILLION WORDS AND HAVE BEEN READ TO ABOUT 1,000 HOURS.

UWGT HAS BEGUN ITS EARLY EDUCATION WORK BY ESTABLISHING HIGH QUALITY EARLY LEARNING PROGRAMS WITH THE PRE-LITERACY COMPONENTS SERVING CHILDREN IN THE PINE RIDGE ZIP CODE AREAS. PINE RIDGE IS A TOPEKA HOUSING AUTHORITY PROPERTY. CHILDREN IN THE NEIGHBORHOOD FACE MULTIPLE OBSTACLES TO BEING ABLE TO SUCCEED IN SCHOOL. PARENTS AS TEACHERS (PAT) FOCUSES ON HOMES WITH CHILDREN AGE 0-3 AND HELPS PARENTS UNDERSTAND THAT THEY ARE THEIR CHILDREN'S FIRST TEACHERS AND THAT LEARNING BEGINS FROM THE TIME A CHILD IS BORN. PAT HELPS MODEL FOR PARENTS HOW TO READ TO THEIR CHILDREN, FOR EXAMPLE.

A PRESCHOOL ESTABLISHED IN THE NEIGHBORHOOD HAS DOUBLED IN SIZE AND NOW

Name of the organization

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HAS A WAITING LIST OF CHILDREN WHOSE PARENTS WOULD LIKE TO ENROLL. ON AVERAGE, THE CHILDREN ENTERED THE SCHOOL SCORING IN THE 20TH PERCENTILE ON A LITERACY ASSESSMENT. BY THE END OF THE FIRST YEAR, NEARLY ALL OF THE CHILDREN SCORED FROM THE 85TH TO 100TH PERCENTILE. WITHOUT THE PRESCHOOL, THEY WOULD NOT HAVE BEEN PREPARED TO SUCCEED IN KINDERGARTEN.

ON-GRADE ACHIEVEMENT

GOAL: BY 2021, 81% OF LOW SOCIOECONOMIC STATUS THIRD GRADE STUDENTS WILL BE ON GRADE LEVEL IN READING AND 81% OF LOW SOCIOECONOMIC STATUS SIXTH GRADE STUDENTS WILL BE ON GRADE LEVEL IN MATH. (THIS IS A 50% REDUCTION IN THE ACHIEVEMENT GAP IN SHAWNEE COUNTY.)

UWGT'S FOCUS IS ON KEEPING KIDS ON TRACK AS THEY MOVE THROUGH ELEMENTARY, MIDDLE AND HIGH SCHOOL. ONE OF THE MOST SIGNIFICANT RISK FACTORS IS LOW SOCIOECONOMIC STATUS.

IF A CHILD IN TOPEKA IS NOT PROFICIENT IN READING BY 3RD GRADE, THEY HAVE ONLY A ONE-IN-THREE CHANCE OF BECOMING PROFICIENT BY SIXTH GRADE. ADDITIONALLY, AN ANALYSIS REVEALED THAT IF A CHILD IN TOPEKA IS NOT PROFICIENT IN MATH BY SIXTH GRADE, THEY HAVE ONLY A ONE-IN-FOUR CHANCE OF BECOMING PROFICIENT BY 8TH GRADE. FAILURES IN SIXTH GRADE CAN BE USED TO IDENTIFY 60 PERCENT OF THE STUDENTS WHO WILL NOT GRADUATE FROM HIGH SCHOOL.

UWGT PARTNERS WITH BIG BROTHERS BIG SISTERS TO PROVIDE MENTORING ONCE A WEEK DURING STUDENTS' LUNCH HOURS. WE PARTNER WITH THE BOYS AND GIRLS

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CLUB OF TOPEKA AND THE YMCA TO PROVIDE QUALITY TUTORS TO AT-RISK CHILDREN AFTER SCHOOL. COMMUNITIES IN SCHOOLS IDENTIFIES ISSUES RANGING FROM HUNGER AND WARM WINTER CLOTHES TO BEHAVIOR PROBLEMS AND FAMILY ISSUES AND HELPS CONNECT STUDENTS AND FAMILIES TO CRITICAL COMMUNITY RESOURCES TO HELP OVERCOME THESE OBSTACLES TO SUCCESS IN SCHOOL. THE BOYS AND GIRLS CLUB ALSO PROVIDES A HIGH-QUALITY SUMMER PROGRAM WITH VARIED EXPERIENCES TO HELP STUDENTS LEARN MORE ABOUT THEIR COMMUNITY AND IMPROVE THEIR VOCABULARY.

RESULTS: 72 PERCENT OF STUDENTS PARTICIPATING IN UNITED WAY SPONSORED MENTORING, TUTORING AND SUMMER ENRICHMENT PROGRAMS HAVE IMPROVED THEIR ACADEMIC PERFORMANCE.

FINANCIAL STABILITY

GOAL: IMPROVE THE FINANCIAL STABILITY OF FAMILIES AND INDIVIDUALS IN SHAWNEE COUNTY.

UWGT WORKS WITH LOW-INCOME WORKING FAMILIES TO ENSURE THAT THEY HAVE THE FINANCIAL LITERACY TO BUDGET AND MANAGE THEIR FINANCES SO THAT THEY CAN KEEP MORE OF THE MONEY THEY EARN, PAY DOWN DEBT AND SAVE MONEY. WE ALSO WORK TO HELP INDIVIDUALS AND FAMILIES THAT MAY BE WORKING TWO OR THREE JOBS TO MAKE ENDS MEET TO OBTAIN TRAINING FOR HIGHER-PAYING JOBS THAT CAN SUSTAIN A FAMILY.

INCREASING THE FINANCIAL STABILITY OF FAMILIES ULTIMATELY CREATES A STRONGER, MORE PRODUCTIVE, CRISIS-RESISTANT WORKFORCE AND COMMUNITIES THAT ARE MORE PROSPEROUS BECAUSE OF INCREASED EMPLOYMENT AND HOME

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

OUR FINANCIAL STABILITY STRATEGY INCLUDES PROVIDING EVIDENCE-BASED, ONE-ON-ONE COUNSELING BY CERTIFIED FINANCIAL PLANNERS, AS WELL AS, MATCHING FINANCIAL STABILITY CLIENTS WITH MENTORS WHO HELP THEM STAY ON TRACK. IT ALSO INCLUDES A JOBS PROGRAM PARTNERING WITH VARIOUS EDUCATIONAL AND COMMUNITY ORGANIZATIONS TO PROVIDE OPPORTUNITIES FOR TRAINING AND EVENTUAL EMPLOYMENT IN TRADES, TECHNOLOGY, THE MEDICAL FIELD AND MORE BY HELPING REMOVE SUCH BARRIERS AS TUITION AND FEES, AND CHILD CARE.

RESULTS : 96 PERCENT OF FAMILIES INVOLVED IN THE FINANCIAL STABILITY PROGRAM HAVE BEEN ABLE TO BALANCE THEIR FINANCIAL OBLIGATIONS AND HAVE BEEN ABLE TO PUT AT LEAST \$1,000 INTO SAVINGS. THE JOBS PROGRAM HAS HELPED PEOPLE TRAIN AND SECURE JOBS THAT WILL SUPPORT A FAMILY.

SOME FINANCIAL STABILITY PROGRAM CLIENTS HAVE REFINANCED HOME MORTGAGES OR ARE PURCHASING HOMES - A LIFELONG DREAM FOR SOME.

HEALTH: OBESITY REDUCTION

GOAL: TO IMPROVE THE HEALTH AND WELLNESS OF SHAWNEE COUNTY RESIDENTS BY INCREASING ACCESS TO HEALTHY FOOD AND BEVERAGE CHOICES, AND THE RECOMMENDED AMOUNT OF PHYSICAL ACTIVITY.

BEING OBESE AND OVERWEIGHT HAS MANY CONSEQUENCES FOR INDIVIDUALS, FAMILIES, AND THE COMMUNITY. OBESITY CONTRIBUTES TO A LIST OF CHRONIC DISEASES INCLUDING HEART DISEASE, STROKE, HIGH BLOOD PRESSURE,

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DIABETES, ALONG WITH CANCER. CHRONIC DISEASES ACCOUNT FOR 74 PERCENT OF AMERICA'S HEALTH CARE COSTS.

OBESITY RESULTS WHEN PEOPLE CONSUME MORE CALORIES FROM FOOD THAN THEY BURN DAILY DURING PHYSICAL ACTIVITIES. TO MAINTAIN A HEALTHY WEIGHT WE NEED TO BALANCE THE ENERGY WE EAT WITH THE ENERGY WE USE.

STRATEGY: PROMOTE AND SUPPORT AFFORDABLE HEALTHY FOOD AND BEVERAGE CHOICES AND FACILITATE, SUPPORT, AND ENCOURAGE INCREASED PHYSICAL ACTIVITY.

RESULT: 66 PERCENT OF PARTICIPANTS IN A COMMUNITY EXERCISE PROGRAM INCREASED THEIR DAILY PHYSICAL ACTIVITY WHILE 46 PERCENT INCREASED THEIR DAILY CONSUMPTION OF PRODUCE AND 52 PERCENT DECREASED THEIR BMI. THIS SHOWS A SUBSTANTIAL INCREASE AMONG SHAWNEE COUNTY RESIDENTS OF WHICH 46 PERCENT RECEIVE THE PROPER AMOUNT OF PHYSICAL ACTIVITY AND 17 PERCENT CONSUME THE PROPER AMOUNT OF PRODUCE.

BASIC NEEDS

EMERGENCIES HAPPEN EVERY DAY IN EVERY ECONOMY; UNITED WAY REMAINS COMMITTED TO SUPPORTING BASIC NEEDS.

PART OF UNITED WAY OF GREATER TOPEKA'S WORK IS TO ENSURE THAT THE BASIC NECESSITIES OF LIFE ARE AVAILABLE FOR THOSE IN NEED. WHETHER SOMEONE IS FACING HUNGER, ABUSE, FINANCIAL DIFFICULTIES, OR OTHER SITUATIONS THAT PUT THEM AT RISK, SUPPORTIVE SERVICES PROVIDE ACCESS TO TEMPORARY RELIEF FROM IMMEDIATE OR IMPENDING CRISES.

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BASIC NEEDS IS FUNDED ON AN ANNUAL BASIS AND INCLUDES FIVE FOCUS AREAS:
FOOD ASSISTANCE, SHELTER, RENT & UTILITY ASSISTANCE, SHELTER FROM
DOMESTIC VIOLENCE, AND HEALTH CARE ACCESS AND PRESCRIPTION ASSISTANCE.

SUCCESSFUL CONNECTIONS

SUCCESSFUL CONNECTIONS IS A PROGRAM OFFERING EXPECTANT PARENTS AND
FAMILIES WITH YOUNG CHILDREN ACCESS TO A WIDE ARRAY OF PROGRAMS AND
SERVICES BASED ON THEIR SPECIFIC NEEDS. ASSESSMENT SPECIALISTS VISIT
NEW MOMS AND FAMILIES IN THE HOSPITAL, IN THE HOME OR SEPARATELY TO
IDENTIFY ANY NEEDS OR CONCERNS THAT THEY MAY HAVE. THE ASSESSMENT
SPECIALIST THEN CONNECTS PREGNANT MOMS, NEW MOMS AND FAMILIES TO A HOME
VISITATION PROGRAM THAT BEST FITS THEIR NEEDS AND/OR CONNECTS THEM WITH
OTHER COMMUNITY SERVICES FOR IMMEDIATE CONCERNS. SUCCESSFUL CONNECTIONS
COLLABORATES WITH ALL OF THE HOME VISITATION AGENCIES IN THE COUNTY TO
BE A SINGLE POINT OF CONTACT FOR REFERRAL TO THOSE AGENCIES. THIS
ALLOWS FOR ANYONE - WHETHER A PARENT, GRANDPARENT, CONCERNED INDIVIDUAL,
DOCTOR, OR STAFF FROM ANOTHER AGENCY OR PROGRAM - TO MAKE ONE PHONE
CALL TO GET THE FAMILY CONNECTED WITH THE APPROPRIATE HOME VISITATION
SERVICE. SUCCESSFUL CONNECTIONS SERVES OVER 300 FAMILIES ANNUALLY.

YOUNG LEADERS SOCIETY

THE UWGT YOUNG LEADERS SOCIETY (YLS) IS A COMMITTEE GEARED TOWARD THOSE
INDIVIDUALS UNDER 40 OR WHO ARE YOUNG AT HEART WHO WISH TO DIRECTLY
IMPROVE THE LIVES OF OTHERS THROUGH GIVING AND VOLUNTEERING.

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YLS FOCUSES ON EARLY CHILDHOOD EDUCATION WITH SUCH PROGRAMS AS JUNIOR LEADER READER IN WHICH VOLUNTEERS READ A BOOK TO KINDERGARTNERS IN PRIMARILY LOW-INCOME SCHOOLS AND THEN PROVIDE A COPY OF THE BOOK TO EACH CHILD TO TAKE HOME AND ENJOY WITH THEIR FAMILY. (60 PERCENT OF LOW-INCOME CHILDREN LIVE IN HOMES WITH NO BOOKS.) JUNIOR LEADER READER HAS PROVIDED MORE THAN 20,000 CHILDREN'S BOOKS TO AREA KINDERGARTNERS.

YLS ALSO COMPLETED INSTALLATION OF A NEW BORN LEARNING TRAIL BEHIND PINE RIDGE PREP PRESCHOOL. THE INTERACTIVE TRAIL ENABLES PARENTS, GRANDPARENTS, AND TEACHERS TO TURN EVERYDAY SITUATIONS INTO LEARNING EXPERIENCES. IT HELPS CHILDREN LEARN TO RECOGNIZE LETTERS, SHAPES, NUMBERS, AND EVEN THE SOUND THAT ANIMALS MAKE.

FORM 990, PART VI, SECTION B, LINE 11:

A DRAFT OF THE FORM 990 IS PROVIDED TO THE AUDIT 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.

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

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATON MAKES THEIR FORM 1023 AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST DURING REGULAR BUSINESS HOURS. FORM 990 IS AVAILABLE UPON REQUEST AND ON THE UWGT WEBSITE.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES THEIR GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST DURING REGULAR BUSINESS HOURS. A COPY OF OUR AUDITED FINANCIAL STATEMENTS IS AVAILABLE ON THE UWGT WEBSITE AND UPON REQUEST DURING REGULAR BUSINESS HOURS.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN DONOR DESIGNATED CONTRIBUTIONS	63,903.
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PART XII, LINE 2C

NO CHANGE FROM PRIOR YEAR

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

2014

For calendar year 2014 or other tax year beginning _____, and ending _____

▶ **Information about Form 990-T and its instructions is available at www.irs.gov/form990t.**
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Department of the Treasury
Internal Revenue Service

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

A <input type="checkbox"/> Check box if address changed	B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) UNITED WAY OF GREATER TOPEKA, INC. Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 4188, 1315 SW ARROWHEAD City or town, state or province, country, and ZIP or foreign postal code TOPEKA, KS 66604	D Employer identification number (Employees' trust, see instructions.) 48-0561978 E Unrelated business activity codes (See instructions.)
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C Book value of all assets at end of year 6,546,436.	F Group exemption number (See instructions.)	G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust
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H Describe the organization's primary unrelated business activity. ▶ **NONE**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

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

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances			
c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)...	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13	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.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	0.
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	0.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	0.

Part III Tax Computation

Table with 3 columns: Description, Line Number, Amount. Includes rows for Organizations Taxable as Corporations (35), Trusts Taxable at Trust Rates (36), Proxy tax (37), Alternative minimum tax (38), and Total (39).

Part IV Tax and Payments

Table with 3 columns: Description, Line Number, Amount. Includes rows for Foreign tax credit (40a-40e), Other taxes (42), Total tax (43), Payments (44a-44g), Total payments (45), Estimated tax penalty (46), Tax due (47), Overpayment (48), and Refunded (49).

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

Table with 3 columns: Question, Yes, No. Includes questions about foreign accounts, foreign trusts, and tax-exempt interest.

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

Table with 3 columns: Description, Line Number, Amount. Includes rows for Inventory at beginning/end of year, Purchases, Cost of labor, Additional section 263A costs, and Total.

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.

Sign Here: Signature of officer (Date) and 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, Date, Check self-employed, PTIN (P00016097), Firm's name (BERBERICH TRAHAN & CO., P.A.), Firm's address (3630 SW BURLINGAME ROAD, TOPEKA, KS 66611-2050), Firm's EIN (48-1066439), 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).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. UNITED WAY OF GREATER TOPEKA, INC.	Employer identification number (EIN) or 48-0561978
	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 4188, 1315 SW ARROWHEAD	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TOPEKA, KS 66604	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	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, 2015.
- 5 For calendar year 2014, 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 COMPILE THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 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.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

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 Date