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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012

B Check if applicable
- ☑ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
United Way of Greater Kansas City Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
801 West 47th Street
Suite

City or town, state or country, and ZIP + 4
Kansas City, MO 64112

D Employer identification number
44-0545812

E Telephone number
(816)472-4289

G Gross receipts $ 36,860,350

F Name and address of principal officer
BRENT A STEWART
801 W 47TH STREET
KANSAS CITY, MO 64112

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW UNITEDWAYGKC ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1918

M State of legal domicile MO

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE UNITED WAY OF GREATER KANSAS CITY'S MISSION IS IMPROVING LIVES BY MOBILIZING THE CARING POWER OF GREATER KANSAS CITY

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	3	32
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	32
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	119
6	Total number of volunteers (estimate if necessary)	6	9,723
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
Revenue **8**	Contributions and grants (Part VIII, line 1h)	35,607,627	36,282,771
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	215,703	327,699
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,343	16,641
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	35,838,673	36,627,111
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	25,718,553	28,701,973
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,036,761	5,467,823
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶2,875,825		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,927,284	2,758,759
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	33,682,598	36,928,555
19	Revenue less expenses Subtract line 18 from line 12	2,156,075	-301,444

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	38,539,865	38,982,976
21	Total liabilities (Part X, line 26)	22,430,005	22,676,397
22	Net assets or fund balances Subtract line 21 from line 20	16,109,860	16,306,579

Part II Signature Block

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

Sign Here

****** | 2013-11-15
Signature of officer | Date

MICHELLE OVERESTREET HOGERTY COO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Michael J Engle				
Firm's name ▶ BKD LLP			Firm's EIN ▶	
Firm's address ▶ 1201 Walnut Suite 1700 Kansas City, MO 641062246			Phone no (816) 221-6300	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

THE UNITED WAY OF GREATER KANSAS CITY'S MISSION IS TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF GREATER KANSAS CITY

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 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 $	32,181,621	including grants of $	28,701,973) (Revenue $	0)	
	SEE SCHEDULE O						
4b	(Code	) (Expenses $	751,663	including grants of $	0) (Revenue $	0)	
	SEE SCHEDULE O						
4c	(Code	) (Expenses $	164,288	including grants of $	0) (Revenue $	0)	
	SEE SCHEDULE O						
4d	Other program services (Describe in Schedule O)						
	(Expenses $		including grants of $		) (Revenue $	)	
4e	**Total program service expenses** ▶		33,097,572				

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*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
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*	5		No
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*	6		No
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*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
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*	10	Yes	
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.*	11a	Yes	
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*	11b		No
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*	11c		No
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*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
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*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
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 and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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*	14b		No
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*	15		No
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*	16		No
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)*	17		No
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*	18		No
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*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

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? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
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? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
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? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
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? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
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? *If "Yes," complete Schedule L, Part III*	**27**		No
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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
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? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check 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 . .	1a	37		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
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	2a	119		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	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)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	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 as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
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?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ KS , MO

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶ MICHELLE OVERSTREET HOGERTY 801 WEST 47TH STREET KANSAS CITY, MO (816) 559-4604

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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								721,600	0	177,009

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 ▶ 5

			Yes	No
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*	**3**		No
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*	**4**	Yes	
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*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e	75,793			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	36,206,978			
	g	Noncash contributions included in lines 1a-1f $		1,125,232			
	h	**Total.** Add lines 1a-1f . . . . . ▶		36,282,771			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		0			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		399,667			399,667
	4	Income from investment of tax-exempt bond proceeds . . ▶		0			
	5	Royalties . . . . . ▶		0			
			(i) Real	(ii) Personal			
	6a	Gross rents	27,912				
	b	Less rental expenses	11,271				
	c	Rental income or (loss)	16,641	0			
	d	Net rental income or (loss) . . . . . ▶		16,641			16,641
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	150,000				
	b	Less cost or other basis and sales expenses	103,686	118,282			
	c	Gain or (loss)	46,314	-118,282			
	d	Net gain or (loss) . . . . . ▶		-71,968			-71,968
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) 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 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 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						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		0			
	12	**Total revenue.** See Instructions . . . . . ▶		36,627,111			344,340

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	28,701,973	28,701,973		
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	465,871	214,301	97,833	153,737
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	3,569,420	1,935,233	394,760	1,239,427
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	400,001	206,836	55,339	137,826
9 Other employee benefits	743,440	371,886	92,193	279,361
10 Payroll taxes	289,091	156,414	33,319	99,358
11 Fees for services (non-employees)				
a Management	0			
b Legal	35,324	18,583	6,510	10,231
c Accounting	79,933	36,769	16,786	26,378
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	16,794	7,725	3,527	5,542
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	854,574	693,904	25,552	135,118
12 Advertising and promotion	151,016	28,371	11,778	110,867
13 Office expenses	533,028	249,874	26,810	256,344
14 Information technology	0			
15 Royalties . .	0			
16 Occupancy	250,879	115,341	52,427	83,110
17 Travel	103,400	44,919	13,524	44,957
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	153,715	42,098	8,719	102,898
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	148,432	68,279	31,171	48,983
23 Insurance	82,454	40,389	14,497	27,568
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 DUES & SUBSCRIPTIONS	16,963	10,883	1,537	4,543
b UNITED WAY WORLDWIDE DUES	326,294	150,095	68,522	107,677
c _				
d _				
e All other expenses	5,953	3,699	354	1,900
25 **Total functional expenses.** Add lines 1 through 24e	36,928,555	33,097,572	955,158	2,875,825
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		2,984,986	1	4,297,732
	2	Savings and temporary cash investments		6,863,350	2	5,871,999
	3	Pledges and grants receivable, net		19,112,129	3	18,305,367
	4	Accounts receivable, net		158,312	4	228,596
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		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		172,230	9	272,970
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 3,711,275			
	b	Less accumulated depreciation	10b 629,643	2,760,289	10c	3,081,632
	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		6,488,569	15	6,924,680
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		38,539,865	16	38,982,976
Liabilities	17	Accounts payable and accrued expenses		18,053,481	17	17,957,052
	18	Grants payable		4,208,303	18	4,595,097
	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	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		168,221	23	124,248
	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	**Total liabilities.** Add lines 17 through 25		22,430,005	26	22,676,397
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		13,325,244	27	13,218,983
	28	Temporarily restricted net assets		902,494	28	1,229,220
	29	Permanently restricted net assets		1,882,122	29	1,858,376
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		16,109,860	33	16,306,579
	34	Total liabilities and net assets/fund balances		38,539,865	34	38,982,976

Part XI Reconcilliation 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	36,627,111
2	Total expenses (must equal Part IX, column (A), line 25)	2	36,928,555
3	Revenue less expenses Subtract line 2 from line 1	3	-301,444
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,109,860
5	Net unrealized gains (losses) on investments	5	409,971
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	88,192
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	16,306,579

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 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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	3b		

Additional Data

Software ID:
Software Version:
EIN: 44-0545812
Name: United Way of Greater Kansas City Inc

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TERRY BASSHAM TRUSTEE	10	X						0	0	0
ROBERT C BLOSS TRUSTEE	10	X						0	0	0
CAROLYN CALDWELL TRUSTEE	10	X						0	0	0
DIANNE CLEAVER CHAIR/TRUSTEE	10	X		X				0	0	0
THOMAS CRANSHAW TRUSTEE	10	X						0	0	0
LEODIS LEO DAVIS TRUSTEE	10	X						0	0	0
REGINALD THOMAS TRUSTEE	10	X						0	0	0
PEGGY DUNN TRUSTEE	10	X						0	0	0
JO ANNE GABBERT TRUSTEE	10	X						0	0	0
JENNY HAILE TRUSTEE	10	X						0	0	0
DAN HESSE TRUSTEE	10	X						0	0	0
MICHAEL HOCKLEY TRUSTEE	10	X						0	0	0
DARCY HOWE TRUSTEE	10	X						0	0	0
GENE JOHNSON TRUSTEE	10	X						0	0	0
RAY KOWALIK TRUSTEE	10	X						0	0	0
JAY LIND TRUSTEE	10	X						0	0	0
JEANETTE PRENGER TRUSTEE	10	X						0	0	0
JEFF PROVOST TREASURER/TRUSTEE	10	X		X				0	0	0
JULIE L QUIRIN TRUSTEE	10	X						0	0	0
KAREN SAGE TRUSTEE	10	X						0	0	0
DRED SCOTT TRUSTEE	10	X						0	0	0
BRENDA SHARPE TRUSTEE	10	X						0	0	0
MICHELE SNYDER TRUSTEE	10	X						0	0	0
ED TERVOL TRUSTEE	10	X						0	0	0
ED UNDERWOOD TRUSTEE	10	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BETSY VANDER VELDE TRUSTEE	1.0	X						0	0	0
LINDA WARD TRUSTEE	1.0	X						0	0	0
RUSS WELSH TRUSTEE	1.0	X						0	0	0
BRIDGETTE WILLIAMS SECRETARY/TRUSTEE	1.0	X		X				0	0	0
DOROTHY WITHERSPOON TRUSTEE	1.0	X						0	0	0
HANNES ZACHARIAS TRUSTEE	1.0	X						0	0	0
BILL ZOLLARS VICE-CHAIR/TRUSTEE	1.0	X		X				0	0	0
BRENT STEWART PRESIDENT/CEO	50.0			X				251,989	0	59,921
MICHELLE OVERSTREET HOGERTY CHIEF OPERATING OFFICER	50.0			X				133,719	0	23,352
BARBARA WURTZLER SR VICE PRESIDENT	50.0					X		120,389	0	28,724
STEPHEN RANSBURG VICE PRESIDENT	50.0					X		114,670	0	26,384
ALINDA DENNIS SR VICE PRESIDENT	50.0					X		100,833	0	38,628

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
United Way of Greater Kansas City Inc

Employer identification number
44-0545812

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

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

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

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

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

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

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	38,235,737	39,034,234	37,555,114	35,590,267	36,282,771	186,698,123
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	38,235,737	39,034,234	37,555,114	35,590,267	36,282,771	186,698,123
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)						3,542,542
6 **Public support.** Subtract line 5 from line 4						183,155,581

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	38,235,737	39,034,234	37,555,114	35,590,267	36,282,771	186,698,123
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	273,527	228,031	175,641	277,267	427,579	1,382,045
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	122,965	35,486	0	0	158,451
11 **Total support** (Add lines 7 through 10)						188,238,619

12 Gross receipts from related activities, etc (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	**14**	97 300 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	**15**	97 387 %

16a **33 1/3% support test—2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

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).

Facts And Circumstances Test

Explanation

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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.**

OMB No 1545-0047

2012

Open to Public Inspection

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 the organization	**Employer identification number**
United Way of Greater Kansas City Inc	44-0545812

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-

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) 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?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		911
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		1,269
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total Add lines 1c through 1i			2,180
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF LOBBYING ACTIVITIES	SCHEDULE C, PART II-B, LINES 1A, 1B, 1D, AND 1G	VOLUNTEERS AND STAFF WRITE EMAILS AND LETTERS REGARDING SOCIAL WELFARE ISSUES AND SPECIFIC BILLS AS WELL AS ROUNDTABLE DISCUSSIONS WITH LEGISLATORS

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
United Way of Greater Kansas City Inc

Employer identification number
44-0545812

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

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

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

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

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

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	5,516,619	6,109,666	5,478,714	3,854,644	5,164,712
b	Contributions	2,411	412	207,542	2,013,385	378,143
c	Net investment earnings, gains, and losses	631,248	-22,486	570,672	907,386	-1,443,656
d	Grants or scholarships	0	0	0	0	0
e	Other expenditures for facilities and programs	166,793	550,037	126,000	1,280,000	228,929
f	Administrative expenses	4,189	20,936	21,262	16,701	15,626
g	End of year balance	5,979,296	5,516,619	6,109,666	5,478,714	3,854,644

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

- a Board designated or quasi-endowment ▶ 79 954 %
- b Permanent endowment ▶ 16 724 %
- c Temporarily restricted endowment ▶ 3 321 %

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

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

		Yes	No
(i) unrelated organizations	3a(i)	Yes	
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		459,710	104,690	355,020
c Leasehold improvements			0	
d Equipment		916,416	524,953	391,463
e Other	1,931,954	403,195	0	2,335,149
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				3,081,632

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
(1) Interest Receivable	27,637
(2) Investment Held by GKCCF	6,897,043
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	6,924,680

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

1 (a) Description of liability	(b) Book value
Federal income taxes	0
See Additional Data Table	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	0

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

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

1	Total revenue, gains, and other support per audited financial statements			1	25,861,434
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	409,971		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	129,553		
e	Add lines **2a** through **2d**			2e	539,524
3	Subtract line **2e** from line **1**			3	25,321,910
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	11,305,201		
c	Add lines **4a** and **4b**			4c	11,305,201
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	36,627,111

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

1	Total expenses and losses per audited financial statements			1	25,752,907
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	129,553		
e	Add lines **2a** through **2d**			2e	129,553
3	Subtract line **2e** from line **1**			3	25,623,354
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	11,305,201		
c	Add lines **4a** and **4b**			4c	11,305,201
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	36,928,555

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 4	The Endowment Funds are utilized to provide additional support for programs that do not have a specific source of funding
UNCERTAIN TAX POSITIONS DISCLOSURE	SCHEDULE D, PART X, LINE 2	MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740 BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS
RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS	SCHEDULE D, PART XI, LINES 2D & 4B	LINE 2D RENTAL EXPENSES $ 11,271 LOSS ON SALE OF ASSETS $ 118,282 ---------- $ 129,553 LINE 4B CONTRIBUTIONS HELD ON BEHALF OF OTHERS $ 7,599,270 COMBINED FEDERAL CAMPAIGN $ 3,705,931 ---------- $ 11,305,201
RECONCILIATION OF EXPENSES PER AUDITED FINANCIAL STATEMENTS	SCHEDULE D, PART XII, LINES 2D & 4B	LINE 2D RENTAL EXPENSES $ 11,271 LOSS ON SALE OF ASSETS $ 118,282 ---------- $ 129,553 LINE 4B CONTRIBUTIONS HELD ON BEHALF OF OTHERS $ 7,599,270 COMBINED FEDERAL CAMPAIGN $ 3,705,931 ---------- $ 11,305,201

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
United Way of Greater Kansas City Inc

Employer identification number
44-0545812

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 283

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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

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

Part IV **Supplemental Information.**

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

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE U S	SCHEDULE I, PART I, LINE 2	UNITED WAY OF GREATER KANSAS CITY CONDUCTS AN ANNUAL REVIEW OF GRANTEE PROGRAMS AND AGENCIES THIS REVIEW INCLUDES THE SUBMISSION OF REPORTS THAT INCLUDE YEAR-END UNITS OF SERVICE, PROGRAM OUTCOMES AND FINANCIAL DATA, AS WELL AS IN-PERSON INTERVIEWS WITH REPRESENTATIVES OF FUNDED PROGRAMS IN ADDITION, UWGKC'S FUNDING AGREEMENT WITH EACH RECIPIENT AGENCY REQUIRES COMPLIANCE WITH MORE THAN FORTY STANDARDS OF ACCOUNTABILITY WHEN AGENCIES FIRST SEEK UWGKC FUNDING, THEY MUST DEMONSTRATE COMPLIANCE WITH THE STANDARDS BY COMPLETING A SELF-ASSESSMENT QUESTIONNAIRE AND PARTICIPATE IN AN ON-SITE INTERVIEW WITH UNITED WAY REPRESENTATIVES CERTIFICATION AND COMMUNITY IMPACT BOARD COMMITTEES HAVE RESPONSIBILITY FOR OVERSIGHT OF THIS PROCESS WHEN SIGNIFICANT PROBLEMS OR CONCERNS ARE IDENTIFIED, A MECHANISM IS IN PLACE FOR ADDITIONAL MEETINGS AND/OR REPORTING, AS NEEDED, TO MONITOR THE VIABILITY OF FUNDED PROGRAMS AND ORGANIZATIONS

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 44-0545812
Name: United Way of Greater Kansas City Inc

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Advice & Aid Pregnancy Center4601 W 109th St Ste 302 Leawood, KS 66211	48-1055953	501(C)(3)	5,023				Donor Designated Funding
Aid For Africa6909 Ridgewood Avenue Chevy Chase, MD 20815	06-1703295	501(C)(3)	12,271				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Alphapointe Association for the Blind7501 Prospect Ave Kansas City, MO 64132	44-0552486	501(C)(3)	60,920				Program Funding
American Cancer Society-Heartland Div1100 Pennsylvania Kansas City, MO 64105	13-1788491	501(C)(3)	366,822				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
American Diabetes Association10580 Barkley Ste 400 Overland Park,KS 66212	13-1623888	501(C)(3)	8,599				Donor Designated Funding
American Heart Association 6800 W 93rd St Overland Park,KS 66212	13-5613797	501(C)(3)	167,474				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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American Red Cross211 W Armour Blvd Kansas City, MO 64111	43-1750848	501(C)(3)	1,205,958				Program Funding
American Red CrossPO Box 73857 Chicago, IL 60673	53-0196605	501(C)(3)	63,548				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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American Stroke Foundation 5960 Dearborn St Ste 100 Mission, KS 66202	74-2804603	501(C)(3)	70,464				Program Funding
America's Charities14150 Newbrook Dr Suite 110 Chantilly, VA 20151	54-1517707	501(C)(3)	109,731				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Amethyst Place2732 Troost Ave Apt A Kansas City, MO 64109	43-1887442	501(C)(3)	10,798				Donor Designated Funding
Angel Flight Central Inc10 NW Richards Road Kansas City, MO 64116	43-1699607	501(C)(3)	9,681				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Animal Charities of America 21 Tamal Vista Blvd Suite 209 Corte Madera,CA 94925	94-3193389	501(C)(3)	135,421				Donor Designated Funding
Associated Youth Services 803 Armstrong Avenue Kansas City,KS 66117	48-0554802	501(C)(3)	5,754				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Beatrice Priscilla Stewart Scholarship1055 Broadway Suite 130 Kansas City, MO 64105	43-1152398	501(C)(3)	6,528				Donor Designated Funding
Belton School District110 Walnut Belton, MO 64102	43-1942967	GOVERNMENT	10,000				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Benilde Hall3220 E 23rd St Kansas City, MO 641274201	43-1795790	501(C)(3)	16,330				Program Funding
Big Brothers & Sisters of Greater KC3908 Washington St Kansas City, MO 64111	43-6068464	501(C)(3)	302,285				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Bishop Sullivan Center6435 Truman Rd Kansas City, MO 64126	43-0993672	501(C)(3)	27,719				Donor Designated Funding
Black Health Care Coalition 6675 Holmes Suite 650 Kansas City, MO 64131	43-1515095	501(C)(3)	11,919				Donor Designated Funding

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Bloch School at UMKC115 Bloch School 5110 Cherry St Kansas City, MO 64110	26-0840496	501(C)(3)	7,500				Donor Designated Funding
Boy Scouts-Heart of America Council10210 Holmes Rd Kansas City, MO 64131	44-0545995	501(C)(3)	614,890				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Boys & Girls Club of Greater KC6301 Rockhill Rd Ste 303 Kansas City, MO 64131	43-6072065	501(C)(3)	607,327				Program Funding
Boys Hope Girls Hope-Kansas City7930 State Line Rd Suite 120 Prairie Village, KS 66208	51-0182614	501(C)(3)	6,346				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Budget & Financial Management AssistancePO Box 414711 Kansas City, MO 64141	43-1747260	501(C)(3)	16,769				Program Funding
Cabot Westside Health Center2121 Summit St Kansas City, MO 64108	44-0546280	501(C)(3)	84,301				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Camp Fire Boys & Girls Heartland Counci1100 Walnut Suite 1900 Kansas City, MO 64106	13-1623921	501(C)(3)	127,375				Program Funding
Camp Guardian Foundation Inc3608 West Truman Blvd Jefferson City, MO 65109	43-1889427	501(C)(3)	8,621				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Cancer Action10520 Barkley St Ste 100 Overland Park, KS 66212	48-0650257	501(C)(3)	96,697				Program Funding
Cancer Cure of America 1100 Larkspur Landing Circle Larkspur, CA 94939	81-0648432	501(C)(3)	86,946				Donor Designated Funding

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CASA of Johnson and Wyandotte Counties6901 Shawnee Mission Pkwy Ste 11 Mission, KS 66202	48-1088233	501(C)(3)	64,000				Program Funding
Cass County Council on Aging200 W Well Harrisonville, MO 64701	43-1188021	501(C)(3)	12,181				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Catholic Charities of Kansas City - St Joseph20 W 9th St Ste 600 Kansas City, MO 64105	43-0887779	501(C)(3)	592,194				Program Funding
Catholic Charities of Northeast Kansas9720 W 87th St Overland Park, KS 66212	48-1181305	501(C)(3)	466,216				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Catholic Charities USA2050 Ballenger Avenue Suite 400 Alexandria,VA 22314	53-0196620	501(C)(3)	5,933				Donor Designated Funding
Cathy's Foundation2902 W 67th Terr Shawnee Mission,KS 66208	48-1224316	501(C)(3)	6,705				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Center for Practical Bioethics 1111 Main St Suite 500 Kansas City, MO 64105	48-0985815	501(C)(3)	13,571				Donor Designated Funding
Child Abuse Prevention Association503 E 23rd St Independence, MO 64055	43-1067711	501(C)(3)	72,742				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Child Protection Center3101 Broadway Suite 750 Kansas City, MO 64111	20-4535728	501(C)(3)	14,557				Program Funding
Children First - America's Charities14150 Newbrooks Drive Suite 110 Chantilly, VA 20151	30-0186795	501(C)(3)	28,017				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Childrens Center for Visually Impaired3101 Main Street Kansas City, MO 64111	44-0574397	501(C)(3)	128,453				Program Funding
Children's Charities of America21 Tamal Vista Blvd Suite 209 Corte Madera, CA 94925	94-3148588	501(C)(3)	68,883				Donor Designated Funding

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Children's Medical Charities of America1100 Larkspur Landing Circle Suite Larkspur,CA 94939	27-0093393	501(C)(3)	51,987				Donor Designated Funding
Children's Mercy Hospitals and Clinics2401 Gillham Rd Kansas City,MO 64108	44-0605373	501(C)(3)	756,164				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Children's Place2 E 59th St Kansas City, MO 64113	51-0195216	501(C)(3)	138,798				Program Funding
Children's Therapy Group Foundation Inc7620 Metcalf Ave Suite M Overland Park, KS 66204	48-0956044	501(C)(3)	6,006				Donor Designated Funding

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Children's TLC3101 Main St Kansas City, MO 64111	44-0616374	501(C)(3)	109,655				Program Funding
Christian Charities USA21 Tamal Vista Blvd Suite 209 Corte Madera, CA 94925	94-3255961	501(C)(3)	66,645				Donor Designated Funding

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Christian Family Services of the Midwest10500 Barkley St Ste 216 Overland Park, KS 662121838	48-0940229	501(C)(3)	16,430				Donor Designated Funding
Christian Service Charities PO Box 79704 Baltimore, MD 21279	94-3193374	501(C)(3)	147,970				Donor Designated Funding

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City Union Mission1100 E 11th Street Kansas City, MO 64106	44-6005481	501(C)(3)	124,999				Donor Designated Funding
Clay County Clothes Closet PO Box 46625 Gladstone, MO 64188	43-6057988	501(C)(3)	7,047				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Communities Creating Opportunity5814 Euclid Kansas City, MO 64130	43-1127845	501(C)(3)	18,224				Program Funding
Community Center of Shawnee11110 W 67th St Shawnee, KS 66203	48-0948324	501(C)(3)	5,431				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Community Health Charities 1240 N Pitt 3rd Floor Alexandria,VA 22314	13-6167225	501(C)(3)	249,410				Donor Designated Funding
Community Health Charities of Kansas and Missouri6405 Metcalf St Overland Park,KS 66202	43-1604240	501(C)(3)	897,991				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Community LINC4012-14 Troost Ave Kansas City, MO 64110	43-1506591	501(C)(3)	55,786				Program Funding
Community Mediation Center 500 West Pacific Independence, MO 64050	43-1890891	501(C)(3)	65,860				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Community Services League 404 N Noland Rd Independence, MO 64050	43-0976396	501(C)(3)	106,835				Program Funding
Comprehensive Mental Health Services10901 Winner Road Independence, MO 64052	43-0949079	501(C)(3)	97,251				Program Funding

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Concerned Care320 Armour Rd Ste 101 Kansas City, MO 64116	43-0975464	501(C)(3)	18,970				Program Funding
Conservation & Preservation Charities of America21 Tamal Vista Blvd Suite 209 Corte Madera, CA 94925	94-3217738	501(C)(3)	26,857				Donor Designated Funding

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Cornerstones of Care300 E 36th St Kansas City, MO 64111	43-1689138	501(C)(3)	10,350				Program Funding
Crittenton Children's Center 10918 Elm Ave Kansas City, MO 64134	44-0545808	501(C)(3)	134,470				Program Funding

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Cultivate KCKC Center for Urban Agriculture4223 Gibbs Road Kansas City, KS 66106	20-2365320	501(C)(3)	18,480				Program Funding
Cystic Fibrosis Foundation 6950 Squibb Rd Ste 310 Mission, KS 66202	13-1930701	501(C)(3)	7,623				Donor Designated Funding

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DeLaSalle Education Center 3740 Forest Ave Kansas City, MO 64109	43-0971728	501(C)(3)	93,300				Program Funding
Della Lamb Community Services500 Woodland Ave Kansas City, MO 64106	44-0549931	501(C)(3)	258,604				Program Funding

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Do Unto Others America's Emergency Relief21 Tamal Vista Blvd Corte Madera,CA 94925	94-3148590	501(C)(3)	24,942				Donor Designated Funding
Don Bosco Community Centers531 Garfield Ave Kansas City,MO 64124	44-0558260	501(C)(3)	96,995				Program Funding

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Downtown Outreach1307 Holmes Kansas City, MO 64106	43-1923498	501(C)(3)	6,697				Donor Designated Funding
Drumm Foundation3210 Lees Summit Rd Independence, MO 64055	43-1679248	501(C)(3)	12,773				Program Funding

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Duchesne Clinic636 Tauromee Kansas City, KS 66101	48-1009910	501(C)(3)	5,061				Donor Designated Funding
Ducks Unlimited IncOne Waterfowl Way Memphis, TN 38120	13-5643799	501(C)(3)	6,465				Donor Designated Funding

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Earth Share3400 NW International Dr Suite Washington, DC 20008	52-1601960	501(C)(3)	56,931				Donor Designated Funding
Earth Share of Missouri1222 Spruce St Room 3310 Saint Louis, MO 63103	43-1679971	501(C)(3)	46,573				Donor Designated Funding

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Educate AmericaPO Box 45754 San Francisco,CA 94145	94-3193387	501(C)(3)	19,052				Donor Designated Funding
El Centro650 Minnesota Ave Kansas City,KS 66101	36-2904073	501(C)(3)	42,123				Program Funding

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Epilepsy Foundation6400 Prospect Ste 300B Kansas City, MO 64132	43-6048869	501(C)(3)	36,937				Program Funding
Episcopal Community Services11 E 40th St Kansas City, MO 64111	43-1525298	501(C)(3)	50,705				Program Funding

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FIRE20 W 9th St Kansas City, MO 64105	43-1771385	501(C)(3)	22,903				Donor Designated Funding
Feed the People Ministries 1604 NW A Street Blue Springs, MO 64015	43-1849771	501(C)(3)	10,958				Donor Designated Funding

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First Call633 E 63rd St Kansas City, MO 64110	44-0641486	501(C)(3)	111,270				Program Funding
Food for the Poor550 SW 12th Avenue Suite 4 Deerfield Beach, FL 33442	59-2174510	501(C)(3)	5,834				Donor Designated Funding

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(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Friends of the Zoo6800 Zoo Dr Kansas City, MO 64132	43-6048888	501(C)(3)	6,320				Donor Designated Funding
Genesis School3800 E 44th St Kansas City, MO 64130	43-1196717	501(C)(3)	95,750				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Gillis Center for Children and Families8150 Wornall Rd Kansas City, MO 64114	43-1765826	501(C)(3)	184,511				Program Funding
Girl Scouts-Mid Continent Council8383 Blue Parkway Drive Kansas CIty, MO 64133	43-0892926	501(C)(3)	379,244				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Global Impact66 Carnal Center Plaza Suite 310 Alexandria,VA 22314	52-1273585	501(C)(3)	78,560				Donor Designated Funding
Good Samaritan Project3030 Walnut St Kansas City,MO 64108	43-1343144	501(C)(3)	69,635				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Goodwill of Western MO Helping Hand of Goodwill In1817 Campbell Kansas City, MO 64108	43-1195708	501(C)(3)	91,878				Program Funding
Gordon Parks Elementary School3715 Wyoming St Kansas City, MO 64111	43-1837978	GOVERNMENT	22,679				Program Funding PROGRAM FUNDING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Grace United Community Ministries801 Benton Blvd Suite 811 Kansas City, MO 64124	66-0645519	501(C)(3)	26,520				Program Funding
Grandview Assistance Program1121 Main St Grandview, MO 64030	43-1607813	501(C)(3)	50,217				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Greater Kansas City Housing Information Center3200 Wayne 2nd Floor Kansas City, MO 64109	43-1427341	501(C)(3)	27,336				Program Funding
Guadalupe Centers Inc1015 Avenida Cesar E Chavez Kansas City, MO 64108	44-0610781	501(C)(3)	267,846				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Habitat for Humanity1423 E Linwood Blvd Kansas City, MO 64109	43-1175749	501(C)(3)	20,290				Donor Designated Funding
Habitat for Humanity - Truman Heritage505 N Dodgion St Independence, MO 64050	43-1532266	501(C)(3)	6,176				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Harrisonville Ministerial Alliance1405 S Commercial Harrisonville,MO 64701	43-1800881	501(C)(3)	14,655				Program Funding
Harvesters3801 Topping Ave Kansas City,MO 64129	43-1208665	501(C)(3)	494,009				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Head Start of Shawnee Mission8155 Sante Fe Dr Overland Park, KS 66204	48-0723044	501(C)(3)	129,786				Program Funding
Health & Medical Research Charities of A21 Tamal Vista Blvd Suite 209 Corte Madera, CA 94925	94-3217739	501(C)(3)	140,945				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Health Care Access Inc330 Maine St Lawrence, KS 66044	48-1062114	501(C)(3)	5,402				Donor Designated Funding
Health First - America's Charities14150 Newbrook Dr Suite 110 Chantilly, VA 20151	30-0186796	501(C)(3)	29,126				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Health Partnership Clinic of Johnson County7171 West 95th Street Suite 100 Overland Park,KS 66212	48-1115529	501(C)(3)	66,669				Program Funding
Heartland Habitat for Humanity1401 Fairfax Trafficway 323D Kansas City,KS 66115	48-1041839	501(C)(3)	8,411				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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HELP Humane Society511 Main St Belton,MO 64012	43-1787083	501(C)(3)	20,960				Donor Designated Funding
Helping Hands Humane Society Inc2625 NW Rochester Road Topeka,KS 66617	48-0597124	501(C)(3)	17,912				Donor Designated Funding

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Helping Hands Therapeutic Riding Center31505 E Stringtown Rd Greenwood, MO 64034	90-0126311	501(C)(3)	16,097				Donor Designated Funding
Hispanic & Latino Charities of the US1100 Larkspur Landing Circle Ste 3 Larkspur, CA 94939	68-0455509	501(C)(3)	5,496				Donor Designated Funding

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Hispanic Economic Development Corporation 1427 West 9th St Kansas City, MO 64101	43-1654693	501(C)(3)	11,149				Program Funding
Hope Center2800 E Linwood Blvd Kansas City, MO 64128	43-1828403	501(C)(3)	16,331				Donor Designated Funding

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Hope Faith Ministries705 Virginia Ave Kansas City, MO 64106	02-0727462	501(C)(3)	8,201				Donor Designated Funding
Hope Haven of Cass County PO Box 754 Harrisonville, MO 647010754	43-1596092	501(C)(3)	13,072				Program Funding

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Hope HousePO Box 577 Lees Summit, MO 64063	43-1265685	501(C)(3)	260,552				Program Funding
Human & Civil Rights Organizations of Am21 Tamal Vista Blvd Suite 209 Corte Madera, CA 94925	94-3193388	501(C)(3)	11,774				Donor Designated Funding

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Human Care Charities of America agency21 Tamal Vista Blvd Suite 209 Corte Madera,CA 94925	94-3067804	501(C)(3)	34,006				Donor Designated Funding
Human Service Charities of AmericaPO Box 79770 Baltimore,MD 212790770	94-3240353	501(C)(3)	12,670				Donor Designated Funding

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Humane Society of Greater Kansas City5445 Parallel Parkway Kansas City, KS 66104	48-0581965	501(C)(3)	42,887				Donor Designated Funding
Independence Meals on Wheels409 N Liberty St Independence, MO 64050	43-1083396	501(C)(3)	21,345				Program Funding

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Independent Charities of America21 Tamal Vista Blvd 209 Corte Madera, CA 94925	94-3067804	501(C)(3)	56,108				Donor Designated Funding
Jackson County CASA625 E 26th St Kansas City, MO 64108	43-1401328	501(C)(3)	103,677				Program Funding

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Jewish Community Center 5801 W 115th St Ste 101 Overland Park, KS 66211	44-0545992	501(C)(3)	121,081				Program Funding
Jewish Family Services5801 W 115th St Ste 103 Leawood, KS 66211	44-0545829	501(C)(3)	160,234				Program Funding

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Jewish Federation of Greater KC5801 W 115th St Suite 201 Leawood, KS 66211	44-0545913	501(C)(3)	11,154				Donor Designated Funding
Jewish Vocational Services 1605-10 Baltimore Kansas City, MO 64108	44-0545995	501(C)(3)	68,753				Program Funding

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Johnson County Christmas BureauPO Box 14786 Lenexa,KS 66285	48-0884400	501(C)(3)	17,858				Program Funding
Johnson County Housing Coalition403 A West Poplar Olathe,KS 66061	48-1157374	501(C)(3)	10,821				Program Funding

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Johnson County Interfaith Hospitality11503 S Strang Line Rd Ste C Olathe,KS 66062	20-0118693	501(C)(3)	6,689				Program Funding
Johnson County MO United WayPO Box 203 Warrensburg,MO 64093	43-1057218	501(C)(3)	30,939				Donor Designated Funding

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Junior Achievement of Middle America4049 Pennsylvania Ave Ste 150 Kansas City, MO 641113006	44-0604809	501(C)(3)	27,947				Donor Designated Funding
Junior Golf Foundation of Kansas City7501 Blue River Road Kansas City, MO 64132	43-1532215	501(C)(3)	19,371				Donor Designated Funding

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Kansas Children's Service League15717 College Boulevard Lenexa,KS 66219	48-0543749	501(C)(3)	15,233				Program Funding
Kansas City Community Gardens6917 Kensington Ave Kansas City,MO 64132	43-1356677	501(C)(3)	39,803				Program Funding

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Kansas City Fire Historical Society30 West Pershing STE 750 Kansas City, MO 64108	43-1502787	501(C)(3)	17,278				Donor Designated Funding
Kansas City Free Health Clinic3515 Broadway Kansas City, MO 64111	43-0967292	501(C)(3)	191,474				Program Funding

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Kansas City Metropolitan Crime3100 Broadway Suite 226 Kansas City, MO 641111918	44-0540176	501(C)(3)	6,367				Donor Designated Funding
Kansas City Missouri Police Care Team1125 Locust Kansas City, MO 64106	43-1686868	501(C)(3)	5,391				Donor Designated Funding

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Kansas City Rescue Mission 1520 Cherry Street Kansas City, MO 64108	43-1287029	501(C)(3)	33,762				Donor Designated Funding
Kansas City Youth Audiences5601 Wyandotte St Kansas City, MO 64113	43-6046557	501(C)(3)	7,744				Donor Designated Funding

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Kansas Legal Services712 S Kansas Ave Ste 200 Topeka, KS 66603	48-0872528	501(C)(3)	34,078				Program Funding
Kansas State University Foundation2323 Anderson Ave Ste 500 Manhattan, KS 665022911	48-0667209	501(C)(3)	13,750				Donor Designated Funding

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Kansas University Endowment AssociationPO Box 928 Lawrence, KS 66044	48-0547734	501(C)(3)	5,547				Donor Designated Funding
KKFI 901 FM Kansas CityPO Box 32250 Kansas City, MO 64111	43-1111320	501(C)(3)	11,084				Donor Designated Funding

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KVC Behavioral Healthcare 21350 W 153rd St Olathe, KS 66061	48-0770308	501(C)(3)	37,495				Program Funding
Kids TLCTLC for Children and Families480 S Rogers Rd Olathe, KS 66062	44-0616374	501(C)(3)	225,958				Program Funding

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Lee's Summit Cares901 NE Independence Lees Summit, MO 64086	43-1301288	501(C)(3)	10,984				Program Funding
Lee's Summit Social Services 108 SE 4th St Lees Summit, MO 64063	43-1604974	501(C)(3)	90,118				Program Funding

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Lee's Summit Underwater RescuePO Box 6575 Lees Summit, MO 640642110	43-1304163	501(C)(3)	10,767				Donor Designated Funding
Legal Aid of Western Missouri1125 Grand Blvd Ste 1900 Kansas City, MO 64106	43-0824638	501(C)(3)	293,227				Program Funding

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Lifeskills Management Center 413 E Santa Fe Olathe,KS 66061	48-1105609	501(C)(3)	8,303				Program Funding
Light HousePO Box 22553 Kansas City,MO 64113	43-1569525	501(C)(3)	16,289				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Literacy Kansas City211 W Armour Blvd 3rd Fl Kansas City, MO 64111	43-1435729	501(C)(3)	46,931				Program Funding
Little Sister of the Poor8745 James A Reed RD Kansas City, MO 64138	53-0196620	501(C)(3)	6,609				Donor Designated Funding

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Local 42 Community Assistance6320 Manchester Ave Suite 42 Kansas City, MO 64133	43-1655412	501(C)(3)	14,556				Donor Designated Funding
Local Independent Charties of America1100 Larkspur Landing Circle 340 Larkspur, CA 94939	94-3042430	501(C)(3)	99,059				Donor Designated Funding

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Make A Wish - Kansas City 7000 W 105th Street Overland Park, KS 66212	43-1550697	501(C)(3)	5,239				Donor Designated Funding
Make a Wish Foundation of Missouri1510 W Elfindale Springfield, MO 65807	43-1550697	501(C)(3)	5,801				Donor Designated Funding

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Make-A-Wish Foundation of Kansas2016 N Amidon Wichita,KS 672032113	48-0984820	501(C)(3)	7,270				Donor Designated Funding
Marillac Center8000 W 127th St Overland Park,KS 66213	43-1147836	501(C)(3)	179,198				Program Funding

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Mattie Rhodes Center1740 Jefferson St Kansas City, MO 64108	44-0546343	501(C)(3)	165,481				Program Funding
Meals on Wheels - Olathe 222 S Pine Olathe, KS 66061	48-0941610	501(C)(3)	11,317				Donor Designated Funding

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Medical Research Charities FederationPO Box 79703 Baltimore,MD 212790703	94-3148591	501(C)(3)	37,496				Donor Designated Funding
Mental Health America of the Heartland739 Minnesota Ave Kansas City,KS 66101	48-1185409	501(C)(3)	127,985				Program Funding

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Metro Lutheran Ministry3031 Holmes St Kansas City, MO 64109	43-0970991	501(C)(3)	111,508				Program Funding
Metropolitan Community Colleges Foundation3200 Broadway Kansas City, MO 64111	51-0181875	501(C)(3)	14,337				Donor Designated Funding

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Metropolitan Council on Early Learning600 Broadway Suite 300 Kansas City, MO 64105	20-1824454	501(C)(3)	37,551				Program Funding
Metropolitan Organization to Counter Sexual Assaul3100 Broadway Ste 400 Kansas City, MO 64111	43-1061620	501(C)(3)	200,272				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Mid America Assistance CoalitionOne W Armour Blvd Ste 301 Kansas City, MO 64111	43-1186173	501(C)(3)	43,622				Program Funding
Mid America MS Achievement Centerc/o Rehabilitation Institute 3011 Kansas City, MO 64108	43-1747002	501(C)(3)	7,140				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Midwest Foster Care & Adoption Association3210 S Lees Summit Rd Independence, MO 64055	43-1895965	501(C)(3)	5,476				Donor Designated Funding
Miles of Smiles Inc6301 North Oak Trafficway Suite 204 Gladstone, MO 64118	20-3664224	501(C)(3)	16,693				Program Funding

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Military Veterans & Patriotic Service O21 Tamal Vista Blvd Suite 209 Corte Madera,CA 94925	94-3193418	501(C)(3)	183,225				Donor Designated Funding
Missouri Association for Social Welfare606 E Capitol Ave Jefferson City,MO 65101	44-0547548	501(C)(3)	25,062				Program Funding

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Missouri Search and Rescue K-9 Inc1710 NW Saunders Rd Blue Springs, MO 640157252	43-1411824	501(C)(3)	5,554				Donor Designated Funding
Mother & Child Health Coalition6400 Prospect Ave Suite 216 Kansas City, MO 64132	43-1897000	501(C)(3)	26,307				Program Funding

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Mothers Refuge14400 E 42nd St South Suite 220 Independence, MO 64055	43-1454628	501(C)(3)	8,064				Program Funding
Multiple Myeloma Research Foundation383 Main Ave Norwalk, CT 06851	06-1504413	501(C)(3)	5,021				Donor Designated Funding

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Myasthenia Gravis Association6400 Prospect Ave East Ste 300A Kansas City, MO 64132	43-1699850	501(C)(3)	41,942				Program Funding
National Black United Federation of Char40 Clinton St Suite 5 Newark, NJ 07102	52-1764913	501(C)(3)	7,002				Donor Designated Funding

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National Kidney Foundation 6405 Metcalf Ave Ste 204 Mission, KS 66202	13-1673104	501(C)(3)	46,545				Program Funding
Negro Leagues Baseball Museum1616 E 18th Street Kansas City, MO 64108	43-1570612	501(C)(3)	7,396				Donor Designated Funding

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Neighbor 2 Neighbor IncPO Box 32913 Kansas City, MO 641717913	26-0346152	501(C)(3)	11,396				Donor Designated Funding
New Horizon Ranch Inc1526 Vermont Rd Rantoul, KS 66079	37-1529096	501(C)(3)	5,499				Donor Designated Funding

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NewhousePO Box 240019 Kansas City, MO 64124	43-0962293	501(C)(3)	67,925				Program Funding
Niles Home for Children1911 E 23rd St Kansas City, MO 64127	44-0565392	501(C)(3)	207,179				Program Funding

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No More Homeless Pets KC 5428 Antioch Drive Merriam, KS 66202	05-0552529	501(C)(3)	12,604				Donor Designated Funding
Nonprofit Connect125 East 31st Street Kansas City, MO 64108	43-1121678	501(C)(3)	21,222				Program Funding

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Northland Family Counseling Center429 NE 69 Hwy Kansas City, MO 64119	43-1186767	501(C)(3)	21,268				Program Funding
Northland Health Care Access5820 NW Barry Rd Suite 300 Kansas City, MO 64154	43-1578121	501(C)(3)	31,911				Program Funding

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Northwest Communities Development CorporationPO Box 520532 Independence, MO 64052	43-1822719	501(C)(3)	24,893				Program Funding
NRA Foundation Inc11250 Waples Mill Road Fairfax, VA 22030	52-1710886	501(C)(3)	9,533				Donor Designated Funding

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Operation Breakthrough3039 Troost Ave Kansas City, MO 64109	43-0971560	501(C)(3)	224,143				Program Funding
Ozanam300 E 36th St Kansas City, MO 64111	44-0545442	501(C)(3)	170,468				Program Funding

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Park University8700 NW River Park Dr Parkville,MO 64152	44-0562048	501(C)(3)	11,562				Donor Designated Funding
Phoenix Family Housing Corporation2838 Warwick Trfy Kansas City,MO 64108	68-0101133	501(C)(3)	35,598				Donor Designated Funding

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Planned Parenthood of Kansas & Mid-MO4401 W 109th St Ste 200 Overland Park,KS 66211	44-0565390	501(C)(3)	16,566				Donor Designated Funding
Pleasant Valley Support Groups1600 N 291 Hwy Liberty,MO 64068	43-0994982	501(C)(3)	6,518				Donor Designated Funding

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Public Television 19 Inc125 E 31st Street Kansas City, MO 64108	23-7114952	501(C)(3)	5,170				Donor Designated Funding
Rachel House Pregnancy Resources Center320 NE Tudor Rd Lees Summit, MO 64086	43-1808105	501(C)(3)	5,123				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Rainbow Center900 NW Woods Chapel Rd Blue Springs, MO 64015	48-0861861	501(C)(3)	38,445				Program Funding
Raytown Emergency Assistance Program9300 E 75th St Raytown, MO 64138	43-1294275	501(C)(3)	48,822				Program Funding

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Reconciliation Services3101 Troost Avenue Kansas City, MO 64109	36-4580402	501(C)(3)	14,120				Program Funding
Redemptorist Social Services Center207 W Linwood Blvd Kansas City, MO 64111	26-0054325	501(C)(3)	42,335				Program Funding

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ReDiscover901 NE Independence Ave Lees Summit, MO 64086	23-7169417	501(C)(3)	51,432				Program Funding
Rehabilitation Institute3011 Baltimore Ave Kansas City, MO 64108	44-0552045	501(C)(3)	295,117				Program Funding

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reStart918 E 9th St Kansas City, MO 64106	43-1349378	501(C)(3)	100,283				Program Funding
Ronald McDonald House Charities KC2502 Cherry Kansas City, MO 64108	43-1190760	501(C)(3)	18,677				Donor Designated Funding

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Rose Brooks CenterPO Box 320599 Kansas City, MO 64132	51-0231573	501(C)(3)	220,104				Program Funding
SAFEHOMEPO Box 4563 Overland Park, KS 66204	48-0917798	501(C)(3)	127,817				Program Funding

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Salina Area United WayPO Box 355 Salina, KS 674020355	48-0573808	501(C)(3)	21,611				Donor Designated Funding
Salvation Army - Manhattan 310 Poyntz Ave Manhattan, KS 66502	44-0545998	501(C)(3)	5,657				Donor Designated Funding

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Salvation Army (Wyandotte County)701 Washington Blvd Kansas City, KS 66101	44-0545998	501(C)(3)	6,834				Donor Designated Funding
Salvation Army Divisional Headquarters3637 Broadway Kansas City, MO 64111	44-0545998	501(C)(3)	704,852				Program Funding

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Salvation Army-serving all of Johnson420 E Santa Fe Olathe,KS 66061	44-0545998	501(C)(3)	17,031				Donor Designated Funding
Samuel U Rodgers Health Center825 Euclid Ave Kansas City,MO 64124	43-0899356	501(C)(3)	106,503				Program Funding

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Sedalia-Pettis County United Way123 E 3rd St Sedalia, MO 65301	43-0827538	501(C)(3)	7,621				Donor Designated Funding
Servant Christian Community Foundation706 N Lindenwood Dr Suite 100 Olathe, KS 660621877	43-1890105	501(C)(3)	15,000				Donor Designated Funding

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Shawnee Mission Education Foundation7235 Antioch Overland Park, KS 66204	74-2823938	501(C)(3)	5,717				Donor Designated Funding
Shepherd's Center of Kansas City Central5200 Oak Kansas City, MO 64112	43-0994417	501(C)(3)	17,569				Program Funding

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Shepherd's Center of Raytown7900 Blue Ridge Boulevard Raytown, MO 64138	48-1074545	501(C)(3)	23,206				Program Funding
Shepherd's Center of the Northland4805 NE Antioch Road Suite 9 Kansas City, MO 64119	43-1567162	501(C)(3)	16,884				Program Funding

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Sherwood Center7938 Chestnut Ave Kansas City, MO 64132	23-7413671	501(C)(3)	101,614				Program Funding
Somali Foundation1101 Euclid Ave Kansas City, MO 64127	43-1844824	501(C)(3)	11,305				Program Funding

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Special Olympics-Missouri 9001 W 67th St Merriam, KS 66202	23-7328374	501(C)(3)	9,303				Donor Designated Funding
Spofford9700 Grandview Rd Kansas City, MO 64137	44-0546277	501(C)(3)	130,142				Program Funding

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Sports Charities USA1100 Larkspur Landing Circle Suite Larkspur, CA 94939	47-0863988	501(C)(3)	10,839				Donor Designated Funding
Stand Up Blue SpringsPO Box 614 Blue Springs, MO 64013	20-0889555	501(C)(3)	37,223				Program Funding

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St Joseph Institute for the Deaf1809 Clarkson Rd Chesterfield, MO 63017	43-0653494	501(C)(3)	5,104				Donor Designated Funding
St Luke's Hospital Foundation4225 Baltimore Ave Kansas City, MO 64111	44-6014699	501(C)(3)	5,540				Donor Designated Funding

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St Michael's Necessity Pantry4000 Lees Summit Rd Independence, MO 64055	43-1644332	501(C)(3)	5,111				Donor Designated Funding
St Paul's Episcopal Day School4041 Main St Kansas City, MO 64111	43-0799151	501(C)(3)	10,500				Donor Designated Funding

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St Paul's Pantry11 East 40th St Kansas City, MO 64111	44-0545908	501(C)(3)	5,270				Donor Designated Funding
Strong City School FundPO Box 419037 Kansas City, MO 64141	53-0196617	501(C)(3)	6,616				Donor Designated Funding

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Sunflower House15440 W 65th St Shawnee,KS 66217	48-0918698	501(C)(3)	105,803				Program Funding
Sunshine Center201 N Forest Ave Independence,MO 64050	44-6003031	501(C)(3)	58,695				Program Funding

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Swope Corridor RenaissanceThe Upper Room 4001 Blue Parkway Kansas City, MO 64130	54-2081401	501(C)(3)	51,409				Program Funding
Swope Health Services3801 Blue Parkway Kansas City, MO 64130	43-0957840	501(C)(3)	58,544				Program Funding

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Swope Ridge Geriatric Services5900 Swope Parkway Kansas City, MO 64130	43-1557555	501(C)(3)	21,326				Program Funding
Synergy Services400 E 6th St Parkville, MO 64152	43-0970674	501(C)(3)	223,535				Program Funding

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Teach for America Kansas City2000 Baltimore Ave Ste 300 Kansas City, MO 64108	13-3541913	501(C)(3)	6,886				Donor Designated Funding
The Children's Spot-St Luke's Hospital4225 Baltimore Ave Kansas City, MO 64111	44-6014699	501(C)(3)	7,326				Donor Designated Funding

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The Family Conservancy444 Minnesota Ave Ste 200 Kansas City, KS 66101	44-0454800	501(C)(3)	866,527				Program Funding
The Smile Train245 Fifth Ave Ste 2201 New York, NY 10016	13-3661416	501(C)(3)	5,025				Donor Designated Funding

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TNC Community12404 E WUS Hwy 40 Independence, MO 64055	44-0608429	501(C)(3)	52,382				Program Funding
Topeka Rescue Mission Inc 600 N Kansas Avenue Topeka, KS 66608	48-0688068	501(C)(3)	38,692				Donor Designated Funding

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Tri-County Mental Health Services3100 NE 83rd St Ste 1001 Kansas City, MO 64119	43-1556416	501(C)(3)	57,027				Program Funding
Truman Medical Centers 2301 Holmes St Ste 735 Kansas City, MO 64108	44-0661018	501(C)(3)	186,926				Program Funding

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Turning Point8900 State Line Road Suite 240 Leawood, KS 66206	43-1900039	501(C)(3)	8,643				Donor Designated Funding
United Cerebral Palsy of Greater KC3100 Broadway Suite 330 Kansas City, MO 64111	43-1143622	501(C)(3)	70,455				Program Funding

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United Community Services 12351 West 96th Terrace Suite 200 Lenexa,KS 66215	48-0914699	501(C)(3)	175,722				Program Funding
United Inner City Services PO Box 270527 Kansas City,MO 64127	44-0646347	501(C)(3)	149,000				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
United Negro College Fund 8260 Willow Oaks Corporate Drive Fairfax, VA 22031	13-1624241	501(C)(3)	21,777				Donor Designated Funding
United Service Organizations Inc (USO)2111 Wilson Blvd Ste 1200 Arlington, VA 222013052	13-1610451	501(C)(3)	21,745				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
United Services Community Action Agency6323 Manchester Ave Kansas City, MO 64133	43-1197168	501(C)(3)	37,762				Program Funding
United Way of Douglas County2518 Ridge Ct Suite 200 Lawrence, KS 660464029	48-0796320	501(C)(3)	37,348				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
United Way of Greater St JosephPO Box 188 Saint Joseph,MO 64502	44-0547802	501(C)(3)	10,129				Donor Designated Funding
United Way of Greater TopekaPO Box 4188 Topeka,KS 66604	48-0561978	501(C)(3)	93,322				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
United Way of Leavenworth CountyPO Box 21 Leavenworth, KS 66048	48-0622408	501(C)(3)	80,496				Donor Designated Funding
United Way of Northwest Louisiana402 Edwards Street Shreveport, LA 71101	72-0503930	501(C)(3)	9,198				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
United Way of the Ozarks320 N Jefferson Ave Springfield, MO 658061109	44-0552047	501(C)(3)	33,710				Donor Designated Funding
United Way of Wyandotte County434 Minnesota Avenue Kansas City, KS 66101	48-0636601	501(C)(3)	57,787				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
University of Missouri5100 Rockhill Rd 300B Kansas City, MO 64110	26-0840496	501(C)(3)	10,468				Donor Designated Funding
Urban League of Greater KC 1710 Paseo Boulevard Kansas City, MO 64108	44-0546273	501(C)(3)	161,932				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Urban Rangers Corps5908 Swope Parkway Kansas City, MO 64130	20-1117569	501(C)(3)	12,602				Program Funding
Veronica's VoicePO Box 172472 Kansas City, KS 66117	20-3902846	501(C)(3)	8,924				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Visiting Nurse Association 1500 Meadow Lake Pkwy Kansas City, MO 64114	43-1337104	501(C)(3)	255,962				Program Funding
WEB DuBois Learning Center 6409 Agnes Ave Kansas City, MO 64132	43-1225401	501(C)(3)	61,374				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
West Central Missouri Community Action LeaguePO Box 125 Appleton City, MO 64724	43-0838410	501(C)(3)	49,483				Program Funding
Whatsoever Community Center1201 Ewing Ave Kansas City, MO 64126	44-0545274	501(C)(3)	107,901				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Whole Person Inc3710 Main St Kansas City, MO 64111	43-1157083	501(C)(3)	42,019				Program Funding
Wild Animals Worldwide1100 Larkspur Landing Court Suite Larkspur, CA 94939	20-8774272	501(C)(3)	10,432				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
William Jewell College500 College Hill Liberty, MO 64068	44-0545914	501(C)(3)	600,000				Donor Designated Funding
Wimmer Student Care Fund 315 N Lindenwood Olathe, KS 66061	48-1190090	501(C)(3)	6,225				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Women Children & Family Service Charities21 Tamal Vista Blvd Suite 209 Corte Madera,CA 94925	94-3193386	501(C)(3)	20,493				Donor Designated Funding
Women's Employment Network920 Main St Ste 100 Kansas City,MO 64105	43-1508734	501(C)(3)	5,735				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Working Families' Friend 1021 Pennsylvania Ave Kansas City, MO 64105	65-1169138	501(C)(3)	293,866				Program Funding
Wounded Warriors Family Support Inc920 S 107th Ave Suite 250 Omaha, NE 68114	20-1407520	501(C)(3)	6,107				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YMCA of Greater Kansas City3100 Broadway Ste1020 Kansas City, MO 64111	44-0546002	501(C)(3)	1,026,253				Program Funding
Young Life-Shawnee Mission (KS21)5960 Dearborn Suite 12 Mission, KS 66202	84-0385934	501(C)(3)	8,323				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Youth Volunteer Corps of America1080 Washington Kansas City, MO 64105	43-1597582	501(C)(3)	33,765				Program Funding
YouthFriends1740 Main St Kansas City, MO 64108	43-1854792	501(C)(3)	16,512				Program Funding

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
United Way of Greater Kansas City Inc

Employer identification number
44-0545812

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)BRENT STEWART PRESIDENT/CEO	(i)	230,427	0	21,562	34,252	25,669	311,910	0
	(ii)	0	0	0	0	0	0	0
(2)MICHELLE OVERSTREET HOGERTY CHIEF OPERATING OFFICER	(i)	116,346	0	17,373	13,628	9,724	157,071	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Identifier	Return Reference	Explanation
COMPENSATION INFORMATION	SCHEDULE J, PART II	OTHER REPORTABLE COMPENSATION INCLUDES THE PERSONAL USE OF A COMPANY AUTOMOBILE BY OUR CEO, BRENT STEWART DEFERRED COMPENSATION INCLUDES THE EMPLOYER'S CONTRIBUTION TO THE 403(B) RETIREMENT PLAN NONTAXABLE BENEFITS INCLUDE THE EMPLOYER'S PAYMENTS FOR INSURANCE BENEFITS RECEIVED BY THE EMPLOYEE

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
United Way of Greater Kansas City Inc

Employer identification number
44-0545812

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		456,329	SELLING PRICE
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	13	122,694	MARKET VALUE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (EVENT TICKETS)	X	18	546,209	MARKET VALUE
26	Other ▶( )				
27	Other ▶( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . 29

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
NUMBER OF CONTRIBUTIONS OR ITEMS CONTRIBUTED	SCHEDULE M, PART I, COLUMN B	THIS NUMBER REPRESENTS THE NUMBER OF CONTRIBUTIONS

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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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
United Way of Greater Kansas City Inc

Employer identification number
44-0545812

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4A	UNITED WAY USES A TWOFOLD APPROACH TO ADDRESSING CRITICAL HEALTH AND HUMAN SERVICE NEEDS OF THE KANSAS CITY METROPOLITAN AREA THE FIRST OF THESE INVOLVES PROVIDING ANNUAL FINANCIAL SUPPORT TO PROGRAMS DELIVERING HEALTH AND HUMAN SERVICE OUTCOMES FOR INDIVIDUALS AND FAMILIES IN THREE AREAS EDUCATION, INCOME AND HEALTH UNITED WAY PROVIDES SUPPORT TO MORE THAN 300 PROGRAMS IN 140 AREA HEALTH AND HUMAN SERVICE AGENCIES PROGRAMS ARE SCREENED BASED ON UNIFORM CRITERIA THAT ASSESS THE STRENGTH OF PROGRAMS' METHODOLOGY, CAPACITY, PARTICIPANT OUTCOMES AND FIT WITH UNITED WAY COMMUNITY IMPACT AGENDA THROUGH A SECOND APPROACH, UNITED WAY ENGAGES HUMAN SERVICE PROVIDERS AND OTHER COMMUNITY PARTNERS (INCLUDING GOVERNMENT, FOUNDATIONS, PLANNING AGENCIES, AND OTHERS) IN COLLABORATIVE WORK AIMED AT CHANGING COMMUNITY CONDITIONS THIS WORK IS ORGANIZED UNDER THE THREE PRIORITY OUTCOMES IDENTIFIED ABOVE AND USES A "TOOLBOX" OF STRATEGIES AIMED AT SPECIFIC TARGET ISSUES THE TOOLBOX APPROACH INVOLVES PUBLIC POLICY ADVOCACY, DIRECT SERVICE PROGRAMMING, SYSTEMS CHANGE WORK, AND DONOR AND VOLUNTEER ENGAGEMENT UNITED WAY HAS IDENTIFIED A SPECIFIC COMMUNITY CHANGE OUTCOME AND TARGET POPULATION IN EACH AREA THEY ARE AS FOLLOWS INCOME PROMOTE FINANCIAL STABILITY FOR THE WORKING POOR, FAMILIES WITH CHILDREN AND AT-RISK YOUNG ADULTS PROVIDE ESSENTIAL LIFE SUSTAINING BASIC NEEDS, SUCH AS FINANCIAL AID, FOOD AND CLOTHING TO INDIVIDUALS AND FAMILIES DURING CRISES PROVIDE ACCESS TO SHELTER AND TRANSITIONAL HOUSING, AND SUPPORT TO ACHIEVE AND MAINTAIN PERMANENT HOUSING EDUCATION PROVIDE CHILDREN AND YOUTH, AND THEIR FAMILIES WITH DEVELOPMENTALLY APPROPRIATE LEARNING OPPORTUNITIES PROVIDE ENHANCED ACADEMIC AND SOCIAL SUPPORT FOR STRUGGLING STUDENTS PROVIDE CHILDREN AND YOUTH WITH EXTRA STRUCTURE AND PERSONAL INTERACTION WITH CARING ADULTS OFFER EDUCATION AND SKILLS TRAINING TO PREVENT TRAUMA FROM VIOLENCE AND ABUSE/NEGLECT HEALTH IMPROVE ACCESS TO HEALTH CARE SERVICE PHYSICAL, MENTAL AND DENTAL PROMOTE WELLNESS AND HEALTHY LIVING OFFER SUPPORT TO VICTIMS OF ABUSE/NEGLECT AND VIOLENCE TO HELP THEM REGAIN A HEALTHY AND PRODUCTIVE LIFE HELP PEOPLE AVOID OR OVERCOME SUBSTANCE ABUSE AND ADDICTION SUPPORT SENIORS AND PEOPLE WITH DISABILITIES TO LIVE AS INDEPENDENTLY AS POSSIBLE

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4B	UNITED WAY 2-1-1 IS AN EASY-TO-REMEMBER CENTRAL PHONE NUMBER CONNECTING PEOPLE WITH AVAILABLE HEALTH AND HUMAN SERVICES AND VOLUNTEER OPPORTUNITIES UNITED WAY 2-1-1 IS AVAILABLE 24/7/365, AND IS COMPLETELY FREE AND CONFIDENTIAL TRAINED, PROFESSIONAL CALL SPECIALISTS WORK WITH CALLERS TO DETERMINE THE MOST APPROPRIATE REFERRAL(S), UTILIZING A COMPREHENSIVE RESOURCE DATABASE UNITED WAY 2-1-1 PROVIDES LANGUAGE TRANSLATION CAPACITY IN 150 LANGUAGES THE UNITED WAY OF GREATER KANSAS CITY 2-1-1 SERVES RESIDENTS OF 16 COUNTIES IN MISSOURI (ANDREW, BATES, BUCHANAN, CALDWELL, CASS, CLAY, CLINTON, DEKALB, HENRY, JACKSON, JOHNSON, LAFAYETTE, PETTIS, PLATTE, SALINE, RAY) AND 7 COUNTIES IN KANSAS (DONAPHAN, FRANKLIN, JOHNSON, LEAVENWORTH, LINN, MIAMI, WYANDOTTE) UNITED WAY 2-1-1 MAKES IT POSSIBLE FOR PEOPLE IN NEED OF INFORMATION OR SERVICES TO NAVIGATE THE COMPLEX AND FRAGMENTED HUMAN SERVICES DELIVERY SYSTEM THE ULTIMATE GOAL IS TO EMPOWER INDIVIDUALS TO BECOME THEIR OWN ADVOCATE AND FOSTER SELF-SUFFICIENCY SHORT-TERM SUCCESS IS MEASURED BY UTILIZATION OF THE SERVICE, UTILIZING INDICATORS SUCH AS CALL VOLUME, NEEDS PRESENTED, AND UNMET NEEDS IN ADDITION, FOLLOW-UP CALLS ARE CONDUCTED ON A TARGETED PERCENTAGE OF CALLS TO DETERMINE SATISFACTION WITH THE SERVICE, WHETHER THE CALLER RECEIVED ASSISTANCE AS A RESULT OF THE REFERRAL (S), AND HOW THE CALLER HEARD OF UNITED WAY 2-1-1 IN CALENDAR YEAR 2012, CALL VOLUME REACHED OVER 161,234 INCREASINGLY, UNITED WAY 2-1-1 IS UTILIZED AS A RESOURCE IN COLLABORATIVE EFFORTS THAT ADDRESS HEALTH AND HUMAN SERVICE NEEDS OF THE COMMUNITY FOR EXAMPLE, KC CASH, A COALITION OF VOLUNTEER INCOME TAX ASSISTANCE (VITA) PROVIDERS FOR LOW-INCOME FAMILIES UTILIZED UNITED WAY 2-1-1 AS A CENTRALIZED INFORMATION RESOURCE FOR VITA SITES THROUGHOUT THE COMMUNITY THE NUMBER IS PUBLICIZED WHEN TAX SEASON BEGINS AND 2-1-1 CALL SPECIALISTS HELP CALLERS DETERMINE IF THEY ARE ELIGIBLE FOR ASSISTANCE AND HELP THEM TO FIND THE VITA SITE CLOSEST TO THEIR HOME

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4C	The Citizen Assist Program (C A P) is an innovative program that provides non-emergency social services and health care to individuals and families in their environment C A P works by obtaining referrals for clients who access the emergency response system for non-emergency medical, mental health and social service needs These referrals are made by emergency responders who feel a client requires further assistance In 2012, C A P received 333 referrals Once a referral is made, a C A P staff member schedules an initial home assessment with the client, then draws from a resource pool of over 150 medical and community agencies in order to be sure appropriate connections are made Throughout the process C A P remains in contact with the client, while working as their advocate within the system

Identifier	Return Reference	Explanation
MEMBERS OR STOCKHOLDERS	FORM 990, PART VI, SECTION A, LINE 6	THE MEMBERS OF THE CORPORATION SHALL BE THOSE INDIVIDUALS, FIRMS, CORPORATIONS, AND OTHER ORGANIZATIONS THAT HAVE MADE CONTRIBUTIONS TO THE CORPORATION DURING THE 12-MONTH PERIOD IMMEDIATELY PRIOR TO THE DATE THE DETERMINATION IS BEING MADE, AS REFLECTED ON THE CORPORATION'S BOOKS, OR AS OTHERWISE ESTABLISHED TO THE SATISFACTION OF THE CORPORATION THE MEMBERS ELECT THE MEMBERS OF THE GOVERNING BODY OR THEIR DELEGATES, THE MEMBERS DO NOT APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BODY, AND THE MEMBERS MAY NOT RECEIVE A SHARE OF THE ORGANIZATION'S PROFITS OR EXCESS DUES OR A SHARE OF THE ORGANIZATIONS NET ASSETS UPON THE ORGANIZATION'S DISSOLUTION

Identifier	Return Reference	Explanation
MEMBERS OR STOCKHOLDERS MAY ELECT GOVERNING BODY	FORM 990, PART VI, SECTION A, LINE 7A	TRUSTEES ARE ELECTED BY THE MEMBERS AT THE ANNUAL MEETING

Identifier	Return Reference	Explanation
FORM 990 REVIEW PROCESS	FORM 990, PART VI, SECTION A, LINE 11B	THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES REVIEWS THE 990 IN DETAIL TO DETERMINE THAT THE DOCUMENT PROVIDES ACCURATE AND COMPLETE DISCLOSURE OF THE ORGANIZATION'S ACTIVITIES THE 990 IS SHARED WITH THE FULL BOARD OF TRUSTEES PRIOR TO FILING IN ADDITION, THE 990 IS POSTED ON THE ORGANIZATION'S WEB SITE.

Identifier	Return Reference	Explanation
CONFLICT OF INTEREST POLICY	FORM 990, PART VI, SECTION B, LINE 12C	THE STATEMENTS INCLUDE CONFLICT OF INTERESTS, BOTH WITH UNITED WAY AND ALSO BETWEEN BOARD MEMBERS, AND IS COMPLETED BY BOARD MEMBERS AS WELL AS KEY EMPLOYEES THE AUDIT COMMITTEE IS CHARGED WITH REVIEWING THE CONFLICT OF INTEREST STATEMENTS AND DETERMINING IF THE CONFLICTS ARE MATERIAL AND WOULD IMPACT THE DECISION MAKING AUTHORITY OF ANY BOARD MEMBER OR KEY EMPLOYEE. THOSE MEMBERS HAVING CONFLICTS WITH UNITED WAY ARE NOT ALLOWED TO VOTE ON ANY ISSUES WITH REGARDS TO THEIR CONFLICT OF INTEREST

Identifier	Return Reference	Explanation
COMPENSATION REVIEW	FORM 990, PART VI, SECTION B, LINES 15A	The executive committee of the board reviewed salary data from other United Way organizations of similar size as well as non-profit organizations in the Kansas City area to determine the appropriate level of compensation for the CEO A recommendation for compensation was presented to the entire board for a vote

Identifier	Return Reference	Explanation
AVAILABILITY OF DOCUMENTS	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST THE FORM 990 AND OUR ANNUAL REPORT ARE ALSO AVAILABLE ON OUR WEBSITE.

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	FORM 990, PART XI, LINE 5	MINIMUM PENSION LIABLILITY ADJUSTMENT $ 88,192