

Form **990**

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

OMB No. 1545-0047

2017
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning JUL 1, 2017 and ending JUN 30, 2018

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF GREATER TOPEKA, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1527 SW FAIRLAWN ROAD City or town, state or province, country, and ZIP or foreign postal code TOPEKA, KS 66604 F Name and address of principal officer: JESSICA LEHNHERR SAME AS C ABOVE	D Employer identification number 48-0561978 E Telephone number (785) 273-4804 G Gross receipts \$ 5,450,164. H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.UNITEDWAYTOPEKA.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1958		M State of legal domicile: KS

Part I Summary

1	Briefly describe the organization's mission or most significant activities: VISION:CONNECTED INDIVIDUALS AND FAMILIES MAXIMIZING THEIR FULL POTENTIAL.																									
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																									
3	Number of voting members of the governing body (Part VI, line 1a)	3 23																								
4	Number of independent voting members of the governing body (Part VI, line 1b)	4 23																								
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5 19																								
6	Total number of volunteers (estimate if necessary)	6 1887																								
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.																								
7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.																								
Revenue		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">5,031,434.</td> <td style="text-align: right;">4,982,188.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">140,633.</td> <td style="text-align: right;">116,949.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">-42,599.</td> <td style="text-align: right;">-75,982.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">5,129,468.</td> <td style="text-align: right;">5,023,155.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	5,031,434.	4,982,188.	9 Program service revenue (Part VIII, line 2g)	0.	0.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	140,633.	116,949.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-42,599.	-75,982.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,129,468.	5,023,155.						
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Part II Signature Block

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

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO ACHIEVE POSITIVE SUSTAINABLE CHANGE THROUGH EDUCATION, FINANCIAL STABILITY AND HEALTH FOR EVERYONE 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 \$ 4,371,752. including grants of \$ 3,916,893.) (Revenue \$) UNITED WAY OF GREATER TOPEKA CONNECTS INDIVIDUAL AND WORKPLACE DONORS THROUGHOUT THE COMMUNITY WITH NONPROFITS THAT ARE COMMITTED TO LONG-TERM CHANGE. THIS YEAR THROUGH DONATIONS AND GRANTS, UNITED WAY OF GREATER TOPEKA INVESTED \$4 MILLION TO HELP ENSURE THAT REGARDLESS OF THEIR ZIP CODE:

- 1. CHILDREN ARE READY TO LEARN WHEN THEY START SCHOOL.
2. CHILDREN KEEP UP WITH THEIR PEERS IN GRADE SCHOOL, INCREASING THEIR CHANCES OF GRADUATING HIGH SCHOOL.
3. INDIVIDUALS AND FAMILIES ARE FINANCIALLY STABLE AND ABLE TO SAVE AND PLAN FOR THE FUTURE.

CONTINUED ON SCHEDULE O

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 4,371,752.

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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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 other assistance to or for any foreign organization? <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 other assistance to or for foreign individuals? <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

Part IV Checklist of Required Schedules (continued)

	Yes	No
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?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O check

Main table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. 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 or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 23		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 23		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **JESSICA LEHNHERR - (785) 273-4804**
1527 SW FAIRLAWN ROAD, TOPEKA, KS 66604

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHELLI CROW-JOHNSON BOARD MEMBER	0.00	X					0.	0.	0.	
(2) ALLAN TOWLE TREASURER/FINANCE CHAIR	0.00	X		X			0.	0.	0.	
(3) LUKE DOMME BOARD MEMBER	0.00	X					0.	0.	0.	
(4) MARC FRIED BOARD MEMBER	0.00	X					0.	0.	0.	
(5) WILL LAWRENCE BOARD MEMBER	0.00	X					0.	0.	0.	
(6) MISTY KRUGER COMMUNICATIONS	0.00	X					0.	0.	0.	
(7) HAYLI MORRISON BOARD MEMBER	0.00	X					0.	0.	0.	
(8) JARED RUDY BOARD MEMBER	0.00	X					0.	0.	0.	
(9) CLAIRE LEFFINGWELL BOARD MEMBER	0.00	X					0.	0.	0.	
(10) JOHN GUYOT CIC CHAIR	0.00	X		X			0.	0.	0.	
(11) MATT ALL BOARD MEMBER	0.00	X					0.	0.	0.	
(12) DUSTY DOUGLAS BOARD MEMBER	0.00	X					0.	0.	0.	
(13) FRANK HENDERSON, JR. BOARD MEMBER	0.00	X					0.	0.	0.	
(14) BRYAN BEALL BOARD MEMBER	0.00	X					0.	0.	0.	
(15) BECKY HOLMQUIST CHAIR	0.00	X		X			0.	0.	0.	
(16) LARRY ROBBINS PAST CHAIR	0.00	X		X			0.	0.	0.	
(17) SUSAN DUFFY CHAIR ELECT	0.00	X		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) DEBRA CLAYTON BOARD MEMBER	0.00	X						0.	0.	0.
(19) SARAH SANDERS YOUNG LEADERS SOCIETY	0.00	X						0.	0.	0.
(20) MATT PIVARNIK BOARD MEMBER	0.00	X						0.	0.	0.
(21) TONYA BARTA BOARD MEMBER	0.00	X						0.	0.	0.
(22) LINDSEY BREES AUDIT CHAIR	0.00	X		X				0.	0.	0.
(23) TODD LUTZ BOARD MEMBER	0.00	X						0.	0.	0.
(24) JESSICA LEHNHERR CEO	40.00			X				35,657.	0.	4,404.
(25) CAROL WHEELER INTERIM CEO	40.00			X				20,000.	0.	0.
(26) NICK KRAMER CFO/FINANCE	40.00			X				63,279.	0.	11,771.
1b Sub-total								118,936.	0.	16,175.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								118,936.	0.	16,175.

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	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>	4	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>	5	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**

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	35,287.					
	d Related organizations	1d						
	e Government grants (contributions)	1e	2,456,814.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,490,087.					
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f							4,982,188.
Program Service Revenue	2 a _____	Business Code						
	b _____							
	c _____							
	d _____							
	e _____							
	f All other program service revenue							
	g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			32,577.			32,577.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b Less: cost or other basis and sales expenses						
		c Gain or (loss)						
		d Net gain or (loss)			84,372.	84,372.		
	8 a Gross income from fundraising events (not including \$ 35,287. of contributions reported on line 1c). See Part IV, line 18	a		26,222.				
		b Less: direct expenses	b	102,204.				
		c Net income or (loss) from fundraising events			-75,982.			-75,982.
	9 a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses		b						
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code						
11 a _____								
	b _____							
	c _____							
	d All other revenue							
	e Total. Add lines 11a-11d							
12 Total revenue. See instructions.				5,023,155.	84,372.	0.	-43,405.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,916,893.	3,916,893.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	189,294.	52,696.	109,579.	27,019.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	565,741.	204,931.	223,364.	137,446.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20,122.	7,968.	6,403.	5,751.
9 Other employee benefits	44,936.	18,219.	13,169.	13,548.
10 Payroll taxes	57,169.	21,929.	21,883.	13,357.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	23,450.		23,450.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	4,185.		4,185.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	40,787.	14,136.	24,604.	2,047.
12 Advertising and promotion				
13 Office expenses	34,547.	13,162.	12,522.	8,863.
14 Information technology	30,611.	12,535.	9,807.	8,269.
15 Royalties				
16 Occupancy	105,727.	42,291.	43,348.	20,088.
17 Travel	6,464.	3,442.	344.	2,678.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	29,534.	17,970.	8,484.	3,080.
20 Interest				
21 Payments to affiliates	47,841.	19,136.	19,615.	9,090.
22 Depreciation, depletion, and amortization	2,727.		2,727.	
23 Insurance	9,630.	3,852.	3,948.	1,830.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	46,096.	22,592.	14,787.	8,717.
b WORKPLACE CAMPAIGN EXP.	3,028.	0.	0.	3,028.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,178,782.	4,371,752.	542,219.	264,811.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	186,916.	1	110,662.
	2 Savings and temporary cash investments	355,645.	2	332,513.
	3 Pledges and grants receivable, net	1,480,061.	3	1,368,855.
	4 Accounts receivable, net	18,408.	4	10,764.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	25,453.	9	27,529.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 471,163.		
	b Less: accumulated depreciation	10b 463,553.	10,337.	10c 7,610.
	11 Investments - publicly traded securities	2,301,779.	11	2,128,643.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,378,599.	16	3,986,576.	
Liabilities	17 Accounts payable and accrued expenses	550,799.	17	477,864.
	18 Grants payable		18	
	19 Deferred revenue	110,872.	19	4,481.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	243,972.	25	233,538.
	26 Total liabilities. Add lines 17 through 25	905,643.	26	715,883.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,940,810.	27	2,727,207.
	28 Temporarily restricted net assets	262,418.	28	270,743.
	29 Permanently restricted net assets	269,728.	29	272,743.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	3,472,956.	33	3,270,693.	
34 Total liabilities and net assets/fund balances	4,378,599.	34	3,986,576.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,023,155.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,178,782.
3	Revenue less expenses. Subtract line 2 from line 1	3	-155,627.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,472,956.
5	Net unrealized gains (losses) on investments	5	89,537.
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	-136,173.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,270,693.

Part XII Financial Statements and Reporting

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

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

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations:
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,562,581.	2,024,050.	5,638,667.	5,031,434.	4,982,188.	23,238,920.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5,562,581.	2,024,050.	5,638,667.	5,031,434.	4,982,188.	23,238,920.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						790,349.
6 Public support. Subtract line 5 from line 4.						22,448,571.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	5,562,581.	2,024,050.	5,638,667.	5,031,434.	4,982,188.	23,238,920.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	40,692.	14,304.	31,811.	33,656.	32,577.	153,040.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	30,592.	25,551.	72,115.	16,665.		144,923.
11 Total support. Add lines 7 through 10						23,536,883.
12 Gross receipts from related activities, etc. (see instructions)					12	354,638.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	95.38 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	96.36 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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

SCHEDULE A, PAGE 2, PART 2

COLUMN (A) REPRESENTS CALENDAR YEAR 2014. THE ORGANIZATION CHANGED FROM A CALENDAR YEAR TO FISCAL YEAR ENDING JUNE 30. COLUMN (B) REPRESENTS THE SHORT-YEAR FROM JANUARY 1, 2015 TO JUNE 30, 2015. COLUMN (C) REPRESENTS FISCAL YEAR JULY 1, 2015 TO JUNE 30, 2016, COLUMN (D) FISCAL YEAR JULY 1, 2016 TO JUNE 30, 2017. COLUMN (E) REPRESENTS THE CURRENT YEAR ENDED JUNE 30, 2018.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

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

Name of organization UNITED WAY OF GREATER TOPEKA, INC.	Employer identification number 48-0561978
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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 campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

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-.

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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">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.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j 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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f 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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 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:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		
j Total. Add lines 1c through 1i			0.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d 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
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity 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."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 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	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

DURING THE YEAR ENDED 6/30/2018, THE UNITED WAY OF GREATER TOPEKA INCREASED THEIR ADVOCACY WORK BY SUPPORTING PARTNERS' ADVOCACY WORK THAT ALIGNED WITH OUR MISSION AND FINALIZING STEPS TO SECURE OUR OWN ADVOCACY COMMITTEE THAT IS SET TO BE FULLY FUNCTIONING IN THE YEAR ENDED 6/30/2019. EXAMPLES INCLUDE PUBLICLY SUPPORTING AND WRITING A

Part IV Supplemental Information *(continued)*

LETTER TO COUNTY COMMISSIONERS IN FAVOR OF YWCA OF NORTHEAST KANSAS
EFFORTS TO PROVIDE A SATELLITE VOTING LOCATION IN CENTRAL TOPEKA AND
ALLOWING WEEKEND VOTING. THESE MEASURES PROVIDE INCREASED ACCESS FOR
VOTERS THAT MAY NOT HAVE TRANSPORATION OUTSIDE OF TOPEKA BUS SERVICES;
THEREFORE, IMPROVING VOTER TURNOUT. ADDITIONALLY, THE CHAIR OF OUR
HEALTH IMPACT WORK ALSO SPOKE AT THE CITY COUNCIL ON BEHALF OF UWGT IN
EFFORTS TO REDUCE TOBACCO USE BY HIGH SCHOOL STUDENTS. UWGT ALSO
PROVIDED MEDIA COVERAGE AROUND SCHOOL FINANCE AND ADEQUATE FUNDING OF
K-12 ACROSS OUR STATE.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

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" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring details.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

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

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

Part V Endowment Funds. Complete if the organization answered "Yes" on 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	369,557.	332,817.	359,120.	356,934.	296,882.
b Contributions	3,015.	4,506.	3,428.		45,840.
c Net investment earnings, gains, and losses	35,273.	32,234.	-6,527.	3,982.	14,212.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses			23,204.	1,796.	
g End of year balance	407,845.	369,557.	332,817.	359,120.	356,934.

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 66.87 %
- c Temporarily restricted endowment 33.13 %

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		471,163.	463,553.	7,610.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				7,610.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AGENCIES AND COMMUNITIES	233,538.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	233,538.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	4,969,081.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	89,537.
b	Donated services and use of facilities	2b	47,904.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	102,204.
e	Add lines 2a through 2d	2e	239,645.
3	Subtract line 2e from line 1	3	4,729,436.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4,185.
b	Other (Describe in Part XIII.)	4b	289,534.
c	Add lines 4a and 4b	4c	293,719.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	5,023,155.

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

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

1	Total expenses and losses per audited financial statements	1	5,171,344.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	47,904.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	102,204.
e	Add lines 2a through 2d	2e	150,108.
3	Subtract line 2e from line 1	3	5,021,236.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4,185.
b	Other (Describe in Part XIII.)	4b	153,361.
c	Add lines 4a and 4b	4c	157,546.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	5,178,782.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE ENDOWMENT FUNDS ARE RESTRICTED PER DONOR DIRECTION.

PART X, LINE 2:

MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 102,204.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

Part XIII Supplemental Information (continued)

DONOR DESIGNATED CONTRIBUTIONS	281,807.
MISCELLENOUS	7,727.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	289,534.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	102,204.
----------------------	----------

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED CONTRIBUTION ALLOCATIONS	145,634.
MISCELLENOUS	7,727.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	153,361.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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

Employer identification number
48-0561978

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations e Solicitation of non-government grants
b Internet and email solicitations f Solicitation of government grants
c Phone solicitations g Special fundraising events
d In-person solicitations
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

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

Part II Fundraising Events. Complete if the organization answered "Yes" on 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	DOLLY PARTON LIBRARY	6	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	26,222.	35,287.		61,509.
	2 Less: Contributions		35,287.		35,287.
	3 Gross income (line 1 minus line 2)	26,222.			26,222.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	35,417.	40,100.	26,687.	102,204.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				102,204.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-75,982.

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

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

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

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

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

Part IV Supplemental Information (continued)

Lined area for supplemental information.

**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" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A CHILD'S WORLD DAY CARE 302 MADISON ST OSKALOOSA, KS 66066	48-0937719	501(C)(3)	0.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED FOR GENERAL SUPPORT
AMERICAN RED CROSS, KANSAS CAPITAL AREA CHAPTER - 1221 SW 17TH ST - TOPEKA, KS 66604	48-0547720	501(C)(3)	7,675.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED FOR GENERAL SUPPORT
KANSAS BIG BROTHERS BIG SISTERS, INC. - PO BOX 48109 - WICHITA, KS 67202	23-7056717	501(C)(3)	0.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
THE BOYS AND GIRLS CLUB OF TOPEKA 2150 SW WESTPORT DR, STE 204 TOPEKA, KS 66614	48-0636732	501(C)(3)	2,079.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED FOR GENERAL SUPPORT
BOY SCOUTS OF AMERICA- JAYHAWK AREA COUNCIL - PO BOX 851 - TOPEKA, KS 66601	48-0543748	501(C)(3)	30,373.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED FOR GENERAL SUPPORT
AUBURN-WASHBURN USD 437 5928 SW 53RD TOPEKA, KS 66610	48-0722041	501(C)(3)	28,789.	0.			PROGRAM OPERATING COSTS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶** _____
- 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) (2017)

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)	20,479.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED FOR GENERAL SUPPORT
CATHOLIC CHARITIES OF NORTHEAST KANSAS, INC. - 9720 W 87TH ST - OVERLAND PARK, KS 66212	48-1181305	501(C)(3)	44,090.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED FOR GENERAL SUPPORT
COMMUNITY ACTION, INC 1000 SE HANCOCK STREET TOPEKA, KS 66606	48-0780983	501(C)(3)	358,153.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED FOR GENERAL SUPPORT
DOORSTEP, INC. 1119 SW 10TH ST TOPEKA, KS 66604	48-0734624	501(C)(3)	63,297.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED FOR GENERAL SUPPORT
ERC/RESOURCE & REFERRAL, INC DBA/CHILD CARE AWARE - 1710 SW 10TH, STE 215 - TOPEKA, KS 66604	48-0888057	501(C)(3)	602,630.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED FOR GENERAL SUPPORT
FAMILY SERVICE AND GUIDANCE CENTER OF TOPEKA, INC. - 325 SW FRAZIER AVE - TOPEKA, KS 66606-1963	48-0637039	501(C)(3)	46,205.	0.			PROGRAM OPERATING COSTS
FLORENCE CRITTENTON SERVICES, INC. 2649 SW ARROWHEAD RD TOPEKA, KS 66614	48-0561977	501(C)(3)	11,471.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED FOR GENERAL SUPPORT
COUNTRYSIDE METHODIST CHURCH PRESCHOOL - 3221 BURLINGAME RD - TOPEKA, KS 66611	48-0941169	501(C)(3)	22,980.	0.			PROGRAM OPERATING COSTS
HOUSING AND CREDIT COUNSELING, INC. - 1195 SW BUCHANAN - TOPEKA, KS 66604	48-0822466	501(C)(3)	102,029.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED FOR GENERAL SUPPORT

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)	14,701.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED FOR GENERAL SUPPORT
KANSAS CHILDREN'S SERVICE LEAGUE 1365 N CUSTER WICHITA, KS 67203	48-0543749	501(C)(3)	161,853.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED FOR GENERAL SUPPORT
JACKSON HEIGHTS EDUCATIONAL FUND 12692 266TH RD HOLTON, KS 66436	30-0584777	501(C)(3)	1,694.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED FOR GENERAL SUPPORT
MEALS ON WHEELS OF SHAWNEE AND JEFFERSON COUNTIES, INC. - 1500 SW 10TH AVE - TOPEKA, KS 66604	48-0792685	501(C)(3)	52,317.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED FOR GENERAL SUPPORT
HARVESTERS 4021 SW 10TH ST., PMB 364 TOPEKA, KS 66604	43-1208665	501(C)(3)	46,224.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED FOR GENERAL SUPPORT
TARC, INC. 2701 SW RANDOLPH AVE TOPEKA, KS 66611	48-6086732	501(C)(3)	528,137.	0.			PROGRAM OPERATING COSTS
TDC LEARNING CENTERS, INC. 3500 SW 10TH AVE TOPEKA, KS 66604	48-0687195	501(C)(3)	20,492.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED FOR GENERAL SUPPORT
KANSAS LEGAL SERVICES 712 S KANSAS AVE TOPEKA, KS 66603	48-0872528	501(C)(3)	11,578.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED FOR GENERAL SUPPORT
YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF TOPEKA, KS - 225 SW 12ST ST - TOPEKA, KS 66612	48-0556758	501(C)(3)	162,457.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED FOR GENERAL SUPPORT

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
HEALTH ACCESS, SHAWNEE COUNTY MEDICAL SOCIETY - 623 SW 10TH ST - TOPEKA, KS 66612	48-1242654	501(C)(3)	30,956.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED FOR GENERAL SUPPORT
POSITIVE CONNECTIONS 708 SW 6TH TOPEKA, KS 66606	48-1032982	501(C)(3)	12,868.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF DOUGLAS COUNTY 2518 RIDGE CT LAWRENCE, KS 66046	48-0796320	501(C)(3)	28,198.	0.			DISTRIBUTION TO DESIGNATED ANOTHER UNITED WAY
COMMUNITY RESOURCES COUNCIL 501 SE JEFFERSON ST, STE 30 TOPEKA, KS 66607	48-0543785	501(C)(3)	7,500.	0.			PROGRAM OPERATING COSTS
TOPEKA RESCUE MISSION 600 NORHT KANSAS AVE TOPEKA, KS 66608	48-0688068	501(C)(3)	108,722.	0.			PROGRAM OPERATING COSTS
TOPEKA PUBLIC SCHOOLS USD 501 624 SW 24TH STREET TOPEKA, KS 66611	48-1017759	501(C)(3)	566,054.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED FOR GENERAL SUPPORT
SALVATION ARMY 1320 SE 6TH AVE. TOPEKA, KS 66607	44-0545998	501(C)(3)	0.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED FOR GENERAL SUPPORT
PATTERSON FAMILY CHILD CARE CENTER 2347 SE WISCONSIN AVE. TOPEKA, KS 66605	80-0827007		51,300.	0.			PROGRAM OPERATING COSTS
NET REACH 455 SE GOLF PARK BLVD TOPEKA, KS 66605	48-0688068	501(C)(3)	0.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED FOR GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOPEKA HOUSING AUTHORITY 2010 SE CALIFORNIA AVE. TOPEKA, KS 66607	20-0414076	501(C)(3)	39,299.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED FOR GENERAL SUPPORT
SHAWNEE COUNTY HEALTH AGENCY 1615 SW 8TH TOPEKA, KS 66606	48-6028759	501(C)(3)	376,838.	0.			PROGRAM OPERATING COSTS
JACKSON COUNTY MINISTERIAL ALLIANCE - 227 PENN - HOLTON, KS 66436	30-0584777	501(C)(3)	8,041.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED FOR GENERAL SUPPORT
KTWU 1700 COLLEGE TOPEKA, KS 66621	48-6105561	501(C)(3)	0.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
LET'S HELP, INC. 200 S KANSAS AVE TOPEKA, KS 66603	48-0800447	501(C)(3)	57,624.	0.			PROGRAM OPERATING COSTS; DONOR DESIGNATED FOR GENERAL SUPPORT
MARIAN DENTAL CLINIC 3164 SE 6TH ST TOPEKA, KS 66607	48-1046905	501(C)(3)	12,705.	0.			PROGRAM OPERATING COSTS
VALEO BEHAIORAL HEALTH CARE 501 SW 7TH ST TOPEKA, KS 66606	48-0730326	501(C)(3)	6,475.	0.			PROGRAM OPERATING COSTS
LIFEHOUSE CHILD ADVOCACY 303 S KANSAS AVE TOPEKA, KS 66603	48-1234465	501(C)(3)	12,808.	0.			PROGRAM OPERATING COSTS
NE KANSAS MULTI COUNTY HEALTH DEPARTMENT - 907 S 2ND - HIAWATHA, KS 66434	48-0791138	501(C)(3)	9,750.	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
THE BOYS AND GIRLS CLUB PRAIRIE BAND - 15424 K RD - MAYETTA, KS 66509	90-0036315	501(C)(3)	219,950.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
JACKSON COUNTY CHRISTMAS BUREAU 404 JUNIPER DR. HOLTON, KS 66436	48-0896393	501(C)(3)	5,000.	0.			PROGRAM OPERATING COSTS
KANSAS ASSOCIATION FOR CONSERVATION & ENVIRONMENTAL EDUCATION - 2610 CLAFLIN ROAD - MANHATTAN, KS 66502	48-0850919	501(C)(3)	1,325.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF RILEY COUNTY 323 POYNTZ AVE MANHATTAN, KS 66502	48-0847598	501(C)(3)	2,293.	0.			DISTRIBUTION TO DESIGNATED ANOTHER UNITED WAY
K-STATE RESEARCH & EXTENSION 1740 SW WESTERN AVE TOPEKA, KS 66604	48-1216473	501(C)(3)	3,961.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF GREATER KANSAS CITY 801 W 47TH ST, STE 500 KANSAS CITY, MO 64112	44-0545812	501(C)(3)	1,119.	0.			DISTRIBUTION TO DESIGNATED ANOTHER UNITED WAY
UNITED WAY OF FLINT HILLS 702 COMMERCIAL ST EMPORIA, KS 66801	48-0756002	501(C)(3)	2,762.	0.			DISTRIBUTION TO DESIGNATED ANOTHER UNITED WAY
UNITED WAY OF GREATER CHATTANOOGA 630 MARKET STREET CHATTANOOGA, TN 37402	62-0565962	501(C)(3)	1,103.	0.			DISTRIBUTION TO DESIGNATED ANOTHER UNITED WAY

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance

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

PART I, LINE 2:

THE ORGANIZATION MEETS PERIODICALLY WITH GRANT PARTNERS AND REVIEWS USES OF FUNDS AND SEMI-ANNUAL REPORTS OF OUTCOMES TO FUNDERS.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2017

Open To Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶	\$					

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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
ALLAN TOWLE	BOARD MEMBER	0.	BANKING SER		X
MATT ALL	BOARD MEMBER	0.	HEALTH INSU		X

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

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

(A) NAME OF PERSON: ALLAN TOWLE

(D) DESCRIPTION OF TRANSACTION: BANKING SERVICES: UNITED WAY OF GREATER TOPEKA MAINTAINS ITS PRIMARY CHECKING ACCOUNT AT FIDELITY STATE BANK AND TRUST. MR. TOWLE SERVES AS PRESIDENT AND CHIEF EXECUTIVE OFFICER AT FIDELITY.

(A) NAME OF PERSON: MATT ALL

(D) DESCRIPTION OF TRANSACTION: HEALTH INSURANCE: IN THE ORDINARY COURSE OF BUSINESS, UNITED WAY OF GREATER TOPEKA PROVIDES HEALTH INSURANCE FOR ITS EMPLOYEES THROUGH BLUE CROSS-BLUE SHIELD OF KANSAS. DURING THE YEAR ENDED 6/30/2018, MR. ALL BECAME THE CEO OF BLUE CROSS-BLUE SHIELD OF KANSAS.

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

UNITED WAY OF GREATER TOPEKA, INC.

Employer identification number

48-0561978

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

4.EVERYONE HAS ACCESS TO NUTRITIOUS AND AFFORDABLE FOOD AND
OPPORTUNITIES TO BE ACTIVE AND HEALTHY.

THROUGH IMPACT WORK, PARTNERSHIPS, AND COLLABORATIONS, WE MAKE SURE
MORE VOICES JOIN THE DISCUSSIONS ABOUT THE FUTURE OF OUR COMMUNITY.

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

WE HELP PARTNERS MEET DONORS AND OTHER PARTNERS THEY MIGHT OTHERWISE
NEVER FIND. WE BRING THE POWER AND RESOURCES OF A GLOBAL NETWORK TO
EACH PARTNER. WHEN WE LEARN, WE PASS THAT KNOWLEDGE TO OUR PARTNERS SO
THAT TOGETHER WE CAN FIGHT FOR THE EDUCATION, FINANCIAL STABILITY, AND
HEALTH OF EVERY PERSON IN OUR COMMUNITY.

WE EVALUATE AND SELECT STRATEGIES AND INTERVENTIONS THAT HAVE PROVEN
SUCCESSFUL, AND WE MEASURE OUR OWN IMPACT TO HELP THE NEXT CHILD OR
NEIGHBORHOOD OR COMMUNITY FIND A BETTER PATH. WE DO NOT SIMPLY TAKE IT
ON FAITH THAT WHAT WE DO WILL WORK. WE HAVE TO PROVE IT-TO OUR DONORS,
OUR PARTNERS AND OUR COMMUNITY.

INVESTMENT DECISIONS ARE MADE BY VOLUNTEERS FROM THE COMMUNITY. AS PART
OF A COMPETITIVE GRANT PROCESS, VOLUNTEERS MEET TO REVIEW SUBMITTED
PROPOSALS AIMED AT ACHIEVING THE COMMUNITY IMPACT GOALS AND ADDRESSING
BASIC NEEDS. PROPOSALS SHOWING THE GREATEST ABILITY TO MEET THE GOALS
ARE AWARDED FUNDING.

DONATIONS ARE INVESTED TO SUPPORT COMMUNITY INITIATIVES THAT HELP
CHILDREN SUCCEED IN SCHOOL, FAMILIES BECOME FINANCIALLY STABLE, AND
IMPROVE THE OVERALL HEALTH OF THE COMMUNITY. INVESTMENTS INCLUDE

Name of the organization

UNITED WAY OF GREATER TOPEKA, INC.

Employer identification number

48-0561978

*\$461,000 TO SERVE 386 CHILDREN AND FAMILIES IN EARLY EDUCATION PROGRAMS, INCLUDING HIGH-QUALITY PRESCHOOL, LITERACY TRAINING AND CURRICULUM AND PROGRAMS PROVIDING ACCESS TO BOOKS

*\$382,000 TO SERVE 382 ELEMENTARY STUDENTS AND FAMILIES THROUGH TUTORING AND FAMILY SUPPORT

*\$173,000 TO SERVE 1,700 HIGH SCHOOL STUDENTS AND ADULTS THROUGH FINANCIAL LITERACY TRAINING AND PERSONAL FINANCIAL COACHING AS WELL AS JOB TRAINING AND CAREER EXPLORATION OPPORTUNITIES

*\$5,000 INTO THE VITA PROGRAM TO HELP PEOPLE GET THEIR TAX RETURNS PREPARED FOR FREE. THIS PROGRAM BRINGS \$10 MILLION BACK INTO THE COMMUNITY IN THE FORM OF SAVED PREPARATION FEES, TAX REFUNDS AND EARNED INCOME CREDITS.

*\$25,000 THROUGH THE CHRISTMAS BUREAU ADOPTIONS OF MORE THAN 1,800 FAMILIES.

*\$373,000 INTO BASIC NEEDS. SUPPORTING BASIC NEEDS REMAINS FOUNDATIONAL TO UNITED WAY'S WORK. THIS SUPPORT FOCUSES ON RENT AND UTILITIES, FOOD, HEALTH ASSISTANCE/PRESCRIPTIONS AND SAFETY FROM DOMESTIC VIOLENCE. WITHOUT HAVING THEIR BASIC NEEDS MET, CHILDREN MAY HAVE DIFFICULTY LEARNING IN SCHOOL, FAMILIES MAY STRUGGLE TO BE FINANCIALLY STABLE AND INDIVIDUALS AND FAMILIES MAY STRUGGLE TO MAINTAIN GOOD HEALTH.

*\$35,000 TO PROVIDE BOOKS TO MORE THAN 4,200 CHILDREN THROUGH DOLLY PARTON'S IMAGINATION LIBRARY.

UNITED WAY ALSO COORDINATES THOUSANDS OF VOLUNTEER HOURS EACH YEAR THROUGH ONGOING BOARD AND COMMITTEE OPPORTUNITIES, CORPORATE VOLUNTEER ENGAGEMENT AND SPECIAL VOLUNTEER EVENTS LIKE:

*NANCY PERRY DAY OF CARING, WHICH PROVIDED 1,076 VOLUNTEERS FOR COMMUNITY NON-PROFIT PROJECTS.

*THE JUNIOR LEADER READER PROGRAM, WHERE 35 VOLUNTEERS READ TO 1,500

Name of the organization UNITED WAY OF GREATER TOPEKA, INC.	Employer identification number 48-0561978
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PRE-SCHOOL AND KINDERGARTEN STUDENTS AND DISTRIBUTED 4,500 DONATED BOOKS IN FY18.

WE TAKE PRIDE IN KEEPING ALL OF OUR INTERNAL COSTS AS LOW AS POSSIBLE, SO THAT DONOR DOLLARS ARE USED EFFICIENTLY AND EFFECTIVELY TO ACHIEVE OUR MISSION. THAT BEING SAID, WITHOUT THOUGHTFUL EXPENDITURES ON SUPPORT SERVICES, WE COULDN'T RAISE MONEY OR OTHERWISE HELP OUR STAFF DO THEIR JOBS. THESE EXPENSES INCLUDE THE COSTS OF FUNDRAISING, RENT, COMMUNICATION, ACCOUNTING, AND MANAGEMENT. BY FOCUSING ON OPERATING EFFICIENCY AND ENLISTING THE HELP OF MANY COMMUNITY VOLUNTEERS, WE ARE SPENDING LESS ON ADMINISTRATIVE EXPENSES THAN WE DID THREE YEARS AGO.

UNITED WAY OF GREATER TOPEKA STRIVES TO ADD VALUE TO THE NONPROFIT COMMUNITY BY FACILITATING AND ENCOURAGING COLLABORATION, BY SHARING RESOURCES AND CAPACITY, BY FOCUSING MANY PARTNERS ON PROBLEMS THAT WOULD OVERWHELM ANY SINGLE AGENCY. UNITED WAY OF GREATER TOPEKA HAS TAKEN ON THE HARD WORK OF MEASURING IMPACT AND WE ARE USING THAT INFORMATION TO HELP MOVE THE COMMUNITY FORWARD. WE ARE NOW SEEING MORE TOPEKA-AREA GROUPS ADOPTING THIS APPROACH AND EVEN ADOPTING THE IMPACT AREAS THAT HAVE BEEN OUR FOCUS FOR NEARLY 10 YEARS, INCLUDING THE CITY-WIDE MOMENTUM 2022 INITIATIVE.

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

A DRAFT OF THE FORM 990 IS PROVIDED TO THE AUDIT COMMITTEE TO REVIEW FOR COMMENTS AND ANY CHANGES. THE CHANGES ARE COMMUNICATED TO THE PAID PREPARER. AFTER ANY CHANGES ARE MADE, THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW AT A REGULARLY SCHEDULED BOARD MEETING. UPON

Name of the organization UNITED WAY OF GREATER TOPEKA, INC.	Employer identification number 48-0561978
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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 ORGANIZATON MAKES THEIR FORM 1023 AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST DURING REGULAR BUSINESS HOURS. FORM 990 IS AVAILABLE UPON REQUEST AND ON THE UWGT WEBSITE.

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

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

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

DONOR DESIGNATED CONTRIBUTIONS	-281,807.
DONOR DESIGNATED CONTRIBUTIONS ALLOCATIONS	145,634.

Name of the organization UNITED WAY OF GREATER TOPEKA, INC.	Employer identification number 48-0561978
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TOTAL TO FORM 990, PART XI, LINE 9 -136,173.

FORM 990, PART XII, LINE 2C

NO CHANGE FROM PRIOR YEAR.

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

For calendar year 2017 or other tax year beginning JUL 1, 2017, and ending JUN 30, 2018

2017

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

Section A: Check box if address changed. Section B: Exempt under section 501(c)(3). Section D: Employer identification number 48-0561978. Section E: Unrelated business activity codes.

Section C: Book value of all assets at end of year 3,986,576. Section F: Group exemption number. Section G: Check organization type 501(c) corporation.

Section H: Describe the organization's primary unrelated business activity. NONE

Section I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No

Section J: The books are in care of JESSICA LEHNHERR. Telephone number (785) 273-4804

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Cost of goods sold, Capital gain net income, etc. Total income is 0.

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

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, directors, and trustees, Salaries and wages, Repairs and maintenance, etc. Total deductions is 1,000.

Part III Tax Computation			
35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ c Income tax on the amount on line 34	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50px;">35c</td> <td style="text-align: right;">0.</td> </tr> </table>	35c	0.
35c	0.		
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50px;">36</td> <td></td> </tr> </table>	36	
36			
37 Proxy tax. See instructions	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50px;">37</td> <td></td> </tr> </table>	37	
37			
38 Alternative minimum tax	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50px;">38</td> <td></td> </tr> </table>	38	
38			
39 Tax on Non-Compliant Facility Income. See instructions	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50px;">39</td> <td></td> </tr> </table>	39	
39			
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50px;">40</td> <td style="text-align: right;">0.</td> </tr> </table>	40	0.
40	0.		

Part IV Tax and Payments															
41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 50px;">41a</td><td></td></tr> <tr><td>41b</td><td></td></tr> <tr><td>41c</td><td></td></tr> <tr><td>41d</td><td></td></tr> </table>	41a		41b		41c		41d							
41a															
41b															
41c															
41d															
b Other credits (see instructions)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 50px;">41b</td><td></td></tr> </table>	41b													
41b															
c General business credit. Attach Form 3800	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 50px;">41c</td><td></td></tr> </table>	41c													
41c															
d Credit for prior year minimum tax (attach Form 8801 or 8827)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 50px;">41d</td><td></td></tr> </table>	41d													
41d															
e Total credits. Add lines 41a through 41d	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50px;">41e</td> <td></td> </tr> </table>	41e													
41e															
42 Subtract line 41e from line 40	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50px;">42</td> <td style="text-align: right;">0.</td> </tr> </table>	42	0.												
42	0.														
43 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50px;">43</td> <td></td> </tr> </table>	43													
43															
44 Total tax. Add lines 42 and 43	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50px;">44</td> <td style="text-align: right;">0.</td> </tr> </table>	44	0.												
44	0.														
45a Payments: A 2016 overpayment credited to 2017	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 50px;">45a</td><td></td></tr> <tr><td>45b</td><td></td></tr> <tr><td>45c</td><td></td></tr> <tr><td>45d</td><td></td></tr> <tr><td>45e</td><td></td></tr> <tr><td>45f</td><td></td></tr> <tr><td>45g</td><td></td></tr> </table>	45a		45b		45c		45d		45e		45f		45g	
45a															
45b															
45c															
45d															
45e															
45f															
45g															
b 2017 estimated tax payments	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 50px;">45b</td><td></td></tr> </table>	45b													
45b															
c Tax deposited with Form 8868	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 50px;">45c</td><td></td></tr> </table>	45c													
45c															
d Foreign organizations: Tax paid or withheld at source (see instructions)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 50px;">45d</td><td></td></tr> </table>	45d													
45d															
e Backup withholding (see instructions)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 50px;">45e</td><td></td></tr> </table>	45e													
45e															
f Credit for small employer health insurance premiums (Attach Form 8941)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 50px;">45f</td><td></td></tr> </table>	45f													
45f															
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 50px;">45g</td><td></td></tr> </table>	45g													
45g															
46 Total payments. Add lines 45a through 45g	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50px;">46</td> <td></td> </tr> </table>	46													
46															
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50px;">47</td> <td></td> </tr> </table>	47													
47															
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50px;">48</td> <td style="text-align: right;">0.</td> </tr> </table>	48	0.												
48	0.														
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50px;">49</td> <td style="text-align: right;">0.</td> </tr> </table>	49	0.												
49	0.														
50 Enter the amount of line 49 you want: Credited to 2018 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50px;">50</td> <td></td> </tr> </table>	50													
50															

Part V Statements Regarding Certain Activities and Other Information (see instructions)						
51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 50px;">Yes</td><td style="width: 50px;">No</td></tr> </table>	Yes	No	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 50px;">X</td><td style="width: 50px;"></td></tr> </table>	X	
Yes	No					
X						
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 50px;">Yes</td><td style="width: 50px;">No</td></tr> </table>	Yes	No	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 50px;">X</td><td style="width: 50px;"></td></tr> </table>	X	
Yes	No					
X						
53 Enter the amount of tax-exempt interest received or accrued during the tax year \$						

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	
	Signature of officer _____ Date _____	Title PRESIDENT & CEO
	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Paid Preparer Use Only	Print/Type preparer's name CHERYL G. HAYWARD	Preparer's signature _____ Date _____
	Check <input type="checkbox"/> if self-employed	PTIN P00016097
	Firm's name BERBERICH TRAHAN & CO., P.A. 3630 SW BURLINGAME ROAD	Firm's EIN 48-1066439
	Firm's address TOPEKA, KS 66611-2050	Phone no. (785) 234-3427