

Return of Organization Exempt From Income Tax

2012

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

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

A For the 2012 calendar year, or tax year beginning and ending

Form header section containing organization name (UNITED WAY OF GREATER TOPEKA, INC.), EIN (48-0561978), address (PO BOX 4188, 1315 SW ARROWHEAD, TOPEKA, KS 66604), and other identifying information.

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, member counts, revenue breakdown, and expense breakdown.

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.

Signature block containing officer signature (MIRIAM KREHBIEL, PRESIDENT), preparer name (CHERYL G. HAYWARD), and firm information (BERBERICH TRAHAN & CO., P.A.).

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

Part III Statement of Program Service Accomplishments

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 4,779,988. including grants of \$ 4,036,053. ) (Revenue \$ 31,693. )

IN 2012, 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:

- \* SCHOOL READINESS - EARLY CHILDHOOD EDUCATION
\* HIGH SCHOOL GRADUATION - ON-GRADE ACHIEVEMENT
\* FINANCIAL STABILITY - FINANCIAL BEHAVIOR
\* HEALTHY EATING AND EXERCISE - OBESITY REDUCTION
\* TEEN SUBSTANCE ABUSE PREVENTION SUBSTANCE ABUSE

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 4,779,988.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, 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>		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>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States 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 and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
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 25</i> .....		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
24d			
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
b	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
25b			X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
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
28a			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
28b			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	
28c		X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
29			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
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
31			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
32			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
33			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
34			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
35a			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> .....		
35b			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
36			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
37			X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	
38		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 to any question in this Part V

Input box for Schedule O response

Main table with columns for question number, description, sub-questions (1a-1b, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7d, 7e-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b), Yes, and No. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, 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 to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year 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 32		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	1b 32		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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>b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</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).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," 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?		

**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, physical address, and telephone number of the person who possesses the books and records of the organization: **MIRIAM KREHBIEL - (785) 228-5115**  
**1315 SW ARROWHEAD, TOPEKA, KS 66604**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (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) JOE ALESHIRE BOARD MEMBER	0.00	X						0.	0.	0.
(2) MELISSA HUNGERFORD PAST CHAIR	0.00	X		X				0.	0.	0.
(3) BRAD OWEN 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 CHAIR	0.00	X		X				0.	0.	0.
(6) BECKY HOLMQUIST BOARD MEMBER	0.00	X						0.	0.	0.
(7) TODD FLEISCHER COMMUNICATIONS	0.00	X						0.	0.	0.
(8) GARY DOYLE LABOR PARTICIPATION	0.00	X						0.	0.	0.
(9) KENT TOWNSEND CHAIR ELECT	0.00	X		X				0.	0.	0.
(10) KIM KONECNY YOUNG LEADERS SOCIETY	0.00	X						0.	0.	0.
(11) DAVE KUZANEK COMMUNITY IMPACT	0.00	X						0.	0.	0.
(12) JIM OGLE BOARD MEMBER	0.00	X						0.	0.	0.
(13) DOUG STERBENZ BOARD MEMBER	0.00	X						0.	0.	0.
(14) PHIL VOSTREJS BOARD MEMBER	0.00	X						0.	0.	0.
(15) RICH WELLS BOARD MEMBER	0.00	X						0.	0.	0.
(16) DIANE PAVELKA VOLUNTEER ENGAGEMENT	0.00	X						0.	0.	0.
(17) CAROL WHEELER CAMPAIGN CHAIR	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) LARRY MCCOIG BOARD MEMBER	0.00	X						0.	0.	0.
(21) LARRY ROBBINS BOARD MEMBER	0.00	X						0.	0.	0.
(22) JANET STANEK BOARD MEMBER	0.00	X						0.	0.	0.
(23) JERI HANSEN WOMEN UNITED	0.00	X						0.	0.	0.
(24) MARTY STESSMAN BOARD MEMBER	0.00	X						0.	0.	0.
(25) SUSAN DUFFY BOARD MEMBER	0.00	X						0.	0.	0.
(26) JEFF BEASLEY BOARD MEMBER	0.00	X						0.	0.	0.
<b>1b Sub-total</b> .....								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								183,457.	0.	22,423.
<b>d Total (add lines 1b and 1c)</b> .....								183,457.	0.	22,423.

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 <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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 to any question 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, 513, or 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	1,540,914.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,396,061.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	<b>Total.</b> Add lines 1a-1f		5,936,975.				
	Program Service Revenue	2 a		Business Code				
b								
c								
d								
e								
f		All other program service revenue						
g		<b>Total.</b> Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		30,809.			30,809.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses			0.			
		Gain or (loss)			15,147.			
		Net gain or (loss)			15,147.			15,147.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a		92,829.			
		Less: direct expenses	b		71,440.			
		Net income or (loss) from fundraising events			21,389.			21,389.
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses		b						
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a	<b>SPONSORSHIP</b>		900099	14,150.	14,150.			
b	<b>ANNUAL MEETING</b>		900099	12,350.	12,350.			
c	<b>LEADERSHIP TRAINING</b>		900099	1,949.	1,949.			
d	All other revenue		900099	3,244.	3,244.			
e	<b>Total.</b> Add lines 11a-11d			31,693.				
12	<b>Total revenue.</b> See instructions.			6,036,013.	31,693.	0.	67,345.	

**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 to any question 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
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	4,036,053.	4,036,053.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	205,881.	60,698.	113,680.	31,503.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	566,063.	342,103.	111,016.	112,944.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	40,161.	23,452.	9,650.	7,059.
<b>9</b> Other employee benefits	68,257.	41,556.	13,232.	13,469.
<b>10</b> Payroll taxes	65,935.	36,463.	17,166.	12,306.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	2,319.		2,319.	
<b>c</b> Accounting	26,800.		26,800.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	15,770.		15,770.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	21,821.		21,821.	
<b>12</b> Advertising and promotion	8,147.		2,662.	5,485.
<b>13</b> Office expenses	57,083.	31,726.	14,769.	10,588.
<b>14</b> Information technology	27,861.	15,408.	7,253.	5,200.
<b>15</b> Royalties				
<b>16</b> Occupancy	121,295.	67,078.	31,579.	22,638.
<b>17</b> Travel	11,459.	4,459.	1,968.	5,032.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	48,489.	15,439.	26,612.	6,438.
<b>20</b> Interest				
<b>21</b> Payments to affiliates	50,628.		50,628.	
<b>22</b> Depreciation, depletion, and amortization	19,133.	10,581.	4,981.	3,571.
<b>23</b> Insurance	9,381.	5,188.	2,442.	1,751.
<b>24</b> 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.)				
<b>a</b> <b>CAMPAIGN EXPENSE</b>	60,615.			60,615.
<b>b</b> <b>COMMUNITY SERVICE PROG</b>	46,915.	5,614.	30,197.	11,104.
<b>c</b> <b>NEW PARENT EDUCATION</b>	45,697.	45,697.		
<b>d</b> <b>DISASTER RELIEF</b>	34,086.	34,086.		
<b>e</b> All other expenses	10,122.	4,387.	4,817.	918.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	5,599,971.	4,779,988.	509,362.	310,621.
<b>26</b> <b>Joint costs.</b> 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 to any question in this Part X

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	377,677.	<b>1</b>	1,015,975.	
	<b>2</b> Savings and temporary cash investments .....	634,152.	<b>2</b>	827,973.	
	<b>3</b> Pledges and grants receivable, net .....	3,155,935.	<b>3</b>	2,786,541.	
	<b>4</b> Accounts receivable, net .....	942.	<b>4</b>	18,934.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> 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 .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	18,915.	<b>9</b>	31,060.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 390,989.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 352,014.	30,404.	<b>10c</b> 38,975.	
	<b>11</b> Investments - publicly traded securities .....	2,250,448.	<b>11</b>	2,399,380.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	6,468,473.	<b>16</b>	7,118,838.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	237,443.	<b>17</b>	287,373.	
	<b>18</b> Grants payable .....	109,558.	<b>18</b>		
	<b>19</b> Deferred revenue .....	95,828.	<b>19</b>	30,220.	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> 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 .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	617,489.	<b>25</b>	744,396.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,060,318.	<b>26</b>	1,061,989.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	2,371,068.	<b>27</b>	3,197,397.	
	<b>28</b> Temporarily restricted net assets .....	2,821,133.	<b>28</b>	2,643,498.	
	<b>29</b> Permanently restricted net assets .....	215,954.	<b>29</b>	215,954.	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
<b>33</b> Total net assets or fund balances .....	5,408,155.	<b>33</b>	6,056,849.		
<b>34</b> Total liabilities and net assets/fund balances .....	6,468,473.	<b>34</b>	7,118,838.		

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,036,013.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,599,971.
3	Revenue less expenses. Subtract line 2 from line 1	3	436,042.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,408,155.
5	Net unrealized gains (losses) on investments	5	120,858.
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	91,794.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,056,849.

**Part XII Financial Statements and Reporting**

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

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

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public Inspection

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

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? .....	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11g(iii)</b>	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	7,811,984.	7,228,738.	6,691,227.	6,496,465.	5,936,975.	34,165,389.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	7,811,984.	7,228,738.	6,691,227.	6,496,465.	5,936,975.	34,165,389.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						902,562.
<b>6 Public support.</b> Subtract line 5 from line 4.						33,262,827.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4 .....	7,811,984.	7,228,738.	6,691,227.	6,496,465.	5,936,975.	34,165,389.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	36,695.	27,719.	29,140.	26,628.	30,809.	150,991.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	4,245.	6,009.	17,299.	72,527.	31,693.	131,773.
<b>11 Total support.</b> Add lines 7 through 10						34,448,153.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	469,705.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	96.56	%
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 .....	<b>15</b>	95.97	%
<b>16a 33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2012.** 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 - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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



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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

**2012**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

▶ **See separate instructions.**

**If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>UNITED WAY OF GREATER TOPEKA, INC.</b>	Employer identification number <b>48-0561978</b>
---	---

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2012

LHA

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....	X		0.
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	4	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	5	

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

UNITED WAY OF GREATER TOPEKA SUPPORTED THE EFFORTS TO PROTECT THE CHARITABLE DEDUCTION AT BOTH THE STATE AND FEDERAL LEVEL BY ENCOURAGING ORGANIZATIONS AND INDIVIDUALS TO CONTACT THEIR LEGISLATORS. IN ADDITION, WE ENCOURAGED OUR BOARD AND CONSTITUENTS TO CONTACT LOCAL STATE LEGISLATORS TO ENCOURAGE THEM TO PROTECT EARLY CHILDHOOD FUNDING.



**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. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public Inspection

Name of the organization

UNITED WAY OF GREATER TOPEKA, INC.

Employer identification number

48-0561978

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

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

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

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

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

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

Yes  No

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

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

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

Yes  No

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

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

(check all that apply):

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

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

b If "Yes," explain the arrangement in Part 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	263,054.	271,741.	243,061.	194,549.	293,697.
b Contributions			11,500.	13,885.	12,000.
c Net investment earnings, gains, and losses	10,490.	-8,687.	17,180.	36,581.	-106,148.
d Grants or scholarships					
e Other expenditures for facilities and programs					5,000.
f Administrative expenses				1,954.	
g End of year balance	273,544.	263,054.	271,741.	243,061.	194,549.

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  78.95 %
- c Temporarily restricted endowment  21.05 %

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

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

	Yes	No
(i) unrelated organizations	X	
(ii) related organizations		X

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.** 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		390,989.	352,014.	38,975.
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)  38,975.

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AGENCIES AND COMMUNITIES	744,396.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	744,396.

2. FIN 48 (ASC 740) Footnote. 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**

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	5,670,640.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	120,858.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	35,850.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	71,440.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	228,148.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	5,442,492.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	15,770.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	577,751.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	593,521.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	6,036,013.

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	5,021,946.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	35,850.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	71,440.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	107,290.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	4,914,656.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	15,770.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	669,545.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	685,315.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	5,599,971.

**Part XIII Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, 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 XIII** Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 71,440.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED CONTRIBUTIONS 577,751.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 71,440.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED CONTRIBUTION ALLOCATIONS 669,545.



**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	<b>1</b> Gross receipts .....	69,329.	23,500.		92,829.
	<b>2</b> Less: Contributions .....				
	<b>3</b> Gross income (line 1 minus line 2) .....	69,329.	23,500.		92,829.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	55,967.	15,473.		71,440.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( 71,440 )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				21,389.

**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))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> 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	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				( _____ )	
<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 .....					

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

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



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

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

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

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
A CHILD'S WORLD DAY CARE 302 MADISON ST OSKALOOSA, KS 66066	48-0937719	501(C)(3)	80,332.	0.			PROGRAM OPERATING COSTS
AMERICAN RED CROSS, KANSAS CAPITAL AREA CHAPTER - 1221 SW 17TH ST - TOPEKA, KS 66604	48-0547720	501(C)(3)	85,707.	0.			PROGRAM OPERATING COSTS
KANSAS BIG BROTHERS BIG SISTERS, INC. - PO BOX 48109 - WICHITA, KS 67202	23-7056717	501(C)(3)	92,925.	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)	172,352.	0.			PROGRAM OPERATING COSTS
BOY SCOUTS OF AMERICA- JAYHAWK AREA COUNCIL - PO BOX 851 - TOPEKA, KS 66601	48-0543748	501(C)(3)	25,797.	0.			PROGRAM OPERATING COSTS
AUBURN-WASHBURN USD 437 5928 SW 53RD TOPEKA, KS 66610	48-0722041	501(C)(3)	23,168.	0.			PROGRAM OPERATING COSTS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **36.**
- 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) (2012)

**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)	97,621.	0.			PROGRAM OPERATING COSTS
CATHOLIC CHARITIES OF NORTHEAST KANSAS, INC. - 9720 W 87TH ST - OVERLAND PARK, KS 66212	48-1181305	501(C)(3)	64,500.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
COMMUNITY ACTION, INC 1000 SE HANCOCK STREET TOPEKA, KS 66606	48-0780983	501(C)(3)	222,913.	0.			PROGRAM OPERATING COSTS
DOORSTEP, INC. 1119 SW 10TH ST TOPEKA, KS 66604	48-0734624	501(C)(3)	90,313.	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)	313,485.	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)	65,559.	0.			PROGRAM OPERATING COSTS
FLORENCE CRITTENTON SERVICES, INC. 2649 SW ARROWHEAD RD TOPEKA, KS 66614	48-0561977	501(C)(3)	8,481.	0.			PROGRAM OPERATING COSTS
COUNTRYSIDE METHODIST CHURCH PRESCHOOL - 3221 BURLINGAME RD - TOPEKA, KS 66611	48-0941169	501(C)(3)	37,661.	0.			PROGRAM OPERATING COSTS
HOUSING AND CREDIT COUNSELING, INC. - 1195 SW BUCHANAN - TOPEKA, KS 66604	48-0822466	501(C)(3)	130,124.	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)	22,398.	0.			PROGRAM OPERATING COSTS
KANSAS CHILDREN'S SERVICE LEAGUE 1365 N CUSTER WICHITA, KS 67203	48-0543749	501(C)(3)	214,029.	0.			PROGRAM OPERATING COSTS
LEGAL AID SOCIETY OF TOPEKA, KANSAS LEGAL SERVICES, INC. - 712 S KANSAS AVE, STE 200 - TOPEKA, KS 66603	48-0872528	501(C)(3)	27,737.	0.			PROGRAM OPERATING COSTS
LET'S HELP INC. 200 S KANSAS AVE TOPEKA, KS 66603	48-0800447	501(C)(3)	36,967.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
LULAC MULTIPURPOSE SENIOR CENTER, INC. - 1502 NE SEWARD AVE - TOPEKA, KS 66616	48-1000629	501(C)(3)	9,215.	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)	124,160.	0.			PROGRAM OPERATING COSTS
HARVESTERS 4021 SW 10TH ST., PMB 364 TOPEKA, KS 66604	43-1208665	501(C)(3)	50,000.	0.			PROGRAM OPERATING COSTS
SHAWNEE REGIONAL PREVENTION AND RECOVERY SERVICES, INC. - 2209 SW 29TH ST - TOPEKA, KS 66611	48-6120880	501(C)(3)	358,087.	0.			PROGRAM OPERATING COSTS
TARC, INC. 2701 SW RANDOLPH AVE TOPEKA, KS 66611	48-6086732	501(C)(3)	280,911.	0.			PROGRAM OPERATING COSTS

**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
JACKSON COUNTY MINISTERIAL ALLIANCE - C/O EUM CHURCH, 227 PENN - HOLTON, KS 66436	30-0584777	501(C)(3)	7,000.	0.			PROGRAM OPERATING COSTS
TDC LEARNING CENTERS, INC. 3500 SW 10TH AVE TOPEKA, KS 66604	48-0687195	501(C)(3)	30,153.	0.			PROGRAM OPERATING COSTS
UNITED CEREBRAL PALSY OF KANSAS 5111 E 21ST ST WICHITA, KS 67208	48-0631254	501(C)(3)	24,851.	0.			PROGRAM OPERATING COSTS
YOUNG MEN'S CHRISTIAN ASSOCIATION OF TOPEKA, KS - 421 VAN BUREN ST - TOPEKA, KS 66603	48-0543757	501(C)(3)	70,337.	0.			PROGRAM OPERATING COSTS
YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF TOPEKA, KS - 225 SW 12ST ST - TOPEKA, KS 66612	48-0556758	501(C)(3)	136,627.	0.			PROGRAM OPERATING COSTS
AMERICAN CANCER SOCIETY- SHAWNEE COUNTY UNIT - 1315 SW ARROWHEAD RD, #A - TOPEKA, KS 66604	74-1185665	501(C)(3)	37,864.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
SHAWNEE COUNTY HEALTH AGENCY 1615 SW 8TH TOPEKA, KS 66606	48-6028759	501(C)(3)	200,188.	0.			PROGRAM OPERATING COSTS
HEALTH ACCESS, SHAWNEE COUNTY MEDICAL SOCIETY - 623 SW 10TH ST - TOPEKA, KS 66612	48-1242654	501(C)(3)	81,769.	0.			PROGRAM OPERATING COSTS
PARENTS AS TEACHERS 2331 SW TOPEKA BLVD TOPEKA, KS 66611	48-6028563	501(C)(3)	84,129.	0.			PROGRAM OPERATING COSTS



**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
POSITIVE CONNECTIONS 708 SW 6TH TOPEKA, KS 66606	48-1032982	501(C)(3)	29,444.	0.			PROGRAM OPERATING COSTS
UNITED WAY OF DOUGLAS COUNTY 2518 RIDGE CT LAWRENCE, KS 66046	48-0796320	501(C)(3)	75,812.	0.			DISTRIBUTION TO DESIGNATED ANOTHER UNITED WAY
TOPEKA PUBLIC SCHOOLS FOUNDATION, TPS PINE RIDGE - 2331 SW TOPEKA BLVD - TOPEKA, KS 66611	48-1017759	501(C)(3)	40,869.	0.			PROGRAM OPERATING COSTS

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

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

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

SCHEDULE I, PART I, LINE 2: THE ORGANIZATION MEETS PERIODICALLY WITH GRANT PARTNERS AND REVEIWS 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**

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

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

(A) NAME OF PERSON: MARK AULT

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

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 \$151,114 AT DECEMBER 31, 2012. MR. AULT IS PRESIDENT AND AN OWNER OF ALLIANCE BANK.

(E) SHARING OF ORGANIZATION REVENUES? = NO

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2012**

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:

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, INCOME, AND HEALTH, WE HELP MORE CHILDREN GRADUATE AND GET STABLE JOBS, HELP FAMILIES BECOME FINANCIALLY STABLE AND IMPROVE THE OVERALL HEALTH OF OUR COMMUNITY.

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

IN FURTHERANCE OF THIS WORK, FIVE IMPACT COUNCILS STRIVE TO ACHIEVE REAL, MEASUREABLE RESULTS IN OUR COMMUNITY. THESE VOLUNTEER GROUPS MEET REGULARLY TO REFINE STRATEGIES AND DEVELOP AND RELEASE REQUESTS FOR PROPOSALS TO MOVE SHAWNEE AND JEFFERSON CO. TO SUCCESS.

EARLY CHILDHOOD EDUCATION

GOAL: IN 2012, 68 PERCENT OF THE CHILDREN WHO START KINDERGARTEN WILL HAVE THE PRE-LITERACY SKILLS NECESSARY FOR SUCCESS IN SCHOOL (THIS IS AN INCREASE OF 50 PERCENT).

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. THOSE WHO START BEHIND OFTEN STAY BEHIND. FOR EVERY 50 CHILDREN WHO DON'T 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

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

GRADUATE HIGH SCHOOL. 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 13,000 WORDS AND HAVE SPENT ABOUT 25 HOURS BEING READ TO. CHILDREN FROM MORE AFFLUENT HOMES HAVE HEARD ABOUT 45,000 WORDS AND HAVE SPENT ABOUT 1,000 HOURS BEING READ TO.

THE UWGT EARLY EDUCATION IMPACT COUNCIL (EEIC) DEVELOPED STRATEGIES TO REACH THE 10-YEAR GOAL. TAKING THE RESEARCH INTO ACCOUNT, THE EEIC CHOSE TO FOCUS ON TWO ZIP CODES IN THE COMMUNITY WHERE THE POVERTY RATES WERE HIGH AND THE SCHOOLS IN THOSE AREAS HAD AROUND 80 PERCENT OF THEIR STUDENTS ENROLLED IN THE FREE AND REDUCED LUNCH PROGRAM. IN 2012, FUNDING BEGAN FOR TWO OF THOSE STRATEGIES.

1ST STRATEGY: CHILDREN OF ALL ABILITIES WILL PARTICIPATE IN HIGH-QUALITY EARLY LEARNING PROGRAMS WITH PRE-LITERACY COMPONENTS. FOUR EARLY CHILDHOOD PROGRAMS RECEIVED FUNDING TO INCREASE THEIR FOCUS ON PRE-LITERACY AND INCREASE THE OVERALL QUALITY OF THE PROGRAMS. ONE OF THE FUNDED PROGRAMS WAS A BRAND NEW PRESCHOOL LOCATED IN THE PINE RIDGE HOUSING COMPLEX, A TOPEKA HOUSING AUTHORITY SECTION 8 HOUSING COMPLEX. FUNDING FROM UWGT AND A STRONG PARTNERSHIP WITH THE TOPEKA HOUSING AUTHORITY, TOPEKA PUBLIC SCHOOLS, AND OTHER LOCAL ORGANIZATIONS MADE THE PRESCHOOL A REALITY FOR 34 CHILDREN FROM THE HOUSING PROJECT. THE CHILDREN ATTENDED THE PRESCHOOL HALF DAYS, FIVE DAYS A WEEK. WHEN THEY BEGAN THE PRESCHOOL PROGRAM, ON AVERAGE, THE CHILDREN SCORED IN THE 20TH PERCENTILE ON A LITERACY ASSESSMENT. BY THE END OF THE FIRST YEAR, NEARLY ALL OF THE CHILDREN SCORED AT OR ABOVE THE 80TH PERCENTILE.

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

IN THIS STRATEGY, 256 CHILDREN WERE SERVED IN THE FOUR FUNDED PROGRAMS IN 2012.

2ND STRATEGY: EARLY CHILDHOOD PROFESSIONALS (ECPS) PARTICIPATE IN PROFESSIONAL DEVELOPMENT AND ACCESS RESOURCES TO INCREASE THEIR KNOWLEDGE OF EARLY LITERACY SKILLS AND CHILD DEVELOPMENT.

FOR THIS STRATEGY, UWGT FUNDING PROVIDED THE LOCAL CHILD CARE RESOURCE AND REFERRAL AGENCY WITH A CONTRACT TO INCREASE THE QUALITY AND PRE-LITERACY FOCUS OF HOME-BASED CHILDCARES IN OUR TARGET AREA. IN 2012, 17 CHILDCARE PROVIDERS ENROLLED IN THE PROFESSIONAL DEVELOPMENT PROGRAM WITH 10 COMPLETING THE PROGRAM. SOME OF THOSE WHO DID NOT COMPLETE THE PROGRAM IN 2012 ARE ANTICIPATED TO COMPLETE IT IN 2013.

#### ON-GRADE ACHIEVEMENT

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

SITUATION SYNOPSIS: ANALYSIS OF STATE ASSESSMENT PERFORMANCE OF STUDENTS ON LUNCH SUPPORT DEMONSTRATED THAT 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, THE 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.

THE ON-GRADE ACHIEVEMENT IMPACT COUNCIL'S (OGIC) FOCUS AREA IS KEEPING KIDS ON TRACK AS THEY MOVE THROUGH ELEMENTARY, MIDDLE AND HIGH SCHOOL.

ONE OF THE MOST SIGNIFICANT RISK FACTORS IS LOW SOCIOECONOMIC STATUS.

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

THIS IS ILLUSTRATED BY THE FOLLOWING CHART. TOPEKA PUBLIC SCHOOLS (TPS) IS AN URBAN SCHOOL DISTRICT, AUBURN WASHBURN IS SUBURBAN AND SILVER LAKE IS RURAL.

SCHOOL DISTRICT	FREE/REDUCED LUNCH	3RD GRADE READING	6TH GRADE MATH
TPS	76.5%	64.3%	63.5%
AUBURN WASHBURN	32.0%	90.9%	96.0%
SILVER LAKE	20.4%	96.5%	94.1%

THE OGIC DEVELOPED FOUR STRATEGIES WHICH WERE FUNDED IN A TARGET AREA THAT INCLUDED TWO OF THE MOST IMPOVERISHED ELEMENTARY SCHOOLS IN THE COUNTY.

1ST STRATEGY: INCREASE THIRD GRADE READING AND SIXTH GRADE MATH SKILLS BY ENSURING THE AVAILABILITY OF A WIDE RANGE OF VITAL SUPPORT SERVICES FOR STUDENTS AND FAMILIES.

TWO PROGRAMS RECEIVED FUNDING IN 2012 UNDER THIS STRATEGY: 1) MENTORING, BIG BROTHERS BIG SISTERS OF TOPEKA AND 2) SUPPORTING SCHOOL SUCCESS, KANSAS CHILDREN'S SERVICE LEAGUE. TOGETHER THESE PROGRAMS PROVIDED SUPPORT SERVICES TO CHILDREN IN THE TARGET AREAS. THE MENTORING PROGRAM WITH BIG BROTHERS AND BIG SISTERS MATCHED STUDENTS (CALLED "LITTLES") WITH A CARING ADULT IN THE COMMUNITY WHO COULD SPEND TIME WITH THEIR LITTLE ONCE A WEEK DURING LUNCHTIME AT THE SCHOOL. IN 2012, THIS PROGRAM SERVED 135 CHILDREN. THE BIG BROTHERS BIG SISTERS PROGRAM MATCHED FOUR MORE LITTLES THAN PLANNED AND REPORTED THAT 70.53 PERCENT OF STUDENTS SHOWED IMPROVEMENT IN THEIR ACADEMIC PERFORMANCE. THE KCSL SUPPORTING SCHOOL SUCCESS REPORTED THAT 75 PERCENT OF STUDENTS SERVED SHOWED IMPROVED ATTENDANCE.



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

2ND STRATEGY: INCREASE 3RD GRADE READING SKILLS THROUGH ONE-ON-ONE INTERVENTION BY ADULT TUTORS; INCREASE 6TH GRADE MATH SKILLS THROUGH ONE-ON-ONE INTERVENTION BY ADULT TUTORS

UNDER THIS STRATEGY, THE TOPEKA BOYS AND GIRLS CLUB "ACE IT!" PROGRAM AND THE YMCA "PRIME TIME" PROGRAM RECEIVED FUNDING TO PROVIDE HIGH QUALITY TUTORS TO AT-RISK CHILDREN AFTER SCHOOL. IN 2012, THIS PROGRAM SERVED 99 CHILDREN. THE BOYS AND GIRLS CLUB "ACE IT!" PROGRAM REPORTED AN AVERAGE INCREASE IN GRADE LEVEL FOR STUDENTS THAT ATTENDED THE PROGRAM OF 1.265. THE YMCA "PRIME TIME" PROGRAM REPORTED THAT 83.33 PERCENT SHOWED IMPROVEMENT IN THEIR READING SKILLS AND GRADE PERCENTAGE AND 79.17 PERCENT SHOWED AN INCREASE IN MATH SKILLS AND GRADE PERCENTAGE.

3RD STRATEGY: CONNECT FAMILIES AND CHILDREN TO SCHOOL IN ORDER TO IMPROVE ACADEMIC ACHIEVEMENT. DECREASE IN BEHAVIOR REFERRALS AMONG PARTICIPATING STUDENTS

IN 2012, UWGT FUNDED A COMMUNITIES IN SCHOOLS (CIS) PROGRAM AT TWO OF THE ELEMENTARY SCHOOLS IN THE TARGET AREAS. THE CIS PROGRAM SURROUNDS STUDENTS WITH A COMMUNITY OF SUPPORT, EMPOWERING THEM TO STAY IN SCHOOL AND ACHIEVE IN LIFE. THROUGH SCHOOL-BASED COORDINATION, COMMUNITIES IN SCHOOLS CONNECTS STUDENTS AND THEIR FAMILIES TO CRITICAL COMMUNITY RESOURCES, TAILORED TO LOCAL NEEDS.

CIS USED A TWO-PRONGED APPROACH AT THE TARGET SCHOOLS TO HELP CHILDREN STAY IN SCHOOL AND SUCCEED.

SCHOOL-WIDE PROGRAMS TARGET NEEDS RANGING FROM FINANCIAL LITERACY TO SERVICE LEARNING AND OUT-OF-SCHOOL ENRICHMENT FOR OLDER STUDENTS, TO SCHOOL SUPPLIES DRIVES AND COAT DISTRIBUTIONS FOR YOUNGER KIDS.

INDIVIDUALIZED SUPPORT IS OFFERED ON A CASE-BY-CASE BASIS. THROUGH

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

MENTORING, TUTORING, AND FAMILY SUPPORT WE GET TO KNOW THE KIDS WE HELP, AND TRACK THE CHANGE THAT RESULTS.

IN 2012, CIS SERVED 977 CHILDREN IN THE SCHOOL-WIDE PROGRAM, AND ASSISTED 154 STUDENTS WITH INDIVIDUALIZED CASE MANAGEMENT SERVICES. CIS REPORTED THAT 67 PERCENT OF THE STUDENTS ON CASE MANAGED SERVICES IMPROVED THEIR ACADEMIC PERFORMANCE, 83.5 PERCENT IMPROVED THEIR SCHOOL ATTENDANCE AND 84 PERCENT IMPROVED THEIR SCHOOL BEHAVIOR.

4TH STRATEGY: SUPPORT AND ADVOCATE FOR CONTINUOUS LEARNING OPPORTUNITIES THROUGHOUT THE YEAR.

THIS GRANT WAS AWARDED TO THE TOPEKA BOYS AND GIRLS CLUB AS A COLLABORATIVE GRANT THAT OFFERED HIGH-QUALITY EXPERIENCES TO AT-RISK CHILDREN DURING THE SUMMER MONTHS. CAMP CUBI, AS THE PROGRAM WAS CALLED, INCLUDED MANY PARTNERING PROGRAMS TO ALLOW STUDENTS A WIDE VARIETY OF EXPERIENCES THAT WOULD INCREASE THEIR KNOWLEDGE ABOUT THEIR COMMUNITY AND INCREASE THEIR VOCABULARY. SOME OF THESE PROGRAMS INCLUDED THE KANSAS CHILDREN'S DISCOVERY CENTER, KTWU PUBLIC TELEVISION, AND K-STATE RESEARCH AND EXTENSION.

CAMP CUBI SERVED 127 STUDENTS DURING 2012. BOYS AND GIRLS CLUB REPORTED THAT 90.5 PERCENT OF STUDENTS INCREASED THE NUMBER OF HOURS SPENT RECREATIONALLY READING, 39.4 PERCENT SHOWED AN INCREASE NUMBER OF VOCABULARY WORDS KNOWN, 100 PERCENT OF THE STUDENTS SHOWED AN INCREASE IN THE NUMBER OF NEW EXPERIENCES, AND 55 PERCENT SHOWED A DECREASE IN THE NUMBER OF BEHAVIOR REFERRALS.

FINANCIAL BEHAVIOR

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

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

SITUATION SYNOPSIS: INCREASING THE AVAILABILITY OF AND ACCESS TO LOW-COST GOODS AND FINANCIAL SERVICES, WHILE CONNECTING LOW-INCOME WORKING FAMILIES WITH APPROPRIATE CONSUMER EDUCATION, WILL HELP ENSURE FAMILIES CAN PURCHASE FAIRLY PRICED GOODS AND SERVICES WITHIN THEIR BUDGET. MANAGEABLE EXPENSES MAKE IT POSSIBLE FOR FAMILIES TO PLAN, AVOID DEBT, AND INCREASE THEIR ABILITY TO SAVE AND INVEST. INDIVIDUALS WHO HAVE FEWER FINANCIAL STRESSES IN THEIR LIVES ARE HEALTHIER, MORE LIKELY TO GRADUATE ON TIME, AND PERFORM BETTER AT WORK. INCREASING THE FINANCIAL STABILITY OF FAMILIES ULTIMATELY CREATES A STRONGER, MORE PRODUCTIVE, CRISIS-RESISTANT WORKFORCE AND COMMUNITIES THAT ARE MORE PROSPEROUS BECAUSE OF INCREASES IN EMPLOYMENT AND HOME OWNERSHIP.

THE NUMBER OF FAMILIES IN NEED OF FINANCIAL SUPPORT IS GROWING EACH YEAR. FROM 2007 TO 2009 IN SHAWNEE COUNTY, 87 PERCENT OF THE PARENTS OF LOW INCOME CHILDREN HAVE FULL TIME OR PART EMPLOYMENT. STILL, 17.1 PERCENT OF HOMEOWNERS AND 37.4 PERCENT OF RENTERS SPEND 35 PERCENT OR MORE OF THEIR HOUSEHOLD INCOME ON HOUSING EXPENSES. FROM 2007 TO 2009, THE AVERAGE MONTHLY NUMBER OF PEOPLE RECEIVING FOOD ASSISTANCE AND CHILD CARE ASSISTANCE INCREASED 11.2 PERCENT. THESE FAMILIES AND INDIVIDUALS NEED FAMILY-SUSTAINING EMPLOYMENT, MANAGEABLE EXPENSES AND A PLAN TO SAVE AND ACQUIRE ASSETS.

THE FINANCIAL STABILITY IMPACT COUNCIL DEVELOPED TWO STRATEGIES THAT RECEIVED FUNDING IN 2012. THESE STRATEGIES AIM TO HELP TOPEKANS LEARN HOW TO MANAGE MONEY, DEVELOP BUDGETS, INCREASE (OR BEGIN) SAVINGS AND TO OBTAIN LIFE-SUSTAINING EMPLOYMENT.

1ST STRATEGY: PROVIDE EVIDENCE-BASED, ONE-ON-ONE AND/OR GROUP BUDGETING

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

AND MONEY MANAGEMENT TRAINING; CONNECT LOW-INCOME FAMILIES AND INDIVIDUALS TO LONG TERM CONSISTENT VOLUNTEER FINANCIAL MENTORS.

THE LOCAL HOUSING AND CREDIT COUNSELING, INC. (HCCI) AGENCY RECEIVED A GRANT FOR THE HOPE PROGRAM WHICH MATCHES CLIENTS WITH INDIVIDUALS WHO ARE TRAINED IN FINANCIAL STABILITY AND WHO MENTOR THE CLIENTS. THEY HELP THEM DEVELOP A BUDGET AND A PLAN TO STICK TO IT, REDUCE THEIR DEBT, AND TO FIND A WAY TO START SAVING MONEY. THE PROGRAM SERVED 41 INDIVIDUALS IN 2012 AND HELPED MANY PEOPLE DEVELOP THEIR VERY FIRST SAVINGS ACCOUNT. SOME PARTICIPANTS EVEN SAVED CLOSE TO \$ 1,000 DURING THE YEAR WHEN THEY HAD NEVER EVEN THOUGHT THEY HAD MONEY TO SAVE.

2ND STRATEGY: INCREASE THE NUMBER OF ADULTS WHO ATTAIN AND RETAIN FAMILY SUSTAINING EMPLOYMENT

FOR THIS STRATEGY, HCCI WAS AWARDED A GRANT FOR THEIR JOBS PROGRAM. THIS PROGRAM, IN PARTNERSHIP WITH HEARTLAND WORKS, INC. (HWI), YWCA OF TOPEKA, BAKER UNIVERSITY, AND WASHBURN INSTITUTE OF TECHNOLOGY, HELPED CLIENTS OBTAIN RESOURCES THAT ALLOWED THEM TO OBTAIN LIFE-SUSTAINING JOBS. FUNDING WAS USED IN A VARIETY OF WAYS TO SUPPORT THE CLIENT WHO WOULD OTHERWISE NOT BE ABLE TO COMPLETE THEIR TRAINING OR TAKE A NEW JOB. FOR EXAMPLE, CHILD CARE AND TUITION FEES ARE BARRIERS TO MANY ADULTS WHO WANT TO INCREASE THEIR EDUCATION AND SKILLS - ESPECIALLY FOR FAMILIES WITH A SINGLE HEAD OF HOUSEHOLD. BY ASSISTING THESE INDIVIDUALS, HCCI HELPED THEM GET POSITIONS THAT PAID UPWARDS OF \$17/HOUR WHICH HELPED THEM SHED THE NEED FOR GOVERNMENT FINANCIAL ASSISTANCE. IN 2012, HCCI SERVED 77 CLIENTS.

OTHER PROGRAMS

UWGT DID NOT FUND PROGRAMS IN THE AREA OF HEALTH (SUBSTANCE ABUSE AND

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

OBESITY) IN 2012, BUT BOTH IMPACT COUNCILS WERE DEVELOPING STRATEGIES TO BE FUNDED IN 2013.

HEALTH: SUBSTANCE ABUSE

SUBSTANCE ABUSE IMPACT COUNCIL

GOAL: REDUCE BY 20 PERCENT THE NUMBER OF SIXTH THROUGH 12TH GRADERS THAT ILLEGALLY USE SUBSTANCES (CIGARETTES, MARIJUANA AND ALCOHOL).

SITUATION SYNOPSIS: EVERY DAY IN THIS COMMUNITY AND COMMUNITIES NATIONWIDE, ADOLESCENTS ARE CHOOSING TO ABUSE SUBSTANCES. DRUG USE CAN BE DETRIMENTAL TO EVERY ASPECT OF A CHILD'S LIFE RESULTING IN LONG-LASTING EFFECTS INCLUDING PHYSICAL, EMOTIONAL AND BEHAVIORAL PROBLEMS, LEARNING DIFFICULTIES, DAMAGE TO RELATIONSHIPS, AND ENDLESS OTHER CONSEQUENCES. SPECIFICALLY, YOUTH WHO USE ALCOHOL, TOBACCO, AND MARIJUANA ARE NEGATIVELY IMPACTING THEIR DEVELOPING BRAIN AND THEIR JUDGMENT AND DECISION-MAKING SKILLS. THE PERCENTAGE OF 6TH AND 8TH GRADE YOUTH IN SHAWNEE COUNTY WHO REPORT THAT THEY HAVE USED ALCOHOL AT LEAST ONCE IN THE LAST 30-DAYS HAS BEEN CONSISTENTLY ABOVE THE STATE AVERAGE FOR SEVERAL YEARS. THE SAME IS TRUE FOR CIGARETTES AND MARIJUANA.

ADOLESCENTS AGES 12-17 WHO USE MARIJUANA WEEKLY ARE NINE TIMES MORE LIKELY THAN NON-USERS TO EXPERIMENT WITH OTHER ILLEGAL DRUGS OR ALCOHOL, FIVE TIMES MORE LIKELY TO STEAL AND NEARLY FOUR TIMES MORE LIKELY TO ENGAGE IN VIOLENCE. UWGT FUNDING HELPS TO EMPOWER YOUTH TO MAKE CHOICES FOR A HEALTHY LIFE STYLE AND STRENGTHENS THE COMMUNITY TO SUPPORT THEM.

STRATEGY: YOUTH ARE EDUCATED, ENGAGED AND SUPPORTED IN THEIR EFFORTS TO KEEP THEMSELVES AND THEIR PEERS ALCOHOL, TOBACCO, AND DRUG FREE.

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

HEALTH: OBESITY REDUCTION

EAT.MOVE.LIVE. IMPACT COUNCIL.

GOAL: REDUCE THE NUMBER OF ADULTS WHO ARE OVERWEIGHT OR OBESE BY 10 PERCENT.

SITUATION SYNOPSIS: BEING OBESE AND OVERWEIGHT HAS MANY CONSEQUENCES FOR INDIVIDUALS, FAMILIES AND THE COMMUNITY. OBESITY RESULTS WHEN PEOPLE CONSUME MORE CALORIES FROM FOOD THAN IS BURNED IN DAILY PHYSICAL ACTIVITIES. WE NEED CALORIES TO SUSTAIN LIFE AND BE PHYSICALLY ACTIVE. TO MAINTAIN A HEALTHY WEIGHT WE NEED TO BALANCE THE ENERGY WE EAT WITH THE ENERGY WE USE. OBESITY CONTRIBUTES TO SIX OF THE 10 LEADING CAUSES OF DEATH IN AMERICA, INCLUDING HEART DISEASE, TYPE 2 DIABETES, CERTAIN CANCERS AND HIGH BLOOD PRESSURE. IN SHAWNEE COUNTY, 62.9 PERCENT OF ADULTS ARE OVER-WEIGHT OR OBESE AND THAT ON AVERAGE OBESE ADULTS COST \$ 1,400 MORE PER YEAR TO CARE FOR MEDICALLY THAN A NON-OBESE ADULT.

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

BASIC NEEDS

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

SITUATION SYNOPSIS: WHEN ACCESS TO BASIC NEEDS IS NOT IN PLACE, THE CONSEQUENCES MAY BE SEVERE. 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

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

CRISIS.

BASIC NEEDS IS FUNDED ON AN ANNUAL BASIS AND INCLUDES FIVE FOCUS AREAS:

FOOD ASSISTANCE:

\*FOOD DISTRIBUTION TO PEOPLE EXPERIENCING FOOD INSECURITY

\*PREPARED MEAL DISTRIBUTION (EITHER HOME DELIVERY OR CONGREGATE SETTINGS) TO PEOPLE EXPERIENCING FOOD INSECURITY

SHELTER ASSISTANCE:

\*HOUSING FOR THE HOMELESS

\*HOUSING FOR THOSE ESCAPING DOMESTIC VIOLENCE

RENT & UTILITY ASSISTANCE:

\*PROVISION OF FINANCIAL ASSISTANCE TO HELP LOW-INCOME INDIVIDUALS OR FAMILIES IN CRISIS SITUATIONS: EMERGENCY FINANCIAL ASSISTANCE COULD ADDRESS A VARIETY OF CRISIS SITUATIONS INCLUDING EVICTION, FORECLOSURE AND UTILITY SHUT-OFF NOTICES.

ACCESS TO HEALTHCARE & PRESCRIPTION ASSISTANCE:

\*ACCESS TO CRISIS MENTAL AND PHYSICAL HEALTH CARE FOR LOW-INCOME, UNINSURED RESIDENTS

\*PRESCRIPTION ASSISTANCE FOR LOW-INCOME, UNINSURED RESIDENTS

SAFETY FROM DOMESTIC VIOLENCE ASSISTANCE:

\*INTERVENTIONS DIRECTED AT STABILIZING PEOPLE BEING TRAUMATIZED OR ATTACKED

\*SUPPORT TO VICTIMS OF DOMESTIC AND SEXUAL ABUSE

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

---

**SUCCESSFUL CONNECTIONS**

SUCCESSFUL CONNECTIONS IS A PROGRAM OF THE UNITED WAY OF GREATER TOPEKA THAT OFFERS 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 OR ARRANGES FOR A TIME TO VISIT WITH THEM AT THEIR CONVENIENCE 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 WITHOUT HAVING TO KNOW ALL OF THE ENROLLMENT REQUIREMENTS FOR EACH PROGRAM. SUCCESSFUL CONNECTIONS SERVES AS A KEY PARTNER ON THE SHAWNEE COUNTY DRUG-ENDANGERED CHILD ALLIANCE AND EMPLOYS THE DRUG ENDANGERED CHILD COORDINATOR FOR THE ALLIANCE. THIS INITIATIVE STRIVES TO PROTECT UNBORN BABIES AND FROM SUBSTANCE EXPOSURE, AND TO THE RISKS POSED BY SUBSTANCE-USING CAREGIVERS. PARENTS WHO HAVE SUBSTANCE ABUSE ISSUES ARE REFERRED TO THE DRUG ENDANGERED CHILD CASE MANAGER FOR INTENSIVE SUPPORT. IN 2012, SUCCESSFUL CONNECTIONS RECEIVED NEARLY 1,000 REFERRALS INTO THE PROGRAM, CONNECTED APPROXIMATELY 350 FAMILIES TO INTENSIVE HOME VISITATION SERVICES, AND CONNECTED MANY OTHER FAMILIES TO LOCAL RESOURCES.



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

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.

YLS STRATEGIES:

\*BE THE SERVICE ORGANIZATION OF CHOICE FOR LIKE-MINDED YOUNG PROFESSIONALS THROUGH PARTICIPATION IN SOCIAL, EDUCATIONAL, VOLUNTEER AND NETWORKING OPPORTUNITIES.

\*BE THE VOICE OF EARLY CHILDHOOD EDUCATION IN THE COMMUNITY.

\*IMPROVE THE EDUCATIONAL SUCCESS OF THE CHILDREN IN THE COMMUNITY BY CONTINUING TO GET MORE BOOKS INTO THE HANDS OF STUDENTS WITH PRECEDENCE SET IN LOW INCOME AREAS.

\*CONTINUE TO CREATE ENVIRONMENTS THAT PROVIDE PARENTS AND CAREGIVERS IN THE COMMUNITY WITH THE TOOLS THEY NEED TO SUPPORT EARLY CHILDHOOD EDUCATION AND KINDERGARTEN READINESS.

YLS LAUNCHED THE JUNIOR LEADER READER (JLR) PROGRAM IN 2010 BECAUSE OF THE TENACITY AND DEDICATION OF A UNITED WAY VOLUNTEER, DR. RYAN YAMKA. THE YAMKA FAMILY CHOSE TO SPONSOR TWO BOOK GIVE-A-WAYS IN THE MEMORY OF DR. YAMKA'S FATHER, HARRY. THE PURPOSE OF THE PROGRAM IS TO TEACH PARENTS AND CHILDREN THE IMPORTANCE OF READING. BY THE END OF 2012, THE JLR PROGRAM REACHED OVER 5,300 KIDS AND GAVE 10,214 BOOKS SINCE ITS INCEPTION IN OCTOBER 2010.

IN AN EFFORT TO REACH MORE KIDS, THE JLR PROGRAM HAS EXTENDED INTO THE SUMMER MONTHS. THEY HAVE SCHEDULED READINGS AND BOOK GIVEAWAYS AT THREE NON-PROFIT EARLY CHILDHOOD LEARNING CENTERS AND HAVE PARTNERED WITH CHILD CARE AWARE TO GET ADDITIONAL BOOKS INTO THE HANDS OF KIDS

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

ATTENDING HOME DAYCARES IN THE 66605 AND 66607 ZIP CODE AREAS.

YLS BEGAN THE BORN LEARNING CAMPAIGN IN 2011. THIS CAMPAIGN WAS BUILT ON THE IDEA THAT CHILDREN ARE BORN LEARNING, AND THAT EVEN THE SMALLEST INTERACTIONS WITH PARENTS, GRANDPARENTS AND CAREGIVERS CAN FURTHER THEIR DEVELOPMENT AND SIGNIFICANTLY IMPROVE SCHOOL READINESS.

YLS MEMBERS HAVE DEVELOPED A PLAN TO INSTALL BORN LEARNING TRAILS AT VARIOUS LOCATIONS IN THE COMMUNITY. A BORN LEARNING TRAIL IS AN ENGAGING PATH OF AGE-APPROPRIATE ACTIVITIES AIMED AT HELPING PARENTS AND CAREGIVERS CREATE LEARNING OPPORTUNITIES FOR YOUNG CHILDREN. THROUGH A SERIES OF STATIONS, CHILDREN ARE ENCOURAGED TO GET ACTIVE AND HAVE FUN WITH GAMES THAT ARE DESIGNED TO BOOST CRITICAL LANGUAGE, LITERACY AND MOTOR SKILLS NECESSARY TO BE SUCCESSFUL IN KINDERGARTEN.

THE FIRST TRAIL WILL BE AT THE PINE RIDGE HOUSING COMPLEX WHERE UWGT FUNDS PROGRAMS THROUGH THE EARLY EDUCATION IMPACT AREA. PINE RIDGE COMMUNITY CENTER HAS BEEN A FOCAL POINT OF COMMUNITY COLLABORATION TO INCREASE AWARENESS OF EARLY CHILDHOOD EDUCATION BETWEEN UNITED WAY OF GREATER TOPEKA; TOPEKA HOUSING AUTHORITY; TOPEKA PUBLIC SCHOOLS; TOPEKA COMMUNITY FOUNDATION AND PARENTS AS TEACHERS. WITH THE RECENT ADDITION OF PINE RIDGE PREP, WHICH IS A LEARNING CENTER FOCUSED ON KINDERGARTEN READINESS, THE BORN LEARNING TRAIL PROJECT WILL BE A PERFECT SUPPLEMENT TO ALL OF THE EXCITING EFFORTS BEING MADE IN THE COMMUNITY.

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

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

ARE COMMUNICATED TO THE PAID PREPARER. AFTER ANY CHANGES ARE MADE, THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW AT A REGULARLY SCHEDULED BOARD MEETING. UPON APPROVAL BY THE BOARD, THE RETURN IS ELECTRONICALLY FILED.

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

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

FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION MAKES THEIR FORM 1023 AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST DURING REGULAR BUSINESS HOURS. FORM 990 IS AVAILABLE UPON REQUEST, THE UWGT WEBSITE, AND WEBSITES MAINTAINED BY OTHER ORGANIZATIONS.

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

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

CHANGE IN DONOR DESIGNATED CONTRIBUTIONS 91,794.

Name of the organization  
UNITED WAY OF GREATER TOPEKA, INC.

Employer identification number  
48-0561978

PART XII, LINE 2C

NO CHANGES FROM PRIOR YEAR.

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

2012

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

Department of the Treasury Internal Revenue Service

For calendar year 2012 or other tax year beginning , and ending

Header section containing: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year; D Employer identification number; E Unrelated business activity codes; F Group exemption number; G Check organization type; H Describe the organization's primary unrelated business activity; I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?; J The books are in care of MIRIAM KREHBIEL Telephone number (785) 228-5115

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1-13 detailing gross receipts, cost of goods sold, capital gain, and other income.

Table with 4 columns: 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). Rows 14-34 detailing compensation, salaries, repairs, interest, taxes, charitable contributions, depreciation, depletion, and other deductions.

Part III Tax Computation

Table with 2 columns: Description and Amount. Rows include 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 2 columns: Description and Amount. Rows include Foreign tax credit (40a-40e), Other taxes (42), Total tax (43), Payments (44a-44g), Estimated tax penalty (46), Tax due (47), Overpayment (48), and Refunded amount (49).

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

Table with 3 columns: Question, Yes, No. Questions 1, 2, and 3 regarding foreign accounts, distributions, and tax-exempt interest.

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

Table with 2 columns: Description and Amount. Rows include Inventory at beginning/end of year (1, 6), Purchases (2), Cost of labor (3), Cost of goods sold (7), and Additional section 263A costs (4a, 4b).

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 (CHERYL G. HAYWARD), Date, Title (PRESIDENT), and a box for IRS discussion instructions.

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), and Phone no. ((785) 234-3427).