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**Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2011****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

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

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

**A For the 2011 calendar year, or tax year beginning , 2011, and ending , 20**

|                                                                                                                                                                                                                                                                                                          |                                                                                                            |                          |                                                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input checked="" type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization <b>CFLEADS (F/K/A NATIONAL COALITION OF COMMUNITY FOUNDATIONS FOR YOUTH)</b> |                          | <b>D</b> Employer identification number<br><b>43-1645180</b>                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                          | Doing Business As <b>CFLEADS</b>                                                                           |                          |                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                          | Number and street (or P O box if mail is not delivered to street address)<br><b>1055 BROADWAY</b>          | Room/suite<br><b>130</b> | <b>E</b> Telephone number<br><b>(816) 842-0944</b>                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                          | City or town, state or country, and ZIP + 4<br><b>KANSAS CITY, MO 64105</b>                                |                          | <b>G</b> Gross receipts \$ <b>649,903.</b>                                                                                                                                                                                                                               |
| <b>F</b> Name and address of principal officer                                                                                                                                                                                                                                                           |                                                                                                            |                          | <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list (see instructions) |
| <b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527                                                                                                           |                                                                                                            |                          |                                                                                                                                                                                                                                                                          |
| <b>J</b> Website: ▶ <b>WWW.CFLEADS.ORG</b>                                                                                                                                                                                                                                                               |                                                                                                            |                          |                                                                                                                                                                                                                                                                          |
| <b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶                                                                                                                       |                                                                                                            |                          | <b>L</b> Year of formation <b>1993</b> <b>M</b> State of legal domicile <b>MO</b>                                                                                                                                                                                        |

**Part I Summary**

|                                                                                                                                                                                                                |                                  |                     |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------|--|
| <b>1</b> Briefly describe the organization's mission or most significant activities:<br><b>CFLEADS HELPS COMMUNITY FOUNDATIONS ADVANCE THE PRACTICE OF COMMUNITY LEADERSHIP TO BUILD THRIVING COMMUNITIES.</b> |                                  |                     |  |
| <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                                                               |                                  |                     |  |
| <b>3</b> Number of voting members of the governing body (Part VI, line 1a)                                                                                                                                     | <b>3</b>                         | <b>13.</b>          |  |
| <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)                                                                                                                         | <b>4</b>                         | <b>13.</b>          |  |
| <b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)                                                                                                                          | <b>5</b>                         | <b>5.</b>           |  |
| <b>6</b> Total number of volunteers (estimate if necessary)                                                                                                                                                    | <b>6</b>                         | <b>0</b>            |  |
| <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12                                                                                                                                 | <b>7a</b>                        | <b>0</b>            |  |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34                                                                                                                                        | <b>7b</b>                        | <b>0</b>            |  |
| <b>8</b> Contributions and grants (Part VIII, line 1h)                                                                                                                                                         | <b>Prior Year</b>                | <b>Current Year</b> |  |
| <b>9</b> Program service revenue (Part VIII, line 2g)                                                                                                                                                          | <b>401,200.</b>                  | <b>584,151.</b>     |  |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                                                                                        | <b>0</b>                         | <b>64,900.</b>      |  |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                                             | <b>779.</b>                      | <b>363.</b>         |  |
| <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                                                                   | <b>700.</b>                      | <b>489.</b>         |  |
| <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)                                                                                                                                     | <b>402,679.</b>                  | <b>649,903.</b>     |  |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                                                                                                                                        | <b>0</b>                         | <b>0</b>            |  |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                                                                                                                    | <b>0</b>                         | <b>0</b>            |  |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                                                                                                                                       | <b>310,852.</b>                  | <b>309,536.</b>     |  |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>18,621.</b>                                                                                                                            | <b>0</b>                         | <b>0</b>            |  |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                                                                                                                                         | <b>265,580.</b>                  | <b>189,315.</b>     |  |
| <b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)                                                                                                                             | <b>576,432.</b>                  | <b>498,851.</b>     |  |
| <b>19</b> Revenue less expenses Subtract line 18 from line 12                                                                                                                                                  | <b>-173,753.</b>                 | <b>151,052.</b>     |  |
| <b>20</b> Total assets (Part X, line 16)                                                                                                                                                                       | <b>Beginning of Current Year</b> | <b>End of Year</b>  |  |
| <b>21</b> Total liabilities (Part X, line 26)                                                                                                                                                                  | <b>423,423.</b>                  | <b>574,249.</b>     |  |
| <b>22</b> Net assets or fund balances. Subtract line 21 from line 20.                                                                                                                                          | <b>16,912.</b>                   | <b>16,686.</b>      |  |
|                                                                                                                                                                                                                | <b>406,511.</b>                  | <b>557,563.</b>     |  |

**Part II Signature Block**

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

|                               |                                                                           |                                               |                         |                                                 |                          |
|-------------------------------|---------------------------------------------------------------------------|-----------------------------------------------|-------------------------|-------------------------------------------------|--------------------------|
| <b>Sign Here</b>              | Signature of officer<br><i>Deborah A. Ellwood</i>                         |                                               | Date<br><b>11/13/12</b> |                                                 |                          |
|                               | Type or print name and title<br><b>DEBORAH A. ELLWOOD, EXEC. DIRECTOR</b> |                                               |                         |                                                 |                          |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>Erin S. Morgan</b>                       | Preparer's signature<br><i>Erin S. Morgan</i> | Date<br><b>11/12/12</b> | Check <input type="checkbox"/> if self-employed | PTIN<br><b>P00710515</b> |
|                               | Firm's name ▶ <b>JW &amp; ASSOCIATES, LLC</b>                             |                                               |                         | Firm's EIN ▶ <b>57-1224592</b>                  |                          |
|                               | Firm's address ▶ <b>6400 GLENWOOD, SUITE 100 OVERLAND PARK, KS 66202</b>  |                                               |                         | Phone no <b>913-499-4920</b>                    |                          |

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2011)

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☒ **X****1** Briefly describe the organization's mission

CFLEADS HELPS COMMUNITY FOUNDATIONS ADVANCE THE PRACTICE OF COMMUNITY LEADERSHIP TO BUILD THRIVING COMMUNITIES.

**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 ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code ) (Expenses \$ 99,581. including grants of \$ ) (Revenue \$ 30,000. )

CHRONIC ABSENCE NETWORK: CHRONIC ABSENCE COMMUNITY LEADERSHIP NETWORK, WHICH MOBILIZED THE TALENT AND RESOURCES OF COMMUNITY FOUNDATIONS AND THEIR COMMUNITY PARTNERS TO PROMOTE READING PROFICIENCY IN THE EARLY GRADES BY REDUCING CHRONIC ABSENCE AND CREATING A LOCAL CULTURE OF REGULAR SCHOOL ATTENDANCE.

**4b** (Code ) (Expenses \$ 88,348. including grants of \$ ) (Revenue \$ 33,900. )

STRENGTHEN INDIVIDUAL LEADERS: EXECUTIVE LEADERSHIP INSTITUTE, A ONE-YEAR INTENSIVE LEARNING OPPORTUNITY TAILORED SPECIFICALLY FOR COMMUNITY FOUNDATION CEOS WHO ARE EAGER TO MORE EFFECTIVELY ADDRESS DIFFICULT CHALLENGES IN THEIR COMMUNITIES.

**4c** (Code ) (Expenses \$ 50,615. including grants of \$ ) (Revenue \$ 1,000. )

CITIZEN ENGAGEMENT: CULTIVATING COMMUNITY ENGAGEMENT PANEL, COMPRISED OF 34 PHILANTHROPIC PROFESSIONALS AND CIVIC ENGAGEMENT PRACTITIONERS, TO HELP COMMUNITY FOUNDATIONS LEARN HOW THEY WORK WITH DIVERSE GROUPS OF PEOPLE AND INSTITUTIONS TO IDENTIFY AND RESOLVE PROBLEMS AND BUILD VIBRANT AND RESILIENT PLACES TO LIVE.

**4d** Other program services (Describe in Schedule O.) ATTACHMENT 1

(Expenses \$ 174,891. including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ► 413,435.

**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)? If "Yes," complete Schedule A . . . . .                                                                                                                                                                         | X   |    |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .                                                                                                                                                                                                         | X   |    |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .                                                                                                                      |     | X  |
| 4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .                                                                                                       | 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? If "Yes," complete Schedule C, Part III . . . . .                                                                               |     | 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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II . . . . .                                                                                            |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .                                                                                                                                                         |     | X  |
| 9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .                                                       |     | X  |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .                                                                                                     |     | 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? If "Yes," complete Schedule D, Part VI . . . . .                                                                                                                                                                       |     | 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? If "Yes," complete Schedule D, Part VII . . . . .                                                                                                     |     | 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? If "Yes," complete Schedule D, Part VIII . . . . .                                                                                                     |     | 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? If "Yes," complete Schedule D, Part IX . . . . .                                                                                                                      |     | X  |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .                                                                                                                                                                                     |     | 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)? If "Yes," complete Schedule D, Part X . . . . .                                                            |     | X  |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .                                                                                                                                                 |     | X  |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional . . . . .                                                                    | X   |    |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .                                                                                                                                                                                                        |     | 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? If "Yes," complete Schedule F, Parts I and IV . . . . . |     | X  |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV . . . . .                                                                                    |     | X  |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV . . . . .                                                                                        |     | 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? If "Yes," complete Schedule G, Part I (see instructions) . . . . .                                                                                            |     | 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? If "Yes," complete Schedule G, Part II . . . . .                                                                                                                           |     | X  |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .                                                                                                                                                     |     | X  |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .                                                                                                                                                                                                             |     | X  |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .                                                                                                                                                                                              |     |    |

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

|                                                                                                                                                                                                                                                                                                                                | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .                                                                                         | 21  | X  |
| 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .                                                                                                           | 22  | 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> . . . . .                                                      | 23  | X  |
| 24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i> . . . . .                           | 24a | X  |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .                                                                                                                                                                                                                  | 24b |    |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                                                         | 24c |    |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .                                                                                                                                                                                                            | 24d |    |
| 25 a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .                                                                                                    | 25a | 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> . . . . .                                        | 25b | X  |
| 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .                                                                    | 26  | 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> . . . . . | 27  | 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> . . . . .                                                                                                                                                                                                    | 28a | X  |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .                                                                                                                                                                                 | 28b | X  |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .                                                                                     | 28c | X  |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .                                                                                                                                                                                                  | 29  | X  |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .                                                                                                                                  | 30  | X  |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .                                                                                                                                                                                        | 31  | X  |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .                                                                                                                                                                      | 32  | X  |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .                                                                                                                      | 33  | X  |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i> . . . . .                                                                                                                                                                         | 34  | X  |
| 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .                                                                                                                                                                                                                         | 35a | X  |
| b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .                                                                                                                | 35b | X  |
| 36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .                                                                                                                           | 36  | X  |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .                                                                             | 37  | X  |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .                                                                                                                                | 38  | X  |

Form 990 (2011)

**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V. ☐

|     |                                                                                                                                                                                                                                                                                                             | Yes | No |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1a  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <input type="text" value="7"/>                                                                                                                                                                                                |     |    |
| b   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <input type="text" value="0"/>                                                                                                                                                                                             |     |    |
| c   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? <input type="text" value="1c"/>                                                                                                                    |     |    |
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <input type="text" value="5"/>                                                                                               |     |    |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). <input type="text" value="2b"/>                                         | X   |    |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year? <input type="text" value="3a"/>                                                                                                                                                                               |     | X  |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. <input type="text" value="3b"/>                                                                                                                                                                           |     |    |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? <input type="text" value="4a"/>                                  |     | X  |
| b   | If "Yes," enter the name of the foreign country: <input type="text"/><br>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. <input type="text" value="4b"/>                                                                                     |     |    |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? <input type="text" value="5a"/>                                                                                                                                                                       |     | X  |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? <input type="text" value="5b"/>                                                                                                                                                            |     | X  |
| c   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? <input type="text" value="5c"/>                                                                                                                                                                                                           |     |    |
| 6a  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? <input type="text" value="6a"/>                                                                                                 |     | X  |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <input type="text" value="6b"/>                                                                                                                               |     |    |
| 7   | <b>Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                                                                        |     |    |
| a   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? <input type="text" value="7a"/>                                                                                                                             |     | X  |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided? <input type="text" value="7b"/>                                                                                                                                                                             |     |    |
| c   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? <input type="text" value="7c"/>                                                                                                                                        |     | X  |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year. <input type="text" value="7d"/>                                                                                                                                                                                                          |     |    |
| e   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="text" value="7e"/>                                                                                                                                                             |     | X  |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="text" value="7f"/>                                                                                                                                                                |     | X  |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? <input type="text" value="7g"/>                                                                                                                                            |     | X  |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <input type="text" value="7h"/>                                                                                                                                          |     | X  |
| 8   | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? <input type="text" value="8"/> |     | X  |
| 9   | <b>Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                                                                            |     |    |
| a   | Did the organization make any taxable distributions under section 4966? <input type="text" value="9a"/>                                                                                                                                                                                                     |     |    |
| b   | Did the organization make a distribution to a donor, donor advisor, or related person? <input type="text" value="9b"/>                                                                                                                                                                                      |     |    |
| 10  | <b>Section 501(c)(7) organizations.</b> Enter:                                                                                                                                                                                                                                                              |     |    |
| a   | Initiation fees and capital contributions included on Part VIII, line 12. <input type="text" value="10a"/>                                                                                                                                                                                                  |     |    |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <input type="text" value="10b"/>                                                                                                                                                                               |     |    |
| 11  | <b>Section 501(c)(12) organizations.</b> Enter:                                                                                                                                                                                                                                                             |     |    |
| a   | Gross income from members or shareholders. <input type="text" value="11a"/>                                                                                                                                                                                                                                 |     |    |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). <input type="text" value="11b"/>                                                                                                                                               |     |    |
| 12a | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <input type="text" value="12a"/>                                                                                                                                                          |     |    |
| b   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. <input type="text" value="12b"/>                                                                                                                                                                                     |     |    |
| 13  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                                                                                     |     |    |
| a   | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O. <input type="text" value="13a"/>                                                                           |     |    |
| b   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. <input type="text" value="13b"/>                                                                                                                 |     |    |
| c   | Enter the amount of reserves on hand. <input type="text" value="13c"/>                                                                                                                                                                                                                                      |     |    |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? <input type="text" value="14a"/>                                                                                                                                                                                 |     | X  |
| b   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. <input type="text" value="14b"/>                                                                                                                                                                 |     |    |

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

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

**Section A. Governing Body and Management**

|                                                                                                                                                                                                                                                                                                                  | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | 13  |    |
| <b>b</b> Enter the number of voting members included in line 1a, above, who are independent.                                                                                                                                                                                                                     | 13  |    |
| <b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?                                                                                                                                   |     | X  |
| <b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?                                                                                    |     | X  |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                                                                                                        | X   |    |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                                                                                                              |     | X  |
| <b>6</b> Did the organization have members or stockholders?                                                                                                                                                                                                                                                      |     | X  |
| <b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?                                                                                                                                                     |     | X  |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?                                                                                                                                               |     | X  |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                                                                                                       |     |    |
| <b>a</b> The governing body?                                                                                                                                                                                                                                                                                     | X   |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body?                                                                                                                                                                                                                                   | X   |    |
| <b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.                                                                                           |     | X  |

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed: MO.

**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

**19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: GREATER KC COMMUNITY FDN 1055 BROADWAY, SUITE 130 KANSAS CITY, MO 64105 816-842-0944

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

| (A)<br>Name and Title                            | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) IVYE ALLEN<br>DIRECTOR                       | 1.00                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (2) BRIAN BYRNES<br>DIRECTOR                     | 1.00                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (3) CLOTILDE PEREZ-BODE DEDECKER<br>CHAIR        | 1.00                                                                                   | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (4) MICHAEL M. HOWE<br>DIRECTOR                  | 1.00                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (5) RON ANCRUM<br>DIRECTOR                       | 1.00                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (6) STEVEN R. JOUL<br>DIRECTOR                   | 1.00                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (7) COLIN LACON<br>DIRECTOR                      | 1.00                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (8) PETER PENNEKAMP<br>DIRECTOR                  | 1.00                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (9) H. WALKER SANDERS<br>VICE CHAIR              | 1.00                                                                                   | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (10) SUSAN SPRINGGATE<br>SECRETARY/TREASURER     | 1.00                                                                                   | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (11) MEREDITH JONES<br>DIRECTOR                  | 1.00                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (12) THOMAS E. WILCOX<br>DIRECTOR - FORMER CHAIR | 1.00                                                                                   | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (13) JEFFREY G. YOST<br>DIRECTOR                 | 1.00                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (14) DEBORAH ELLWOOD<br>EXECUTIVE DIRECTOR       | 40.00                                                                                  |                                                                                                           |                       | X       |              |                              |        | 130,869.                                                             | 0                                                                         | 0                                                                                             |



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

[illegible]

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

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .

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

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .

|   | Yes | No |
|---|-----|----|
| 3 |     | X  |
| 4 |     | X  |
| 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)<br>Name and business address                                                                                                                                       | (B)<br>Description of services | (C)<br>Compensation |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------|
|                                                                                                                                                                        |                                |                     |
|                                                                                                                                                                        |                                |                     |
|                                                                                                                                                                        |                                |                     |
|                                                                                                                                                                        |                                |                     |
|                                                                                                                                                                        |                                |                     |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0 |                                |                     |

**Part VIII** Statement of Revenue

|                                                                   |                                                                      |                                                                                                                                               | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512, 513, or 514 |
|-------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b> | 1a                                                                   | Federated campaigns . . . . .                                                                                                                 | 1a                   |                                                    |                                         |                                                                           |
|                                                                   | b                                                                    | Membership dues . . . . .                                                                                                                     | 1b                   |                                                    |                                         |                                                                           |
|                                                                   | c                                                                    | Fundraising events . . . . .                                                                                                                  | 1c                   |                                                    |                                         |                                                                           |
|                                                                   | d                                                                    | Related organizations . . . . .                                                                                                               | 1d                   |                                                    |                                         |                                                                           |
|                                                                   | e                                                                    | Government grants (contributions) . . . . .                                                                                                   | 1e                   |                                                    |                                         |                                                                           |
|                                                                   | f                                                                    | All other contributions, gifts, grants,<br>and similar amounts not included above . . . . .                                                   | 1f                   | 584,151.                                           |                                         |                                                                           |
|                                                                   | g                                                                    | Noncash contributions included in lines 1a-1f \$ . . . . .                                                                                    |                      | 400.                                               |                                         |                                                                           |
|                                                                   | h                                                                    | <b>Total.</b> Add lines 1a-1f . . . . .                                                                                                       |                      | 584,151.                                           |                                         |                                                                           |
| <b>Program Service Revenue</b>                                    | Business Code                                                        |                                                                                                                                               |                      |                                                    |                                         |                                                                           |
|                                                                   | 2a                                                                   | PROGRAM FEES . . . . .                                                                                                                        |                      | 64,900.                                            | 64,900.                                 |                                                                           |
|                                                                   | b                                                                    |                                                                                                                                               |                      |                                                    |                                         |                                                                           |
|                                                                   | c                                                                    |                                                                                                                                               |                      |                                                    |                                         |                                                                           |
|                                                                   | d                                                                    |                                                                                                                                               |                      |                                                    |                                         |                                                                           |
|                                                                   | e                                                                    |                                                                                                                                               |                      |                                                    |                                         |                                                                           |
|                                                                   | f                                                                    | All other program service revenue . . . . .                                                                                                   |                      |                                                    |                                         |                                                                           |
|                                                                   | g                                                                    | <b>Total.</b> Add lines 2a-2f . . . . .                                                                                                       |                      | 64,900.                                            |                                         |                                                                           |
| <b>Other Revenue</b>                                              | 3                                                                    | Investment income (including dividends, interest, and<br>other similar amounts) . . . . . ATTACHMENT 2                                        |                      | 363.                                               |                                         | 363.                                                                      |
|                                                                   | 4                                                                    | Income from investment of tax-exempt bond proceeds . . . . .                                                                                  |                      | 0                                                  |                                         |                                                                           |
|                                                                   | 5                                                                    | Royalties . . . . .                                                                                                                           |                      | 0                                                  |                                         |                                                                           |
|                                                                   |                                                                      | (i) Real                                                                                                                                      | (ii) Personal        |                                                    |                                         |                                                                           |
|                                                                   | 6a                                                                   | Gross rents . . . . .                                                                                                                         |                      |                                                    |                                         |                                                                           |
|                                                                   | b                                                                    | Less rental expenses . . . . .                                                                                                                |                      |                                                    |                                         |                                                                           |
|                                                                   | c                                                                    | Rental income or (loss) . . . . .                                                                                                             |                      |                                                    |                                         |                                                                           |
|                                                                   | d                                                                    | Net rental income or (loss) . . . . .                                                                                                         |                      | 0                                                  |                                         |                                                                           |
|                                                                   |                                                                      | (i) Securities                                                                                                                                | (ii) Other           |                                                    |                                         |                                                                           |
|                                                                   | 7a                                                                   | Gross amount from sales of<br>assets other than inventory . . . . .                                                                           |                      |                                                    |                                         |                                                                           |
|                                                                   | b                                                                    | Less cost or other basis<br>and sales expenses . . . . .                                                                                      |                      |                                                    |                                         |                                                                           |
|                                                                   | c                                                                    | Gain or (loss) . . . . .                                                                                                                      |                      |                                                    |                                         |                                                                           |
|                                                                   | d                                                                    | Net gain or (loss) . . . . .                                                                                                                  |                      | 0                                                  |                                         |                                                                           |
|                                                                   | 8a                                                                   | Gross income from fundraising<br>events (not including \$ _____<br>of contributions reported on line 1c).<br>See Part IV, line 18 . . . . . a |                      |                                                    |                                         |                                                                           |
|                                                                   | b                                                                    | Less direct expenses . . . . . b                                                                                                              |                      |                                                    |                                         |                                                                           |
|                                                                   | c                                                                    | Net income or (loss) from fundraising events . . . . .                                                                                        |                      | 0                                                  |                                         |                                                                           |
|                                                                   | 9a                                                                   | Gross income from gaming activities<br>See Part IV, line 19 . . . . . a                                                                       |                      |                                                    |                                         |                                                                           |
|                                                                   | b                                                                    | Less direct expenses . . . . . b                                                                                                              |                      |                                                    |                                         |                                                                           |
| c                                                                 | Net income or (loss) from gaming activities . . . . .                |                                                                                                                                               | 0                    |                                                    |                                         |                                                                           |
| 10a                                                               | Gross sales of inventory, less<br>returns and allowances . . . . . a |                                                                                                                                               |                      |                                                    |                                         |                                                                           |
| b                                                                 | Less cost of goods sold . . . . . b                                  |                                                                                                                                               |                      |                                                    |                                         |                                                                           |
| c                                                                 | Net income or (loss) from sales of inventory . . . . .               |                                                                                                                                               | 0                    |                                                    |                                         |                                                                           |
| Miscellaneous Revenue                                             |                                                                      | Business Code                                                                                                                                 |                      |                                                    |                                         |                                                                           |
| 11a                                                               | OTHER INCOME . . . . .                                               |                                                                                                                                               | 489.                 |                                                    | 489.                                    |                                                                           |
| b                                                                 |                                                                      |                                                                                                                                               |                      |                                                    |                                         |                                                                           |
| c                                                                 |                                                                      |                                                                                                                                               |                      |                                                    |                                         |                                                                           |
| d                                                                 | All other revenue . . . . .                                          |                                                                                                                                               |                      |                                                    |                                         |                                                                           |
| e                                                                 | <b>Total.</b> Add lines 11a-11d . . . . .                            |                                                                                                                                               | 489.                 |                                                    |                                         |                                                                           |
| 12                                                                | <b>Total revenue.</b> See instructions . . . . .                     |                                                                                                                                               | 649,903.             | 64,900.                                            | 852.                                    |                                                                           |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.                                                                                                                                                             | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.                                                                                                                                 | 0                     |                                 |                                        |                             |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22.                                                                                                                                                   | 0                     |                                 |                                        |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.                                                                                                      | 0                     |                                 |                                        |                             |
| 4 Benefits paid to or for members.                                                                                                                                                                                                         | 0                     |                                 |                                        |                             |
| 5 Compensation of current officers, directors, trustees, and key employees.                                                                                                                                                                | 0                     |                                 |                                        |                             |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).                                                                                           | 0                     |                                 |                                        |                             |
| 7 Other salaries and wages.                                                                                                                                                                                                                | 253,363.              | 202,690.                        | 38,005.                                | 12,668.                     |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).                                                                                                                                      | 19,776.               | 15,821.                         | 2,966.                                 | 989.                        |
| 9 Other employee benefits.                                                                                                                                                                                                                 | 17,082.               | 13,666.                         | 2,562.                                 | 854.                        |
| 10 Payroll taxes.                                                                                                                                                                                                                          | 19,315.               | 15,452.                         | 2,897.                                 | 966.                        |
| 11 Fees for services (non-employees):                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| a Management.                                                                                                                                                                                                                              | 0                     |                                 |                                        |                             |
| b Legal.                                                                                                                                                                                                                                   | 0                     |                                 |                                        |                             |
| c Accounting.                                                                                                                                                                                                                              | 39,238.               | 31,390.                         | 5,886.                                 | 1,962.                      |
| d Lobbying.                                                                                                                                                                                                                                | 0                     |                                 |                                        |                             |
| e Professional fundraising services. See Part IV, line 17.                                                                                                                                                                                 | 0                     |                                 |                                        |                             |
| f Investment management fees.                                                                                                                                                                                                              | 0                     |                                 |                                        |                             |
| g Other.                                                                                                                                                                                                                                   | 0                     |                                 |                                        |                             |
| 12 Advertising and promotion.                                                                                                                                                                                                              | 328.                  |                                 | 328.                                   |                             |
| 13 Office expenses.                                                                                                                                                                                                                        | 17,283.               | 13,792.                         | 2,627.                                 | 864.                        |
| 14 Information technology.                                                                                                                                                                                                                 | 0                     |                                 |                                        |                             |
| 15 Royalties.                                                                                                                                                                                                                              | 0                     |                                 |                                        |                             |
| 16 Occupancy.                                                                                                                                                                                                                              | 0                     |                                 |                                        |                             |
| 17 Travel.                                                                                                                                                                                                                                 | 0                     |                                 |                                        |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials.                                                                                                                                         | 0                     |                                 |                                        |                             |
| 19 Conferences, conventions, and meetings.                                                                                                                                                                                                 | 3,263.                | 2,611.                          | 489.                                   | 163.                        |
| 20 Interest.                                                                                                                                                                                                                               | 0                     |                                 |                                        |                             |
| 21 Payments to affiliates.                                                                                                                                                                                                                 | 0                     |                                 |                                        |                             |
| 22 Depreciation, depletion, and amortization.                                                                                                                                                                                              | 0                     |                                 |                                        |                             |
| 23 Insurance.                                                                                                                                                                                                                              | 2,440.                | 1,952.                          | 366.                                   | 122.                        |
| 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 CONSULTANT SERVICES                                                                                                                                                                                                                      | 60,817.               | 60,817.                         |                                        |                             |
| b PUBLICATIONS                                                                                                                                                                                                                             | 9,910.                | 9,910.                          |                                        |                             |
| c FACILITATOR                                                                                                                                                                                                                              | 10,000.               | 10,000.                         |                                        |                             |
| d SPEAKER & PARTICIPANT EXPENS                                                                                                                                                                                                             | 5,197.                | 5,197.                          |                                        |                             |
| e All other expenses                                                                                                                                                                                                                       | 40,839.               | 30,137.                         | 10,669.                                | 33.                         |
| 25 Total functional expenses. Add lines 1 through 24e.                                                                                                                                                                                     | 498,851.              | 413,435.                        | 66,795.                                | 18,621.                     |
| 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | 0                     |                                 |                                        |                             |

**Part X Balance Sheet**

|                                                                     |                                                                                                                                                                                                                                                                                 | (A)<br>Beginning of year |          | (B)<br>End of year |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------|--------------------|
| <b>Assets</b>                                                       | 1 Cash - non-interest-bearing                                                                                                                                                                                                                                                   | 0                        | 1        | 0                  |
|                                                                     | 2 Savings and temporary cash investments                                                                                                                                                                                                                                        | 397,877.                 | 2        | 349,249.           |
|                                                                     | 3 Pledges and grants receivable, net                                                                                                                                                                                                                                            | 25,000.                  | 3        | 225,000.           |
|                                                                     | 4 Accounts receivable, net                                                                                                                                                                                                                                                      | 0                        | 4        | 0                  |
|                                                                     | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L                                                                                                                           | 0                        | 5        | 0                  |
|                                                                     | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) | 0                        | 6        | 0                  |
|                                                                     | 7 Notes and loans receivable, net                                                                                                                                                                                                                                               | 0                        | 7        | 0                  |
|                                                                     | 8 Inventories for sale or use                                                                                                                                                                                                                                                   | 0                        | 8        | 0                  |
|                                                                     | 9 Prepaid expenses and deferred charges                                                                                                                                                                                                                                         | 546.                     | 9        | 0                  |
|                                                                     | 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D                                                                                                                                                                                          | 10a                      |          |                    |
|                                                                     | b Less accumulated depreciation                                                                                                                                                                                                                                                 | 10b                      |          |                    |
|                                                                     | 11 Investments - publicly traded securities                                                                                                                                                                                                                                     | 0                        | 11       | 0                  |
|                                                                     | 12 Investments - other securities. See Part IV, line 11                                                                                                                                                                                                                         | 0                        | 12       | 0                  |
|                                                                     | 13 Investments - program-related. See Part IV, line 11                                                                                                                                                                                                                          | 0                        | 13       | 0                  |
|                                                                     | 14 Intangible assets                                                                                                                                                                                                                                                            | 0                        | 14       | 0                  |
|                                                                     | 15 Other assets. See Part IV, line 11                                                                                                                                                                                                                                           | 0                        | 15       | 0                  |
| 16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) | 423,423.                                                                                                                                                                                                                                                                        | 16                       | 574,249. |                    |
| <b>Liabilities</b>                                                  | 17 Accounts payable and accrued expenses                                                                                                                                                                                                                                        | 16,912.                  | 17       | 16,686.            |
|                                                                     | 18 Grants payable                                                                                                                                                                                                                                                               | 0                        | 18       | 0                  |
|                                                                     | 19 Deferred revenue                                                                                                                                                                                                                                                             | 0                        | 19       | 0                  |
|                                                                     | 20 Tax-exempt bond liabilities                                                                                                                                                                                                                                                  | 0                        | 20       | 0                  |
|                                                                     | 21 Escrow or custodial account liability. Complete Part IV of Schedule D                                                                                                                                                                                                        | 0                        | 21       | 0                  |
|                                                                     | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L                                                                                                         | 0                        | 22       | 0                  |
|                                                                     | 23 Secured mortgages and notes payable to unrelated third parties                                                                                                                                                                                                               | 0                        | 23       | 0                  |
|                                                                     | 24 Unsecured notes and loans payable to unrelated third parties                                                                                                                                                                                                                 | 0                        | 24       | 0                  |
|                                                                     | 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                                                                                                        | 0                        | 25       | 0                  |
|                                                                     | 26 <b>Total liabilities.</b> Add lines 17 through 25                                                                                                                                                                                                                            | 16,912.                  | 26       | 16,686.            |
| <b>Net Assets or Fund Balances</b>                                  | <b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>                                                                                                                                    |                          |          |                    |
|                                                                     | 27 Unrestricted net assets                                                                                                                                                                                                                                                      |                          | 27       |                    |
|                                                                     | 28 Temporarily restricted net assets                                                                                                                                                                                                                                            |                          | 28       |                    |
|                                                                     | 29 Permanently restricted net assets                                                                                                                                                                                                                                            |                          | 29       |                    |
|                                                                     | <b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b>                                                                                                                                       |                          |          |                    |
|                                                                     | 30 Capital stock or trust principal, or current funds                                                                                                                                                                                                                           | 406,511.                 | 30       | 557,563.           |
|                                                                     | 31 Paid-in or capital surplus, or land, building, or equipment fund                                                                                                                                                                                                             | 0                        | 31       | 0                  |
|                                                                     | 32 Retained earnings, endowment, accumulated income, or other funds                                                                                                                                                                                                             | 0                        | 32       | 0                  |
|                                                                     | 33 <b>Total net assets or fund balances</b>                                                                                                                                                                                                                                     | 406,511.                 | 33       | 557,563.           |
|                                                                     | 34 <b>Total liabilities and net assets/fund balances.</b>                                                                                                                                                                                                                       | 423,423.                 | 34       | 574,249.           |

Form 990 (2011)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI. ☐

|   |                                                                                                                         |   |          |
|---|-------------------------------------------------------------------------------------------------------------------------|---|----------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) . . . . .                                                     | 1 | 649,903. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) . . . . .                                                      | 2 | 498,851. |
| 3 | Revenue less expenses Subtract line 2 from line 1 . . . . .                                                             | 3 | 151,052. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .                     | 4 | 406,511. |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) . . . . .                                          | 5 | 0        |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . . | 6 | 557,563. |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII. ☐

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

Form **990** (2011)

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

Name of the organization **CFLEADS (F/K/A NATIONAL COALITION OF COMMUNITY FOUNDATIONS FOR YOUTH)**

Employer identification number  
**43-1645180**

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☒ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other

e ☒ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_
- (ii) A family member of a person described in (i) above? \_\_\_\_\_
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     | X  |
| 11g(ii)  |     | X  |
| 11g(iii) |     | X  |

h Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? |    | (v) Did you notify the organization in col. (i) of your support? |    | (vi) Is the organization in col. (i) organized in the U.S.? |    | (vii) Amount of support |
|------------------------------------|----------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----|------------------------------------------------------------------|----|-------------------------------------------------------------|----|-------------------------|
|                                    |          |                                                                                             | Yes                                                                     | No | Yes                                                              | No | Yes                                                         | No |                         |
| (A) ATTACHMENT 1                   |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                         |
| (B)                                |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                         |
| (C)                                |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                         |
| (D)                                |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                         |
| (E)                                |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                         |
| <b>Total</b>                       |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    | <b>413,435.</b>         |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

**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) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .                                                                                                   |          |          |          |          |          |           |
| 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 <b>Total.</b> Add lines 1 through 3. . . . .                                                                                                                                                                 |          |          |          |          |          |           |
| 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). . . . . |          |          |          |          |          |           |
| 6 <b>Public support.</b> Subtract line 5 from line 4 . . . . .                                                                                                                                                 |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                            | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 . . . . .                                                                                                                                                                          |          |          |          |          |          |                          |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .                                                               |          |          |          |          |          |                          |
| 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 IV) . . . . .                                                                                              |          |          |          |          |          |                          |
| 11 <b>Total support.</b> Add lines 7 through 10 . . . . .                                                                                                                                                |          |          |          |          |          |                          |
| 12 Gross receipts from related activities, etc. (see instructions) . . . . .                                                                                                                             |          |          |          |          | 12       |                          |
| 13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . |          |          |          |          |          | <input type="checkbox"/> |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                        |    |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------------------------|
| 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) . . . . .                                                                                                                                                                                                                                                                                                                    | 14 | %                        |
| 15 Public support percentage from 2010 Schedule A, Part II, line 14 . . . . .                                                                                                                                                                                                                                                                                                                                          | 15 | %                        |
| 16a <b>33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .                                                                                                                                                                           |    | <input type="checkbox"/> |
| b <b>33 1/3% support test - 2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .                                                                                                                                                                        |    | <input type="checkbox"/> |
| 17a <b>10%-facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .    |    | <input type="checkbox"/> |
| b <b>10%-facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . |    | <input type="checkbox"/> |
| 18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .                                                                                                                                                                                                                                                                 |    | <input type="checkbox"/> |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                              | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (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 <b>Total.</b> 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 <b>Public support</b> (Subtract line 7c from line 6)                                                                                                                     |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                                                                     | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (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 IV)                                                                                                                                 |          |          |          |          |          |           |
| 13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)                                                                                                                                                                          |          |          |          |          |          |           |
| 14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/> |          |          |          |          |          |           |

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

|                                                                                                     |    |   |
|-----------------------------------------------------------------------------------------------------|----|---|
| 15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) . . . . . | 15 | % |
| 16 Public support percentage from 2010 Schedule A, Part III, line 15 . . . . .                      | 16 | % |

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

|                                                                                                                                                                                                                                                                                                                 |    |   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---|
| 17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) . . . . .                                                                                                                                                                                                        | 17 | % |
| 18 Investment income percentage from 2010 Schedule A, Part III, line 17 . . . . .                                                                                                                                                                                                                               | 18 | % |
| 19a <b>33 1/3% support tests - 2011.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>         |    |   |
| b <b>33 1/3% support tests - 2010.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/> |    |   |
| 20 <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>                                                                                                                                                   |    |   |



**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information (See instructions).

## ATTACHMENT 1

## SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

| (I) NAME OF SUPPORTED ORGANIZATION       | (II) EIN   | (III) TYPE OF ORGANIZATION | (IV) |    | (V) |    | (VI) |    | (VII) AMOUNT OF SUPPORT |
|------------------------------------------|------------|----------------------------|------|----|-----|----|------|----|-------------------------|
|                                          |            |                            | YES  | NO | YES | NO | YES  | NO |                         |
| GREATER KANSAS CITY COMMUNITY FOUNDATION | 43-1152398 | 08                         |      | X  | X   |    | X    |    | 413,435.                |
| TOTAL AMOUNT OF SUPPORT                  |            |                            |      |    |     |    |      |    | <u>413,435.</u>         |

SCHEDULE C  
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2011

Open to Public  
Inspection

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.

▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

Name of organization CFLEADS (F/K/A NATIONAL  
COALITION OF COMMUNITY FOUNDATIONS FOR YOUTH)

Employer identification number  
43-1645180

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

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

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

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

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

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

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|----------|-------------|---------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| (1)      |             |         |                                                                     |                                                                                                                                            |
| (2)      |             |         |                                                                     |                                                                                                                                            |
| (3)      |             |         |                                                                     |                                                                                                                                            |
| (4)      |             |         |                                                                     |                                                                                                                                            |
| (5)      |             |         |                                                                     |                                                                                                                                            |
| (6)      |             |         |                                                                     |                                                                                                                                            |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2011

**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<br>(The term "expenditures" means amounts paid or incurred.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                            | (a) Filing organization's totals                | (b) Affiliated group totals        |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |             |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|------------------------------------|--------------------|-------------------------------|-----------------------------------------|--------------------------------------------------|-------------------------------------------|----------------------------------------------------|--------------------------------------------|---------------------------------------------------|-------------------|-------------|--|--|
| <b>1 a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .                                                                                                                   |                                                 |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |             |  |  |
| <b>b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .                                                                                                                    |                                                 |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |             |  |  |
| <b>c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Total lobbying expenditures (add lines 1a and 1b) . . . . .                                                                                                                                                |                                                 |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |             |  |  |
| <b>d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Other exempt purpose expenditures . . . . .                                                                                                                                                                | 498,851.                                        |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |             |  |  |
| <b>e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Total exempt purpose expenditures (add lines 1c and 1d) . . . . .                                                                                                                                          | 498,851.                                        |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |             |  |  |
| <b>f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Lobbying nontaxable amount Enter the amount from the following table in both columns                                                                                                                       | 99,770.                                         |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |             |  |  |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> |                                                                                                                                                                                                            | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000 |  |  |
| If the amount on line 1e, column (a) or (b) is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | The lobbying nontaxable amount is:                                                                                                                                                                         |                                                 |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |             |  |  |
| Not over \$500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 20% of the amount on line 1e.                                                                                                                                                                              |                                                 |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |             |  |  |
| Over \$500,000 but not over \$1,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$100,000 plus 15% of the excess over \$500,000.                                                                                                                                                           |                                                 |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |             |  |  |
| Over \$1,000,000 but not over \$1,500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$175,000 plus 10% of the excess over \$1,000,000.                                                                                                                                                         |                                                 |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |             |  |  |
| Over \$1,500,000 but not over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$225,000 plus 5% of the excess over \$1,500,000.                                                                                                                                                          |                                                 |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |             |  |  |
| Over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$1,000,000                                                                                                                                                                                                |                                                 |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |             |  |  |
| <b>g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Grassroots nontaxable amount (enter 25% of line 1f) . . . . .                                                                                                                                              | 24,943.                                         |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |             |  |  |
| <b>h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .                                                                                                                                        | 0                                               | 0                                  |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |             |  |  |
| <b>i</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .                                                                                                                                        | 0                                               | 0                                  |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |             |  |  |
| <b>j</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                 |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |             |  |  |

**4-Year Averaging Period Under Section 501(h)**

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

**Lobbying Expenditures During 4-Year Averaging Period**

| Calendar year (or fiscal year beginning in)                         | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) Total |
|---------------------------------------------------------------------|----------|----------|----------|----------|-----------|
| <b>2 a</b> Lobbying nontaxable amount                               | 178,745. | 143,825. | 111,465. | 99,770.  | 533,805.  |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column (e))   |          |          |          |          | 800,708.  |
| <b>c</b> Total lobbying expenditures                                |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                               | 44,686.  | 35,956.  | 27,866.  | 24,943.  | 133,451.  |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          | 200,177.  |
| <b>f</b> Grassroots lobbying expenditures                           |          |          |          |          |           |

Schedule C (Form 990 or 990-EZ) 2011

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

|                                                                                                                                                                                                                                | (a) |    | (b)    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
|                                                                                                                                                                                                                                | Yes | No | Amount |
| 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?                                                                                                                                                                                                                  |     |    |        |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?                                                                                                                                 |     |    |        |
| c Media advertisements?                                                                                                                                                                                                        |     |    |        |
| d Mailings to members, legislators, or the public?                                                                                                                                                                             |     |    |        |
| e Publications, or published or broadcast statements?                                                                                                                                                                          |     |    |        |
| f Grants to other organizations for lobbying purposes?                                                                                                                                                                         |     |    |        |
| g Direct contact with legislators, their staffs, government officials, or a legislative body?                                                                                                                                  |     |    |        |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?                                                                                                                                    |     |    |        |
| i Other activities?                                                                                                                                                                                                            |     |    |        |
| j Total. Add lines 1c through 1i                                                                                                                                                                                               |     |    |        |
| 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?                      |     |    |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?                 |     |    |
| 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? |     |    |

**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  | 0 |
| 5 Taxable amount of lobbying and political expenditures (see instructions)                                                                                                                                                                   | 5  |   |

**Part IV** Supplemental Information

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

**Part IV** Supplemental Information *(continued)*

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization  
CFLEADS (F/K/A NATIONAL  
COALITION OF COMMUNITY FOUNDATIONS FOR YOUTH)

Employer identification number  
43-1645180

FORM 990 REVIEW

PART VI SECTION B. POLICIES, LINE 11

THE BOARD OF DIRECTORS OF CFLEADS (BOARD) VESTS IN THE FINANCE COMMITTEE  
(COMMITTEE) THE AUTHORITY TO APPROVE CFLEADS' IRS FORM 990 ON ITS BEHALF.  
ANNUALLY, THE COMMITTEE SHALL REVIEW AND APPROVE CFLEADS' IRS FORM 990  
AND CIRCULATE IT TO ALL MEMBERS OF THE BOARD BEFORE IT IS FILED.

THE COMMITTEE SHALL REPORT MATTERS REQUIRING THE ATTENTION OF THE FULL  
BOARD, AT ITS DISCRETION, AT THE FIRST PRACTICAL OPPORTUNITY.

CONFLICT OF INTEREST POLICY

PART VI SECTION B. POLICIES, LINE 12C

EACH BOARD MEMBER COMPLETES AND SIGNS AN ANNUAL DISCLOSURE. EACH MEMBER  
IS REQUIRED TO IMMEDIATELY DISCLOSE ANY ACTUAL OR PERCEIVED CONFLICT AND  
MUST ENSURE THEY HAVE NO DISCUSSION OR INVOLVEMENT IN THESE MATTERS. WHEN  
VOTING ON A MATTER WHERE AN ACTUAL OR PERCEIVED CONFLICT EXISTS, THAT  
MEMBER IS NOT PRESENT DURING DISCUSSION AND VOTING AND MUST ABSTAIN FROM  
VOTING.

DISCLOSURE

PART VI SECTION C. DISCLOSURE, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST  
POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Name of the organization **CFLEADS (F/K/A NATIONAL  
COALITION OF COMMUNITY FOUNDATIONS FOR YOUTH)**

Employer identification number  
**43-1645180**

# COMPENSATION

PART VI SECTION B. POLICIES, LINE 15A

COMPENSATION IS REVIEWED BY THE BOARD ANNUALLY.

# NAME CHANGE

PART VI SECTION A. GOVERNANCE, MANAGEMENT, & DISCLOSURE, LINE 4

THE NATIONAL COALITION OF COMMUNITY FOUNDATIONS FOR YOUTH AMENDED AND

RESTATED ITS ARTICLES OF INCORPORATION AND BYLAWS REFLECTING THE NAME

CHANGE TO CFLEADS, EFFECTIVE SEPTEMBER 13, 2012.

## ATTACHMENT 1

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

| DESCRIPTION | GRANTS | EXPENSES | REVENUE |
|-------------|--------|----------|---------|
| OTHER       |        | 174,891. |         |
| TOTALS      |        | 174,891. |         |

## ATTACHMENT 2

### FORM 990, PART VIII - INVESTMENT INCOME

| DESCRIPTION            | (A)<br>TOTAL<br>REVENUE | (B)<br>RELATED OR<br>EXEMPT REVENUE | (C)<br>UNRELATED<br>BUSINESS REV. | (D)<br>EXCLUDED<br>REVENUE |
|------------------------|-------------------------|-------------------------------------|-----------------------------------|----------------------------|
| INTEREST INCOME - CORE | 363.                    |                                     |                                   | 363.                       |
| TOTALS                 | 363.                    |                                     |                                   | 363.                       |

## ATTACHMENT 3

### FORM 990, PART IX, STATEMENT OF FUNCTIONAL EXPENSES

| DESCRIPTION                   | (A)<br>TOTAL<br>EXPENSES | (B)<br>PROGRAM<br>SERVICE<br>EXPENSES | (C)<br>MANAGEMENT<br>AND | (D)<br>FUNDRAISING<br>EXPENSES |
|-------------------------------|--------------------------|---------------------------------------|--------------------------|--------------------------------|
| <b>240 ALL OTHER EXPENSES</b> |                          |                                       |                          |                                |
| GOVERNANCE EXPENSE            | 10,569                   | -                                     | 10,569                   | -                              |
| EDUCATIONAL PROGRAMS          | 5,988                    | 5,988                                 | -                        | -                              |
| NETWORK TRAVEL                | 23,614                   | 23,614                                | -                        | -                              |
| MISCELLANEOUS EXPENSE         | 668                      | 535                                   | 100                      | 33                             |
| TOTALS                        | 40,839                   | 30,137                                | 10,669                   | 33                             |

SCHEDULE R  
(Form 990)Department of the Treasury  
Internal Revenue Service

## Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
 ► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2011

Open to Public  
Inspection

Name of the organization CFLEADS (F/K/A NATIONAL

COALITION OF COMMUNITY FOUNDATIONS FOR YOUTH)

Employer identification number  
43-1645180**Part I** Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

| (a)<br>Name, address, and EIN of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|-----------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
| (1) _____                                           |                         |                                                  |                     |                           |                                  |
| (2) _____                                           |                         |                                                  |                     |                           |                                  |
| (3) _____                                           |                         |                                                  |                     |                           |                                  |
| (4) _____                                           |                         |                                                  |                     |                           |                                  |
| (5) _____                                           |                         |                                                  |                     |                           |                                  |
| (6) _____                                           |                         |                                                  |                     |                           |                                  |

**Part II** Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (a)<br>Name, address, and EIN of related organization                                                     | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|-----------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|----------------------------------------------|----|
|                                                                                                           |                         |                                                  |                            |                                                     |                                  | Yes                                          | No |
| (1) GREATER KANSAS CITY COMMUNITY FOUNDATION 43-1152398<br>1055 BROADWAY, SUITE 130 KANSAS CITY, MO 64105 | COMMUNITY FND           | MO                                               |                            | 8                                                   | N/A                              |                                              | X  |
| (2) ALLEN & GLORIA BLOCK FOUNDATION 48-1239579<br>1055 BROADWAY, STE 130 KANSAS CITY, MO 64105            | GRANT-MAKING            | MO                                               |                            | 11A                                                 | GKCCF                            | X                                            |    |
| (3) GREATER NORTHWEST KANSAS COMMUNITY FOUND P.O. BOX 593 48-1025832<br>BIRD CITY, KS 67731               | COMMUNITY FDN           | KS                                               |                            | 11A                                                 | GKCCF                            | X                                            |    |
| (4) GARY DICKINSON FAMILY CHARITABLE FDTN 43-1799476<br>1055 BROADWAY, STE 130 KANSAS CITY, MO 64105      | GRANT-MAKING            | MO                                               |                            | 11A                                                 | GKCCF                            | X                                            |    |
| (5) GEORGE K. BAUM FAMILY FOUNDATION 31-1604212<br>1055 BROADWAY, STE 130 KANSAS CITY, MO 64105           | GRANT-MAKING            | MO                                               |                            | 11A                                                 | GKCCF                            | X                                            |    |
| (6) GREATER HORIZONS 20-0849590<br>1055 BROADWAY, STE 130 KANSAS CITY, MO 64105                           | COMMUNITY FDN           | MO                                               |                            | 11A                                                 | GKCCF                            | X                                            |    |
| (7) GREATER LEES SUMMIT HEALTHCARE FDTN 43-1341459<br>1055 BROADWAY, STE 130 KANSAS CITY, MO 64105        | GRANT-MAKING            | MO                                               |                            | 11A                                                 | GKCCF                            | X                                            |    |

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

Schedule R (Form 990) 2011

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**SCHEDULE R**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service

Name of the organization CFLEADS (F/K/A NATIONAL

COALITION OF COMMUNITY FOUNDATIONS FOR YOUTH)

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
 ► Attach to Form 990. ► See separate instructions.

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2011**Open to Public  
InspectionEmployer identification number  
43-1645180**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

| (a)<br>Name, address, and EIN of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|-----------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
| (1) _____                                           |                         |                                                  |                     |                           |                                  |
| (2) _____                                           |                         |                                                  |                     |                           |                                  |
| (3) _____                                           |                         |                                                  |                     |                           |                                  |
| (4) _____                                           |                         |                                                  |                     |                           |                                  |
| (5) _____                                           |                         |                                                  |                     |                           |                                  |
| (6) _____                                           |                         |                                                  |                     |                           |                                  |

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)

| (a)<br>Name, address, and EIN of related organization                                                   | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|---------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|----------------------------------------------|----|
|                                                                                                         |                         |                                                  |                            |                                                     |                                  | Yes                                          | No |
| (1) IRVIN E. & NEVADA P. LINSOMB FDTN 43-1499815<br>1055 BROADWAY, STE 130 KANSAS CITY, MO 64105        | GRANT-MAKING            | MO                                               |                            | 11D                                                 | GKCCF                            |                                              | X  |
| (2) JACK & HELYN MILLER FOUNDATION 43-6070986<br>1055 BROADWAY, STE 130 KANSAS CITY, MO 64105           | GRANT-MAKING            | MO                                               |                            | 11A                                                 | GKCCF                            |                                              | X  |
| (3) KANSAS CITY AREA LIFE SCIENCES INSTITUTE 04-3188903<br>1055 BROADWAY, STE 130 KANSAS CITY, MO 64105 | RESEARCH                | MO                                               |                            | 11A                                                 | GKCCF                            |                                              | X  |
| (4) KANSAS CITY PUBLIC LIBRARY FOUNDATION 20-3506595<br>1055 BROADWAY, STE 130 KANSAS CITY, MO 64105    | GRANT-MAKING            | MO                                               |                            | 11A                                                 | GKCCF                            |                                              | X  |
| (5) PARSONS AREA COMMUNITY FOUNDATION 48-1152358<br>1055 BROADWAY, STE 130 KANSAS CITY, MO 64105        | GRANT-MAKING            | MO                                               |                            | 11A                                                 | GKCCF                            |                                              | X  |
| (6) PE4 LIFE FOUNDATION 32-0044523<br>1055 BROADWAY, STE 130 KANSAS CITY, MO 64105                      | YOUTH & ED              | MO                                               |                            | 11A                                                 | GKCCF                            |                                              | X  |
| (7) POLSKY FAMILY SUPPORTING FOUNDATION 48-1092843<br>1055 BROADWAY, STE 130 KANSAS CITY, MO 64105      | GRANT-MAKING            | MO                                               |                            | 11A                                                 | GKCCF                            |                                              | X  |

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Schedule R (Form 990) 2011

JSA

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SCHEDULE R  
(Form 990)Department of the Treasury  
Internal Revenue ServiceName of the organization CFLEADS (F/K/A NATIONAL  
COALITION OF COMMUNITY FOUNDATIONS FOR YOUTH)

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
 ► Attach to Form 990. ► See separate instructions.

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

Open to Public  
InspectionEmployer identification number  
43-1645180**Part I** Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

|     | (a)<br>Name, address, and EIN of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|-----|-----------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
| (1) |                                                     |                         |                                                  |                     |                           |                                  |
| (2) |                                                     |                         |                                                  |                     |                           |                                  |
| (3) |                                                     |                         |                                                  |                     |                           |                                  |
| (4) |                                                     |                         |                                                  |                     |                           |                                  |
| (5) |                                                     |                         |                                                  |                     |                           |                                  |
| (6) |                                                     |                         |                                                  |                     |                           |                                  |

**Part II** Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

|     | (a)<br>Name, address, and EIN of related organization                                   | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |
|-----|-----------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|----------------------------------------------|
|     |                                                                                         |                         |                                                  |                            |                                                     |                                  | Yes No                                       |
| (1) | NATIONAL FOUNDATION FOR PHILANTHROPY<br>1055 BROADWAY, STE 130<br>KANSAS CITY, MO 64105 | GRANT-MAKING            | MO                                               |                            | 11A                                                 | GKCCF                            | X                                            |
| (2) | REAL ESTATE CHARITABLE FOUNDATION<br>1055 BROADWAY, STE 130<br>KANSAS CITY, MO 64105    | GRANT-MAKING            | MO                                               |                            | 11A                                                 | GKCCF                            | X                                            |
| (3) | STANLEY H. DURWOOD FOUNDATION<br>1055 BROADWAY, STE 130<br>KANSAS CITY, MO 64105        | GRANT-MAKING            | MO                                               |                            | 11A                                                 | GKCCF                            | X                                            |
| (4) | YOUTH FRIENDS<br>1055 BROADWAY, STE 130<br>KANSAS CITY, MO 64105                        | YOUTH & ED              | MO                                               |                            | 11A                                                 | GKCCF                            | X                                            |
| (5) | BLUE RIVER LAND TRUST, LTD.<br>1055 BROADWAY, STE 130<br>KANSAS CITY, MO 64105          | CONSERVATION            | MO                                               |                            | 11A                                                 | GKCCF                            | X                                            |
| (6) | COMMUNITY FDN OF WYANDOTTE CNTY<br>1055 BROADWAY, STE 130<br>KANSAS CITY, MO 64105      | COMMUNITY FDN           | MO                                               |                            | 11A                                                 | GKCCF                            | X                                            |
| (7) | HIGHLAND KANSAS CITY FDN, INC.<br>1055 BROADWAY, STE 130<br>KANSAS CITY, MO 64105       | GRANT-MAKING            | MO                                               |                            | 11A                                                 | GKCCF                            | X                                            |

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Schedule R (Form 990) 2011

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Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

| (a)<br>Name, address, and EIN<br>of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant<br>income (related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box 20<br>of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? | (k)<br>Percentage<br>ownership |
|-------------------------------------------------------------|-------------------------|--------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------------|-----------------------------------------|----|----------------------------------------------------------------------------|-------------------------------------------|--------------------------------|
|                                                             |                         |                                                              |                                     |                                                                                                         |                                 |                                       | Yes                                     | No |                                                                            |                                           |                                |
| (1) -----                                                   |                         |                                                              |                                     |                                                                                                         |                                 |                                       |                                         |    |                                                                            |                                           |                                |
| (2) -----                                                   |                         |                                                              |                                     |                                                                                                         |                                 |                                       |                                         |    |                                                                            |                                           |                                |
| (3) -----                                                   |                         |                                                              |                                     |                                                                                                         |                                 |                                       |                                         |    |                                                                            |                                           |                                |
| (4) -----                                                   |                         |                                                              |                                     |                                                                                                         |                                 |                                       |                                         |    |                                                                            |                                           |                                |
| (5) -----                                                   |                         |                                                              |                                     |                                                                                                         |                                 |                                       |                                         |    |                                                                            |                                           |                                |
| (6) -----                                                   |                         |                                                              |                                     |                                                                                                         |                                 |                                       |                                         |    |                                                                            |                                           |                                |
| (7) -----                                                   |                         |                                                              |                                     |                                                                                                         |                                 |                                       |                                         |    |                                                                            |                                           |                                |

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year assets | (h)<br>Percentage<br>ownership |
|-------------------------------------------------------|-------------------------|--------------------------------------------------------|-------------------------------------|--------------------------------------------------------|---------------------------------|---------------------------------------|--------------------------------|
|                                                       |                         |                                                        |                                     |                                                        |                                 |                                       |                                |
| (1) -----                                             |                         |                                                        |                                     |                                                        |                                 |                                       |                                |
| (2) -----                                             |                         |                                                        |                                     |                                                        |                                 |                                       |                                |
| (3) -----                                             |                         |                                                        |                                     |                                                        |                                 |                                       |                                |
| (4) -----                                             |                         |                                                        |                                     |                                                        |                                 |                                       |                                |
| (5) -----                                             |                         |                                                        |                                     |                                                        |                                 |                                       |                                |
| (6) -----                                             |                         |                                                        |                                     |                                                        |                                 |                                       |                                |
| (7) -----                                             |                         |                                                        |                                     |                                                        |                                 |                                       |                                |

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

|                                                                                                  | Yes | No |
|--------------------------------------------------------------------------------------------------|-----|----|
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity   |     |    |
| b Gift, grant, or capital contribution to related organization(s)                                |     |    |
| c Gift, grant, or capital contribution from related organization(s)                              |     |    |
| d Loans or loan guarantees to or for related organization(s)                                     |     |    |
| e Loans or loan guarantees by related organization(s)                                            |     |    |
| f Sale of assets to related organization(s)                                                      |     |    |
| g Purchase of assets from related organization(s)                                                |     |    |
| h Exchange of assets with related organization(s)                                                |     |    |
| i Lease of facilities, equipment, or other assets to related organization(s)                     |     |    |
| j Lease of facilities, equipment, or other assets from related organization(s)                   |     |    |
| k Performance of services or membership or fundraising solicitations for related organization(s) |     |    |
| l Performance of services or membership or fundraising solicitations by related organization(s)  |     |    |
| m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  |     |    |
| n Sharing of paid employees with related organization(s)                                         |     |    |
| o Reimbursement paid to related organization(s) for expenses                                     |     |    |
| p Reimbursement paid by related organization(s) for expenses                                     |     |    |
| q Other transfer of cash or property to related organization(s)                                  |     |    |
| r Other transfer of cash or property from related organization(s)                                |     |    |

| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds |                                          | (a)<br>Name of other organization | (b)<br>Transaction type (a-r) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------|-------------------------------|------------------------|----------------------------------------------|
| (1)                                                                                                                                                                           | GREATER KANSAS CITY COMMUNITY FOUNDATION | Q-FEES                            | 36,000.                       | FEES                   |                                              |
| (2)                                                                                                                                                                           |                                          |                                   |                               |                        |                                              |
| (3)                                                                                                                                                                           |                                          |                                   |                               |                        |                                              |
| (4)                                                                                                                                                                           |                                          |                                   |                               |                        |                                              |
| (5)                                                                                                                                                                           |                                          |                                   |                               |                        |                                              |
| (6)                                                                                                                                                                           |                                          |                                   |                               |                        |                                              |

**Part VI** Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Predominant income (related, unrelated, excluded from tax under section 512-514) | (e)<br>Are all partners section 501(c)(3) organizations? |    | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|-----------------------------------------|-------------------------|--------------------------------------------------|-----------------------------------------------------------------------------------------|----------------------------------------------------------|----|------------------------------|------------------------------------|--------------------------------------|----|----------------------------------------------------------------|-------------------------------------|----|-----------------------------|
|                                         |                         |                                                  |                                                                                         | Yes                                                      | No |                              |                                    | Yes                                  | No |                                                                | Yes                                 | No |                             |
| (1) _____                               |                         |                                                  |                                                                                         |                                                          |    |                              |                                    |                                      |    |                                                                |                                     |    |                             |
| (2) _____                               |                         |                                                  |                                                                                         |                                                          |    |                              |                                    |                                      |    |                                                                |                                     |    |                             |
| (3) _____                               |                         |                                                  |                                                                                         |                                                          |    |                              |                                    |                                      |    |                                                                |                                     |    |                             |
| (4) _____                               |                         |                                                  |                                                                                         |                                                          |    |                              |                                    |                                      |    |                                                                |                                     |    |                             |
| (5) _____                               |                         |                                                  |                                                                                         |                                                          |    |                              |                                    |                                      |    |                                                                |                                     |    |                             |
| (6) _____                               |                         |                                                  |                                                                                         |                                                          |    |                              |                                    |                                      |    |                                                                |                                     |    |                             |
| (7) _____                               |                         |                                                  |                                                                                         |                                                          |    |                              |                                    |                                      |    |                                                                |                                     |    |                             |
| (8) _____                               |                         |                                                  |                                                                                         |                                                          |    |                              |                                    |                                      |    |                                                                |                                     |    |                             |
| (9) _____                               |                         |                                                  |                                                                                         |                                                          |    |                              |                                    |                                      |    |                                                                |                                     |    |                             |
| (10) _____                              |                         |                                                  |                                                                                         |                                                          |    |                              |                                    |                                      |    |                                                                |                                     |    |                             |
| (11) _____                              |                         |                                                  |                                                                                         |                                                          |    |                              |                                    |                                      |    |                                                                |                                     |    |                             |
| (12) _____                              |                         |                                                  |                                                                                         |                                                          |    |                              |                                    |                                      |    |                                                                |                                     |    |                             |
| (13) _____                              |                         |                                                  |                                                                                         |                                                          |    |                              |                                    |                                      |    |                                                                |                                     |    |                             |
| (14) _____                              |                         |                                                  |                                                                                         |                                                          |    |                              |                                    |                                      |    |                                                                |                                     |    |                             |
| (15) _____                              |                         |                                                  |                                                                                         |                                                          |    |                              |                                    |                                      |    |                                                                |                                     |    |                             |
| (16) _____                              |                         |                                                  |                                                                                         |                                                          |    |                              |                                    |                                      |    |                                                                |                                     |    |                             |

Schedule R (Form 990) 2011

**Part VII** Supplemental Information

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

---

# STATE OF MISSOURI



Robin Carnahan  
Secretary of State

CERTIFICATE OF AMENDMENT  
OF A  
MISSOURI NONPROFIT CORPORATION

WHEREAS,

*CFLeads*  
*N00048534*

Formerly,

*THE NATIONAL COALITION OF COMMUNITY FOUNDATIONS FOR YOUTH*

a corporation organized under The Missouri Nonprofit Corporation Law has delivered to me its Articles of Amendment of its Articles of Incorporation and has in all respects complied with the requirements of law governing the Amendment of Articles of Incorporation under The Missouri Nonprofit Corporation Law, and that the Articles of Incorporation of said corporation are amended in accordance therewith.

IN TESTIMONY WHEREOF, I hereunto  
set my hand and cause to be affixed the  
GREAT SEAL of the State of Missouri.  
Done at the City of Jefferson, this  
13th day of September, 2012.

  
Secretary of State





# State of Missouri

Robin Carnahan, Secretary of State

Corporations Division  
PO Box 778 / 600 W. Main St., Rm. 322  
Jefferson City, MO 65102

File Number:  
N00048534  
Date Filed: 09/13/2012  
Robin Carnahan  
Secretary of State

## Articles of Amendment for a Nonprofit Corporation

(Submit with filing fee of \$10.00)

The undersigned corporation, for the purpose of amending its articles of incorporation, hereby executes the following articles of amendment:

1. The name of corporation is: The National Coalition of Community Foundations for Youth N00048534  
Name Charter Number

2. The amendment was adopted on September 17, 2006 and changed article(s) 1 to state as follows:  
month/day/year  
The name of the corporation is CFLeads.

3. If approval of members was not required, and the amendment(s) was approved by a sufficient vote of the board of directors or incorporators, check here and skip to number (5): ☒

4. If approval by members was required, check here and provide the following information: ☐

A. Number of memberships outstanding:

B. Complete either C or D:

C. Number of votes for and against the amendments(s) by class was:

| Class | Number entitled to vote | Number voting for | Number voting against |
|-------|-------------------------|-------------------|-----------------------|
| _____ | _____                   | _____             | _____                 |
| _____ | _____                   | _____             | _____                 |
| _____ | _____                   | _____             | _____                 |

D. Number of undisputed votes cast for the amendment(s) was sufficient for approval, and was:

| Class: | Number Voting undisputed: |
|--------|---------------------------|
| _____  | _____                     |
| _____  | _____                     |
| _____  | _____                     |

The number of votes cast in favor of the amendment(s) by each class was sufficient for approval by that class.

5. If approval of the amendment(s) by some person(s) other than the members, the board or the incorporators was required pursuant to section 355.606, check here to indicate that approval was obtained: ☐

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

Clotilde Perez-Bode Dedecker Clotilde Perez-Bode Dedecker, Chairman of the Board 9/9/12  
Authorized signature of officer or chairman of the board Printed Name Title Date

Name and address to return filed document:

Name: Deanna Silke

Address: 1055 Broadway, Suite 130

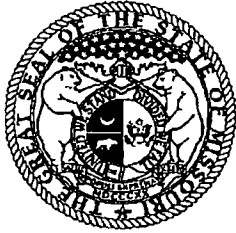
City, State, and Zip Code: Kansas City, MO 64105

State of Missouri  
Amend/Restate - NonProfit 1 Page(s)



T1226202042





State of Missouri  
Missouri Secretary of State's Office  
Robin Carnahan  
Secretary of State, Robin Carnahan  
09/19/2012

Invoice Number: 8872937

Invoice Date: 09/18/2012 12:28 PM

User ID: 400

**Billing Information**

THE GREATER KANSAS CITY  
COMMUNITY FOUNDATION  
1055 BROADWAY, #130  
KANSAS CITY, MO 64105

| Product Description                                                                                                                              | Certification<br>Number | Order<br>Date | Qty | Pages | Item<br>Cost | Extended | Amount<br>Due |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------|-----|-------|--------------|----------|---------------|
| JEFF-Corp Fees - Amend/Restate - NonProfit<br>Re: Silke, Deanna<br>Contact: THE GREATER KANSAS CITY<br>COMMUNITY FOUNDATION<br>Shipped Via: Mail | 14938430                | 09/18/2012    | 1   | 1     | 10.00        | 10.00    | Paid          |

Credit Balance as of 09/19/2012 8:34 AM: \$0.00

**Payment Details:**

Check #331148 for \$10.00(14938430;\$10.00, )

Invoice Total: \$10.00

Payment Total: \$10.00

Contact(s): None specified

Amount Due: \$0.00

Include invoice number on all correspondence and send to:

UCC Inquiries: Missouri Secretary of State's Office  
P.O. Box 1159  
Jefferson City, Missouri 65102

To discuss payment for UCC items call:  
(866) 223-6535 Toll Free

Corporation Inquiries: Missouri Secretary of State's Office  
P.O. Box 1366  
Jefferson City, Missouri 65102

To discuss payment for Corporation items call:  
(866) 223-6535 Toll Free

Commission Inquiries: Missouri Secretary of State's Office  
P.O. Box 784  
Jefferson City, Missouri 65102

To discuss payment for Commission items call:  
(866) 223-6535 Toll Free