See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493075002326

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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 05-01-2014 , and ending 04-30-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
UNITED WAY OF GREATER KANSAS CITY INC

% MICHELLE HOGERTY

Doing business as

Number and street (or P O box if mail is not delivered to street address) 801 WEST 47TH STREET

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
KANSAS CITY, MO 64112

D Employer identification number
44-0545812

E Telephone number
(816) 559-4606

G Gross receipts $ 40,115,446

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 subordinates? ☐ Yes ☑ No

H(b) Are all subordinates 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 TO IMPROVE 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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	25
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	25
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	125
6	Total number of volunteers (estimate if necessary)	**6**	1,175
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
8	Contributions and grants (Part VIII, line 1h)	11,872,090	34,954,087
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	69,440	240,963
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,941,530	35,195,050
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	18,101,426	27,228,825
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)	2,229,144	6,319,865
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶3,149,659		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	962,164	3,061,400
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	21,292,734	36,610,090
19	Revenue less expenses Subtract line 18 from line 12	-9,351,204	-1,415,040

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	38,867,945	36,221,334
21	Total liabilities (Part X, line 26)	23,531,840	22,180,113
22	Net assets or fund balances Subtract line 21 from line 20	15,336,105	14,041,221

Part II Signature Block

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

Sign Here

****** — Signature of officer — 2016-03-15 — Date

MICHELLE 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	Michael J Engle			P00482834

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 or note to any line 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 $	31,090,285	including grants of $	27,228,825) (Revenue $	0)	
	SEE SCHEDULE O						
4b	(Code	) (Expenses $	973,846	including grants of $	0) (Revenue $	0)	
	SEE SCHEDULE O						
4c	(Code	) (Expenses $	179,953	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** ▶		32,244,084				

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		No
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		No
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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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 or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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 25a*	**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), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *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 or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	30		
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	125		
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" to line 3b, 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring 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 or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	25		
	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**	25		
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**		Yes	
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 ▶

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, address, and telephone number of the person who possesses the organization's books and records

▶MICHELLE HOGERTY
801 WEST 47TH STREET
KANSAS CITY, MO 64112 (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 or note to any line in this Part VII . . . . . ☐

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

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

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

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) ▶								924,773	0	231,636

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 ▶ 6

			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
MEERS ADVERTISING,	ADVERTISING	282,622

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 ▶ 1

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
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	69,697			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	34,884,390			
	g Noncash contributions included in lines 1a-1f $		777,671			
	h **Total.** Add lines 1a-1f		34,954,087			
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)		224,875			224,875
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)	0	0			
	d Net rental income or (loss)		0			
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	3,858,188	1,078,296			
	b Less cost or other basis and sales expenses	3,838,311	1,082,085			
	c Gain or (loss)	19,877	-3,789			
	d Net gain or (loss)		16,088			16,088
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		35,195,050			240,963

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	27,228,825	27,228,825		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals 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	521,803	217,630	122,933	181,240
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	4,112,670	2,337,187	452,102	1,323,381
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	572,885	301,053	82,561	189,271
9 Other employee benefits	775,363	394,208	108,978	272,177
10 Payroll taxes	337,144	188,094	40,411	108,639
11 Fees for services (non-employees)				
a Management	0			
b Legal	29,711	17,381	4,983	7,347
c Accounting	77,991	32,528	18,374	27,089
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	746,604	669,262	56,268	21,074
12 Advertising and promotion	145,357	27,690	13,217	104,450
13 Office expenses	555,449	198,476	61,860	295,113
14 Information technology	0			
15 Royalties	0			
16 Occupancy	463,555	193,337	109,209	161,009
17 Travel	49,475	20,001	2,715	26,759
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	301,828	85,008	22,865	193,955
20 Interest	0			
21 Payments to affiliates	331,261	159,412	45,365	126,484
22 Depreciation, depletion, and amortization	249,601	104,102	58,804	86,695
23 Insurance	61,501	27,628	13,690	20,183
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	12,142	5,648	1,918	4,576
b _				
c _				
d _				
e All other expenses	36,925	36,614	94	217
25 **Total functional expenses.** Add lines 1 through 24e	36,610,090	32,244,084	1,216,347	3,149,659
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		5,632,993	1	5,630,628
	2	Savings and temporary cash investments		6,018,877	2	5,704,203
	3	Pledges and grants receivable, net		15,496,691	3	14,371,806
	4	Accounts receivable, net		689,191	4	332,027
	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		382,486	9	354,728
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,339,687			
	b	Less accumulated depreciation	10b 946,106	2,662,882	10c	1,393,581
	11	Investments—publicly traded securities		7,919,177	11	8,417,284
	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		65,648	15	17,077
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		38,867,945	16	36,221,334
Liabilities	17	Accounts payable and accrued expenses		18,709,960	17	17,590,903
	18	Grants payable		4,641,103	18	4,441,021
	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		180,777	23	148,189
	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		23,531,840	26	22,180,113
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		11,538,226	27	10,236,373
	28	Temporarily restricted net assets		1,993,478	28	1,985,303
	29	Permanently restricted net assets		1,804,401	29	1,819,545
		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		15,336,105	33	14,041,221
	34	Total liabilities and net assets/fund balances		38,867,945	34	36,221,334

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	35,195,050
2	Total expenses (must equal Part IX, column (A), line 25)	2	36,610,090
3	Revenue less expenses Subtract line 2 from line 1	3	-1,415,040
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,336,105
5	Net unrealized gains (losses) on investments	5	353,063
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	-232,907
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	14,041,221

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ 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			
(1) TERRY BASSHAM TRUSTEE	1 0 0 0	X						0	0	0
(1) ROBERT C BLOSS TRUSTEE/CHAIR	1 0 0 0	X		X				0	0	0
(2) ROBERT ROB BRATCHER TRUSTEE	1 0 0 0	X						0	0	0
(3) WILLIAM C COBB TRUSTEE	1 0 0 0	X						0	0	0
(4) PATRICK DUKE DUJAKOVICH TRUSTEE/SECRETARY	1 0 0 0	X		X				0	0	0
(5) JO ANNE GABBERT TRUSTEE	1 0 0 0	X						0	0	0
(6) ESTHER GEORGE TRUSTEE	1 0 0 0	X						0	0	0
(7) JENNIFER HAILE TRUSTEE	1 0 0 0	X						0	0	0
(7) JENNIFER HAILE TRUSTEE	1 0 0 0	X						0	0	0
(8) DARCY A HOWE TRUSTEE/TREASURER	1 0 0 0	X		X				0	0	0
(9) RAY KOWALIK TRUSTEE	1 0 0 0	X						0	0	0
(10) MEGAN FULLER PFANNENSTIEL TRUSTEE	1 0 0 0	X						0	0	0
(11) TODD PLEIMANN TRUSTEE	1 0 0 0	X						0	0	0
(12) JEFF PROVOST TRUSTEE/VICE-CHAIR	1 0 0 0	X		X				0	0	0
(13) JULE L QUIRIN TRUSTEE	1 0 0 0	X						0	0	0
(14) BERNARDO RAMIREZ TRUSTEE	1 0 0 0	X						0	0	0
(15) BRENDA SHARPE TRUSTEE	1 0 0 0	X						0	0	0
(16) TOM TRABON TRUSTEE	1 0 0 0	X						0	0	0
(17) REGINALD THOMAS TRUSTEE	1 0 0 0	X						0	0	0
(18) DR ANDREW UNDERWOOD TRUSTEE	1 0 0 0	X						0	0	0
(19) W RUSSELL WELSH TRUSTEE	1 0 0 0	X						0	0	0
(20) SONCI BLECKINGER TRUSTEE	1 0 0 0	X						0	0	0
(21) KEVIN LOCKETT TRUSTEE	1 0 0 0	X						0	0	0
(22) JOHN MURPHY TRUSTEE	1 0 0 0	X						0	0	0
(23) DEAN NEWTON TRUSTEE	1 0 0 0	X						0	0	0
(24) CICI ROJAS TRUSTEE	1 0 0 0	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			
(26) ROB SMITH TRUSTEE	1.0 0.0	X						0	0	0
(1) GENE JOHNSON TRUSTEE	1.0 0.0	X						0	0	0
(2) BRENT STEWART PRESIDENT/CEO	50.0 0.0			X				292,765	0	59,801
(3) MICHELLE OVERSTREET HOGERTY COO	50.0 0.0			X				150,346	0	29,771
(4) JO ANN GANN SVP Community Engagement	50.0 0.0					X		132,188	0	38,447
(5) TERI RETZLAFF SVP Resource Development	50.0 0.0					X		123,097	0	29,496
(6) STEVE RANSBURG SVP Information Technology	50.0 0.0					X		121,698	0	30,944
(7) ALINDA DENNIS SVP Community Impact	50.0 0.0					X		104,679	0	43,177

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493075002326

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.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
UNITED WAY OF GREATER 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	35,590,267	36,282,771	33,242,313	11,872,090	34,954,087	151,941,528
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	35,590,267	36,282,771	33,242,313	11,872,090	34,954,087	151,941,528
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)						2,583,854
6 **Public support.** Subtract line 5 from line 4						149,357,674

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	35,590,267	36,282,771	33,242,313	11,872,090	34,954,087	151,941,528
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	277,267	427,579	297,621	68,710	224,875	1,296,052
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 VI)	0	0	0	0	0	0
11 **Total support** Add lines 7 through 10						153,237,580

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 section 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	**14**	97 468 %
15 Public support percentage for 2013 Schedule A, Part II, line 14	**15**	97 526 %

16a **33 1/3% support test—2014.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

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

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Facts And Circumstances Test

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493075002326

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

OMB No 1545-0047

2014

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of 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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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		2,637
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		57
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total Add lines 1c through 1i			2,694
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

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

Return Reference	Explanation
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

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493075002326

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
UNITED WAY OF GREATER 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 value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ 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) Revenue 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 Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,047,355	6,902,185	5,979,296	5,516,619	6,109,666
b Contributions	1,587,537			2,411	412
c Net investment earnings, gains, and losses	499,532	151,076	940,312	631,248	-22,486
d Grants or scholarships		0	0	0	0
e Other expenditures for facilities and programs				166,793	55,037
f Administrative expenses	18,246	5,906	17,423	4,189	20,936
g End of year balance	9,116,178	7,047,355	6,902,185	5,979,296	6,011,619

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

- a Board designated or quasi-endowment ▶ 83 440 %
- b Permanent endowment ▶ 10 970 %
- c Temporarily restricted endowment ▶ 5 590 %

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		459,710	132,193	327,517
c Leasehold improvements		506,651	113,996	392,655
d Equipment		1,373,326	699,917	673,409
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,393,581

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

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

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	25,633,641
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	353,063		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	3,789		
e	Add lines **2a** through **2d**			2e	356,852
3	Subtract line **2e** from line **1**			3	25,276,789
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	9,918,261		
c	Add lines **4a** and **4b**			4c	9,918,261
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	35,195,050

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	26,695,618
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	3,789		
e	Add lines **2a** through **2d**			2e	3,789
3	Subtract line **2e** from line **1**			3	26,691,829
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	9,918,261		
c	Add lines **4a** and **4b**			4c	9,918,261
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	36,610,090

Part XIII Supplemental Information

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

Return Reference	Explanation
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
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
SCHEDULE D, PART XI, LINES 2D & 4B	LINE 2D LOSS ON SALE OF ASSETS $ 3,789 LINE 4B AMORTIZATION $ 3,922 CONTRIBUTIONS HELD ON BEHALF OF OTHERS $ 6,991,433 COMBINED FEDERAL CAMPAIGN $ 2,922,906 ---------- $ 9,918,261
SCHEDULE D, PART XII, LINES 2D & 4B	LINE 2D LOSS ON SALE OF ASSETS $ 3,789 LINE 4B AMORTIZATION $ 3,922 CONTRIBUTIONS HELD ON BEHALF OF OTHERS $ 6,991,433 COMBINED FEDERAL CAMPAIGN $ 2,922,906 ---------- $ 9,918,261

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493075002326

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
UNITED WAY OF GREATER 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 Domestic Organizations and Domestic Governments.

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 287

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

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

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

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

Return Reference	Explanation
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

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 Domestic Organizations and Domestic Governments.

(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
AdHoc Group Against Crime 3116 Prospect Ave Kansas City, MO 64128	30-0455147	501(C)(3)	7,437				Program Funding
Advice & Aid Pregnancy Center4601 W 109th St Ste 302 Leawood, KS 66211	48-1055953	501(C)(3)	13,280				Donor Designated Funding
Aid For Africa6909 Ridgewood Avenue Chevy Chase, MD 20815	06-1703295	501(C)(3)	7,696				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Alphapointe7501 Prospect Ave Kansas City, MO 64132	44-0552486	501(C)(3)	47,820				Program Funding
American Cancer Society 1100 Pennsylvania Ave Kansas City, MO 64105	13-1788491	501(C)(3)	303,587				Program Funding
American Heart Association 6800 W 93rd St Overland Park, KS 66212	13-5613797	501(C)(3)	150,945				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Red Cross211 W Armour Blvd Kansas City, MO 64111	53-0196605	501(C)(3)	979,591				Program Funding
American Red CrossPO Box 73857 Chicago, IL 60673	53-0196605	501(C)(3)	29,201				Donor Designated Funding
American Red Cross - Kansas Capital Area1221 SW 17th St Topeka, KS 66604	53-0196605	501(C)(3)	6,685				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Royal Association 1701 American Royal Ct Kansas City, MO 64102	44-0615551	501(C)(3)	6,327				Donor Designated Funding
American Stroke Foundation 5916 Dearborn St Suite 100 Mission, KS 66202	74-2804603	501(C)(3)	63,193				Program Funding
America's Charities14150 Newbrook Dr Ste 110 Chantilly, VA 20151	54-1517707	501(C)(3)	63,618				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Amethyst Place2732 Troost Ave Kansas City, MO 64109	43-1887442	501(C)(3)	18,888				Program Funding
Angel Flight Central Inc10 NW Richards Rd Kansas City, MO 64116	43-1699607	501(C)(3)	5,528				Donor Designated Funding
Animal Charities of America 21 Tamal Vista Blvd Suite 209 Corte Madera, CA 94925	94-3193389	501(C)(3)	80,387				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Archdiocese for the Military Services1025 Michigan Ave NE Washington, DC 20017	13-1624090	501(C)(3)	7,386				Donor Designated Funding
Associated Youth Services 803 Armstrong Avenue Kansas City, KS 66117	48-0554802	501(C)(3)	7,534				Donor Designated Funding
Asthma & Allergy Foundation of Greater400 E Red Bridge Rd Ste 214 Kansas City, MO 64131	43-1522012	501(C)(3)	7,652				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Beatrice Priscilla Stewart Scholarship-co Gr KC C1055 Broadway Suite 130 Kansas City, MO 64105	43-1152398	501(C)(3)	7,563				Donor Designated Funding
Belton Education Foundation 614 W Mill Belton, MO 64012	43-1942967	501(C)(3)	10,000				Program Funding
Benilde Hall3220 E 23rd St Kansas City, MO 64127	43-1795790	501(C)(3)	27,667				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Big Brothers Big Sisters1709 Walnut St Kansas City, MO 64108	43-6068464	501(C)(3)	332,522				Program Funding
Birthright of Leavenworth221 A Delaware Leavenworth, KS 66048	48-1044571	501(C)(3)	5,007				Donor Designated Funding
Bishop Sullivan Center6435 Truman Rd Kansas City, MO 64126	43-0993672	501(C)(3)	29,813				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Boy Scouts of America 10210 Holmes Rd Kansas City, MO 64131	44-0545995	501(C)(3)	616,827				Program Funding
Boys & Girls Clubs4001 Blue Pkwy Ste 102 Kansas City, MO 64131	43-6072065	501(C)(3)	589,088				Program Funding
Boys Hope Girls Hope-Kansas City7700 Wedd St Suite 15 Overland Park, KS 66204	51-0182614	501(C)(3)	5,102				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Bradens Hope for Childhood Cancer15954 Murlen 124 Olathe,KS 66062	27-3519273	501(C)(3)	18,823				Donor Designated Funding
Bridge Home for Children 6033 Swope Parkway Kansas City,MO 64130	43-1598569	501(C)(3)	8,500				Program Funding
Bright Futures FundPO Box 419037 Kansas City,MO 64141	53-0196617	501(C)(3)	7,090				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Budget & Financial Management Assistance218 Delaware Suite 301 Kansas City, MO 64105	43-1747260	501(C)(3)	15,884				Program Funding
Camp Fire Heartland Operations1100 Walnut St Suite 1900 Kansas City, MO 64106	13-1623921	501(C)(3)	88,556				Program Funding
Cancer Action10520 Barkley St Suite 100 Overland Park, KS 66212	48-0650257	501(C)(3)	98,274				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Cancer Cure of America1100 Larkspur Landing Circle Larkspur,CA 94939	81-0648432	501(C)(3)	45,259				Donor Designated Funding
CASA of Johnson and Wyandotte Counties5700 Broadmoor Suite 201 Mission,KS 66202	48-1088233	501(C)(3)	66,927				Program Funding
Cass Community Health Foundation2316 E Meyer Blvd Kansas City,MO 64132	43-1349495	501(C)(3)	10,000				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Cass County Council on AgingPO Box 133 Harrisonville, MO 647010133	43-1188021	501(C)(3)	16,388				Program Funding
Catholic Charities of Kansas City -850 Main St Suite 600 Kansas City, MO 64105	43-0887779	501(C)(3)	529,696				Program Funding
Catholic Charities of Northeast Kansas9720 W 87th St Overland Park, KS 66212	48-1181305	501(C)(3)	430,498				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Center for Conflict Resolution1734 E 63rd St Ste 305 Kansas City, MO 64110	43-1890891	501(C)(3)	71,273				Program Funding
Center for Practical Bioethics1111 Main St Suite 500 Kansas City, MO 64105	48-0985815	501(C)(3)	10,821				Donor Designated Funding
Charities Under 1 Overhead 1100 Larkspur Landing Circle Suite Larkspur, CA 94939	27-3132554	501(C)(3)	13,130				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Charities Under 5 Overhead PO Box 45754 San Francisco, CA 94145	27-3132492	501(C)(3)	9,954				Donor Designated Funding
Child Abuse Prevention Association503 E 23rd St Independence, MO 64055	43-1067711	501(C)(3)	61,956				Program Funding
Child Protection Center3101 Broadway Suite 750 Kansas City, MO 64111	20-4535728	501(C)(3)	29,234				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Children First - America's Charities14150 Newbrooks Drive Suite 110 Chantilly,VA 20151	30-0186795	501(C)(3)	15,058				Donor Designated Funding
Children's Center3101 Main St Kansas City,MO 64111	44-0574397	501(C)(3)	104,634				Program Funding
Children's Charities of America21 Tamal Vista Blvd Suite 209 Corte Madera,CA 94925	94-3148588	501(C)(3)	36,483				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Children's Medical & Research CharitiesPO Box 45754 San Francisco, CA 941450310	27-0093393	501(C)(3)	34,432				Donor Designated Funding
Children's Mercy Hospitals and Clinics2401 Gillham Rd Kansas City, MO 64108	44-0605373	501(C)(3)	697,126				Program Funding
Children's Therapeutic Learning Center3101 Main St Kansas City, MO 64111	44-0616374	501(C)(3)	155,232				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Children's Therapy Group Foundation Inc7620 Metcalf Ave Ste M Overland Park, KS 66204	48-0956044	501(C)(3)	5,949				Donor Designated Funding
Christian Charities USA21 Tamal Vista Blvd Suite 209 Corte Madera, CA 94925	94-3255961	501(C)(3)	47,537				Donor Designated Funding
Christian Children's CharitiesPO Box 45754 San Francisco, CA 94145	45-2919697	501(C)(3)	8,292				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Christian Family Services of the Midwest10500 Barkley St Ste 216 Overland Park, KS 662121838	48-0940229	501(C)(3)	5,312				Donor Designated Funding
Christian Service Charities PO Box 79704 Baltimore, MD 21279	94-3193374	501(C)(3)	85,046				Donor Designated Funding
Christmas in OctoberPO Box 32108 Kansas City, MO 64171	43-1431964	501(C)(3)	8,850				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
City Union Mission1100 E 11th Street Kansas City, MO 64106	44-6005481	501(C)(3)	105,823				Donor Designated Funding
Clay County Clothes Closet 3939 N Cleveland Kansas City, MO 64117	43-6057988	501(C)(3)	8,051				Program Funding
Communities Creating Opportunity2400 Troost Ave Suite 4600 Kansas City, MO 64108	43-1127845	501(C)(3)	10,383				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Community Health Charities 1240 N Pitt 3rd Floor Alexandria,VA 22314	13-6167225	501(C)(3)	153,255				Donor Designated Funding
Community Health Charities of Kansas and6701 W 64th Street Ste 112 Overland Park,KS 66202	43-1604240	501(C)(3)	775,447				Donor Designated Funding
Community LINC4012-14 Troost Ave Kansas City,MO 64110	43-1506591	501(C)(3)	57,349				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Community Living OpportunitiesP O Box 14395 Lenexa,KS 66285	48-0896520	501(C)(3)	5,641				Donor Designated Funding
Community Services League 404 N Noland Rd Independence,MO 64050	43-0976396	501(C)(3)	120,844				Program Funding
Comprehensive Mental Health Services17844 E 23rd St Independence,MO 64057	43-0949079	501(C)(3)	72,455				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Concerned Care320 Armour Rd Suite 101 Kansas City, MO 64116	43-0975464	501(C)(3)	11,770				Program Funding
Conservation & Preservation Charities of America21 Tamal Vista Blvd Suite 209 Corte Madera, CA 94925	94-3217738	501(C)(3)	21,740				Donor Designated Funding
Cornerstones of Care300 E 36th St Kansas City, MO 64111	43-1689138	501(C)(3)	95,101				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Crittenton Children's Center 10918 Elm Ave Kansas City, MO 64134	44-0545808	501(C)(3)	174,121				Program Funding
Cultivate Kansas City4223 Gibbs Rd Kansas City, KS 66101	20-2365320	501(C)(3)	13,404				Program Funding
Cystic Fibrosis Foundation 6950 Squibb Rd Ste 310 Mission, KS 66202	13-1930701	501(C)(3)	6,947				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
DeLaSalle Education Center 3737 Troost Kansas City, MO 64109	43-0971728	501(C)(3)	89,786				Program Funding
Della Lamb Community Services500 Woodland Ave Kansas City, MO 64106	44-0549931	501(C)(3)	258,150				Program Funding
Do Unto Others America's Emergency Relief21 Tamal Vista Blvd Corte Madera, CA 94925	94-3148590	501(C)(3)	18,299				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Don Bosco Community Centers580 Cambell St Kansas City, MO 64106	44-0558260	501(C)(3)	51,874				Program Funding
Downtown Outreach1307 Holmes Kansas City, MO 64106	43-1923498	501(C)(3)	7,811				Donor Designated Funding
Drumm Center for Children 3210 Lees Summit Rd Independence, MO 64055	44-0569643	501(C)(3)	17,308				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Earth Share3400 NW International Dr Ste 2 Washington, DC 20008	52-1601960	501(C)(3)	29,765				Donor Designated Funding
Educate AmericaPO Box 45754 San Francisco, CA 94145	94-3193387	501(C)(3)	10,008				Donor Designated Funding
El Centro650 Minnesota Ave Kansas City, KS 66101	36-2904073	501(C)(3)	40,282				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Epilepsy Foundation6400 Prospect Suite 300B Kansas City, MO 64132	43-6048869	501(C)(3)	24,877				Program Funding
Episcopal Community Services11 E 40th St Kansas City, MO 64111	43-1525298	501(C)(3)	27,665				Program Funding
FIRE20 W 9th St Kansas City, MO 64105	43-1771385	501(C)(3)	20,651				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Families Thru International Adoption-601 SE 6th St Suite 202 Evansville,IN 47713	35-1961430	501(C)(3)	10,000				Donor Designated Funding
Feed the People Ministries 1604 NW A Street Blue Springs,MO 64015	43-1849771	501(C)(3)	5,017				Donor Designated Funding
First Call9091 Stateline Road Kansas City,MO 64114	44-0641486	501(C)(3)	128,518				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
First Hand Foundation2800 Rockcreek Parkway Kansas City, MO 64117	43-1725294	501(C)(3)	6,649				Donor Designated Funding
Folds of Honor - Kansas City ChapterPO Box 8246 Prairie Village, KS 66208	75-3240683	501(C)(3)	18,002				Donor Designated Funding
Food for the Poor550 SW 12th Avenue Suite 4 Deerfield Beach, FL 33442	59-2174510	501(C)(3)	5,373				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Recovery Association6422 Santa Fe Ave Overland Park, KS 662023920	48-1129469	501(C)(3)	37,500				Donor Designated Funding PROGRAM FUNDING
Genesis School3800 E 44th St Kansas City, MO 64130	43-1196717	501(C)(3)	90,345				Program Funding
Gillis Center for Children and Families8150 Wornall Rd Kansas City, MO 64114	43-1765826	501(C)(3)	191,254				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Girl Scouts of Dallas6001 Summerside Dr Dallas,TX 75252	75-1101571	501(C)(3)	6,000				Donor Designated Funding
Girl Scouts of NE Kansas & NW Missouri8383 Blue Pkwy Kansas City,MO 64133	43-0892926	501(C)(3)	373,435				Program Funding
Girls on the Run of Greater Kansas City2110 W 75th St Prairie Village,KS 66208	20-8508128	501(C)(3)	19,485				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Global Impact66 Carnal Center Plaza Suite 310 Alexandria,VA 22314	52-1273585	501(C)(3)	48,630				Donor Designated Funding
Good Samaritan Center108 S Thompson Ave Excelsior Springs,MO 64024	43-1526962	501(C)(3)	17,636				Program Funding
Good Samaritan Project3030 Walnut St Kansas City,MO 64108	43-1343144	501(C)(3)	61,794				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Goodwill of Western Missouri and1817 Campbell St Kansas City, MO 64108	43-1125281	501(C)(3)	74,258				Program Funding
Grace United Community Ministries801 Benton Blvd Kansas City, MO 64124	66-0645519	501(C)(3)	76,251				Program Funding
Grandview Assistance Program1121 Main St Grandview, MO 64030	43-1607813	501(C)(3)	59,449				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Great Plains Society for the Prevention of Cruelty5428 Antioch Dr Merriam, KS 66202	05-0552529	501(C)(3)	21,891				Donor Designated Funding
Greater Kansas City Housing 3200 Wayne Ave Kansas City, MO 64109	43-1427341	501(C)(3)	23,074				Program Funding
Green Works in Kansas City 4334 McGee St Kansas City, MO 64111	32-0195433	501(C)(3)	12,232				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Growing Futures Early Education Center8155 Sante Fe Dr Overland Park, KS 66204	48-0723044	501(C)(3)	141,366				Program Funding
Guadalupe Centers Inc1015 Avenida Cesar E Chavez Kansas City, MO 64108	44-0610781	501(C)(3)	306,809				Program Funding
Habitat for Humanity Inc 1423 E Linwood Blvd Kansas City, MO 64109	43-1175749	501(C)(3)	6,276				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Harrisonville Ministerial AlliancePO Box 262 Harrisonville,MO 64701	43-1800881	501(C)(3)	15,674				Program Funding
Harvesters3801 Topping Ave Kansas City,MO 64129	43-1208665	501(C)(3)	457,297				Program Funding
Health & Medical Research Charities of A21 Tamal Vista Blvd Suite 209 Corte Madera,CA 94925	94-3217739	501(C)(3)	69,800				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Health First - America's Charities14150 Newbrook Dr Suite 110 Chantilly,VA 20151	30-0186796	501(C)(3)	23,776				Donor Designated Funding
Health Partnership Clinic407 S Clairborne Rd Suite 104 Olathe,KS 66062	48-1115529	501(C)(3)	108,855				Program Funding
HELP of Raymore17122 Bel Ray Place Belton,MO 64012	43-1787083	501(C)(3)	5,830				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Helping Hands Humane Society Inc2625 NW Rochester Road Topeka, KS 66617	48-0597124	501(C)(3)	11,754				Donor Designated Funding
High Aspirations6320 Brookside Plaza Suite 263 Kansas City, MO 64113	81-0673432	501(C)(3)	16,468				Program Funding
Hillcrest Covenant Church 8801 Nall Ave Prairie Village, KS 66207	48-0683612	501(C)(3)	11,955				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Hispanic Economic Development2130 Jefferson St Kansas City, MO 64108	43-1654693	501(C)(3)	17,113				Program Funding
Hope Center2800 E Linwood Blvd Kansas City, MO 64128	43-1828403	501(C)(3)	19,696				Donor Designated Funding
Hope Faith Ministries705 Virginia Ave Kansas City, MO 64106	02-0727462	501(C)(3)	8,102				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Hope Haven of Cass County PO Box 754 Harrisonville, MO 647010754	43-1596092	501(C)(3)	21,389				Program Funding
Hope House9908 E Winner Rd Independence, MO 64052	43-1265685	501(C)(3)	235,585				Program Funding
HOPEwrx - Hillside Opening 900 NE Vivion Rd Kansas City, MO 64118	26-4706755	501(C)(3)	10,046				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Human & Civil Rights Organizations of Am21 Tamal Vista Blvd Suite 209 Corte Madera,CA 94925	94-3193388	501(C)(3)	7,942				Donor Designated Funding
Human Care Charities of America agency21 Tamal Vista Blvd Suite 209 Corte Madera,CA 94925	94-3067804	501(C)(3)	13,921				Donor Designated Funding
Human Service Charities of AmericaPO Box 79770 Baltimore,MD 212790770	94-3240353	501(C)(3)	5,793				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Humane Society of Greater Kansas City5445 Parallel Parkway Kansas City, KS 66104	48-0581965	501(C)(3)	20,396				Donor Designated Funding
Immacolata Manor2135 Manor Way Liberty, MO 64068	43-1237483	501(C)(3)	11,647				Program Funding
Independence Meals on Wheels409 N Liberty St Independence, MO 64050	43-1083396	501(C)(3)	23,529				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Independent Charities of America1100 Larkspur Landing Circle Suite Larkspur,CA 94939	94-3067804	501(C)(3)	59,744				Donor Designated Funding
InnerVisions Healthcare 1355 50th St STE 400 West Des Moines,IA 50266	45-3790483	501(C)(3)	6,127				Donor Designated Funding
Ivanhoe Neighborhood Council3700 Woodland Kansas City,MO 64109	43-1843831	501(C)(3)	27,000				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Jackson County CASA2544 Holmes Street Kansas City, MO 64108	43-1401328	501(C)(3)	104,895				Program Funding
Jewish Community Center 5801 W 115th St Suite 101 Overland Park, KS 66211	44-0545992	501(C)(3)	109,967				Program Funding
Jewish Family Services5801 W 115th St Suite 103 Leawood, KS 66211	44-0545829	501(C)(3)	176,250				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Jewish Federation of Greater KC5801 W 115th St Suite 201 Leawood, KS 66211	44-0545913	501(C)(3)	7,000				Donor Designated Funding
Jewish Vocational Service 1608 Baltimore Ave Kansas City, MO 64108	44-0545994	501(C)(3)	48,711				Program Funding
Johnson County Christmas BureauPO Box 14786 Lenexa, KS 66285	48-0884400	501(C)(3)	14,605				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Johnson County Housing Coalition403a W Poplar St Olathe,KS 66061	48-1157374	501(C)(3)	18,163				Program Funding
Johnson County Interfaith Hospitality Network6315 W 110th St Overland Park,KS 66211	20-0118693	501(C)(3)	10,082				Program Funding
Junior Achievement of Middle America4049 Pennsylvania Ave Ste 150 Kansas City,MO 641113006	44-0604809	501(C)(3)	20,824				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Junior Golf Foundation of Kansas City7501 Blue River Road Kansas City, MO 64132	43-1532215	501(C)(3)	19,499				Donor Designated Funding
Kansans For LifePO Box 4448 Overland Park, KS 662040448	48-0963138	501(C)(3)	6,195				Donor Designated Funding
Kansas Children's Service League650 Minnesota Avenue Kansas City, KS 66101	48-0543749	501(C)(3)	12,367				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Kansas City CARE Clinic 3515 Broadway Kansas City, MO 64111	43-0967292	501(C)(3)	216,894				Program Funding
Kansas City Community Gardens6917 Kensington Ave Kansas City, MO 64132	43-1356677	501(C)(3)	49,939				Program Funding
Kansas City Fire Historical Society4408 NE 55th Street Kansas City, MO 64119	43-1502787	501(C)(3)	29,809				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Kansas City Repertory Theatre4949 Cherry Kansas City, MO 64110	43-1168979	501(C)(3)	6,576				Donor Designated Funding
Kansas City Rescue Mission 1520 Cherry Street Kansas City, MO 64108	43-1287029	501(C)(3)	44,885				Donor Designated Funding
Kansas Legal Services400 State Ave Suite 1015 Kansas City, KS 66101	48-0872528	501(C)(3)	33,261				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Kansas State University Foundation2323 Anderson Ave Ste 500 Manhattan, KS 665022911	48-0667209	501(C)(3)	10,920				Donor Designated Funding
Kansas University Endowment AssociationPO Box 928 Lawrence, KS 660440928	48-0547734	501(C)(3)	11,311				Donor Designated Funding
Kauffman Center for the Performing Arts1601 Broadway Kansas City, MO 64106	43-1866550	501(C)(3)	48,760				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
KidsTLC480 S Rogers Rd Olathe, KS 66062	48-0774593	501(C)(3)	210,061				Program Funding
KKFI 901 FM Kansas CityPO Box 32250 Kansas City, MO 64111	43-1111320	501(C)(3)	6,108				Donor Designated Funding
KU Endowment - Deloitte Career CenterP O Box 928 Lawrence, KS 66044	48-0547734	501(C)(3)	8,500				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
KVC Behavioral Healthcare 21350 W 153rd St Olathe, KS 66061	48-0770308	501(C)(3)	32,416				Program Funding
Lee's Summit CARES901 NE Independence Ave Lees Summit, MO 64086	43-1301288	501(C)(3)	16,977				Program Funding
Lee's Summit Social Services 108 SE 4th St Lees Summit, MO 64063	43-1604974	501(C)(3)	87,509				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Legal Aid of Western Missouri1125 Grand Blvd Suite 1900 Kansas City, MO 64106	43-0824638	501(C)(3)	251,305				Program Funding
Literacy Kansas City211 W Armour Blvd 3rd Floor Kansas City, MO 64111	43-1435729	501(C)(3)	84,264				Program Funding
Local 42 Community Assistance6320 Manchester Ave Ste 42 Kansas City, MO 64133	43-1655412	501(C)(3)	16,620				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Local Independent Charties of America1100 Larkspur Landing Circle 340 Larkspur,CA 94939	94-3042430	501(C)(3)	66,358				Donor Designated Funding
Marillac Center8000 W 127th St Overland Park,KS 66213	43-1147836	501(C)(3)	162,577				Program Funding
Mattie Rhodes Center1740 Jefferson St Kansas City,MO 64108	44-0546343	501(C)(3)	157,012				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MCC Student Book & Emergency Funds3200 Broadway Kansas City, MO 64111	51-0181875	501(C)(3)	8,723				Donor Designated Funding
Meals on Wheels of Shawnee & Jefferson Counties In2701 SW East Circle Drive South Topeka, KS 66606	48-0792685	501(C)(3)	9,384				Donor Designated Funding
Medical Research Charities FederationPO Box 79703 Baltimore, MD 212790703	94-3148591	501(C)(3)	26,916				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Mental Health America of the Heartland739 Minnesota Ave Kansas City, KS 66101	48-1185409	501(C)(3)	127,037				Program Funding
Metro Lutheran Ministry3031 Holmes St Kansas City, MO 64109	43-0970991	501(C)(3)	103,454				Program Funding
Metropolitan Council of Early Learning600 Broadway Suite 300 Kansas City, MO 64105	20-1824454	501(C)(3)	37,500				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	43,794				Program Funding
Mid America MS Achievement Center3011 Baltimore Kansas City, MO 64108	43-1747002	501(C)(3)	6,008				Donor Designated Funding
Midwest Foster Care and Adoption Assn18600 E 37th Terr South Suite 101 Independence, MO 64057	43-1895965	501(C)(3)	25,842				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Miles of Smiles Inc5536 NE Antioch Road Kansas City, MO 64119	20-3664224	501(C)(3)	23,271				Program Funding
Military Support Groups of AmericaPO Box 45754 San Francisco, CA 94145	27-2242752	501(C)(3)	33,766				Donor Designated Funding
Military Veterans & Patriotic Service O21 Tamal Vista Blvd Suite 209 Corte Madera, CA 94925	94-3193418	501(C)(3)	98,183				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MINDDRIVE2615 Holmes Rd Kansas City, MO 64108	27-3644498	501(C)(3)	25,089				Program Funding
Missouri Association for Social Welfare606 E Capital Ave Jefferson City, MO 65101	44-0547548	501(C)(3)	25,000				Program Funding
Missouri Environmental Fund 1222 Spruce St Room 3310 Saint Louis, MO 63103	43-1679971	501(C)(3)	43,358				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MOCSA - Metropolitan Organization3100 Broadway Suite 400 Kansas City, MO 64111	43-1061620	501(C)(3)	194,418				Program Funding
Mother & Child Health Coalition2340 E Meyer Blvd Bldg 1 Ste 2 Kansas City, MO 64132	43-1897000	501(C)(3)	48,175				Program Funding
Mother's Refuge14400 E 42nd St South Suite 220 Independence, MO 64055	43-1454628	501(C)(3)	19,833				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Myasthenia Gravis Association6400 Prospect Ave East Suite 300A Kansas City, MO 64132	43-1699850	501(C)(3)	39,854				Program Funding
National Christian Foundation Heartland706 N Lindenwood Dr Suite 100 Olathe, KS 660621877	43-1890105	501(C)(3)	12,955				Donor Designated Funding
National Kidney Foundation 6405 Metcalf Ave Suite 204 Mission, KS 66202	13-1673104	501(C)(3)	41,773				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
National Public RadioPO Box 79540 Baltimore,MD 21279	52-0907625	501(C)(3)	5,312				Donor Designated Funding
Negro Leagues Baseball Museum1616 E 18th Street Kansas City,MO 64108	43-1570612	501(C)(3)	5,756				Donor Designated Funding
Nelson Gallery Foundation 4525 Oak Street Kansas City,MO 64111	44-6012977	501(C)(3)	6,112				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
New Horizon Ranch Inc1526 Vermont Rd Rantoul,KS 66079	37-1529096	501(C)(3)	13,916				Donor Designated Funding
NewhousePO Box 240019 Kansas City,MO 64124	43-0962293	501(C)(3)	55,837				Program Funding
Niles Home For Children 1911 E 23rd St Kansas City,MO 64127	44-0565392	501(C)(3)	173,196				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Nonprofit Connect125 E 31st St Suite 100 Kansas City, MO 64108	43-1121678	501(C)(3)	20,867				Program Funding
Northland Health Care AccessPO Box 14414 Parkville, MO 641527414	43-1578121	501(C)(3)	42,431				Program Funding
Northland Neighborhoods Inc 4420 N Chouteau Trfy Kansas City, MO 64117	43-1746357	501(C)(3)	10,085				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Northwest Communities Development217 S Cedar Independence, MO 64053	43-1822719	501(C)(3)	24,092				Program Funding
Open Options Inc3100 Broadway Suite 330 Kansas City, MO 64111	43-1143622	501(C)(3)	7,281				Donor Designated Funding
Operation Breakthrough3039 Troost Ave Kansas City, MO 64109	43-0971560	501(C)(3)	267,482				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Ozanam421 E 137th Street Kansas City, MO 64145	44-0545442	501(C)(3)	149,790				Program Funding
Parkinson Foundation of the Heartland8900 State Line Rd Suite 420 Leawood, KS 66206	48-1171504	501(C)(3)	23,345				Donor Designated Funding
Phoenix Family3908 Washington St Kansas City, MO 64111	68-0101133	501(C)(3)	40,111				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Planned Parenthood of Kansas & Mid-MO4401 W 109th St Ste 200 Overland Park, KS 66211	44-0565390	501(C)(3)	37,166				Donor Designated Funding
Platte Senior Services11724 NW Plaza Cir Suite 700 Kansas City, MO 64153	43-1255220	501(C)(3)	21,654				Program Funding
PREP-KC800 W 47th Suite 525 Kansas City, MO 64112	26-0524230	501(C)(3)	19,000				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Project Topeka Food Drive 1315 SW Arrowhead Rd Topeka, KS 66604	30-0596254	501(C)(3)	5,282				Donor Designated Funding
Promised Land Ranch and Ministries37595 Hedge Ln Paola, KS 66071	20-4875962	501(C)(3)	35,990				Donor Designated Funding
Public Television 19 Inc125 E 31st St Kansas City, MO 64108	23-7114952	501(C)(3)	7,050				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Rachel House Pregnancy Resources Center1260 NE Windsor Dr Lees Summit, MO 64086	43-1808105	501(C)(3)	5,828				Donor Designated Funding
Rainbow Center900 NW Woods Chapel Rd Blue Springs, MO 64015	48-0861861	501(C)(3)	40,231				Program Funding
Raytown Emergency Assistance Program9300 E 75th St Raytown, MO 64138	43-1294275	501(C)(3)	41,498				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Reconciliation Services3101 Troost Avenue Kansas City, MO 64109	36-4580402	501(C)(3)	23,926				Program Funding
Redemptorist Social Services Center207 W Linwood Blvd Kansas City, MO 64111	26-0054325	501(C)(3)	40,529				Program Funding
ReDiscover901 NE Independence Ave Lees Summit, MO 64086	23-7169417	501(C)(3)	55,006				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Rehabilitation Institute3011 Baltimore Ave Kansas City, MO 64108	44-0552045	501(C)(3)	288,101				Program Funding
reStart918 E 9th St Kansas City, MO 64106	43-1349378	501(C)(3)	110,838				Program Funding
Rose Brooks CenterPO Box 320599 Kansas City, MO 64132	51-0231573	501(C)(3)	347,598				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SAFEHOMEPO Box 4563 Overland Park, KS 66204	48-0917798	501(C)(3)	146,864				Program Funding
Salvation Army - Olathe Corps420 E Santa Fe Olathe, KS 66061	44-0545998	501(C)(3)	30,688				Donor Designated Funding
Samuel U Rodgers Health Center825 Euclid Ave Kansas City, MO 64124	43-0899356	501(C)(3)	190,359				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SAVE Inc3000 Harrison Kansas City, MO 64109	43-1465268	501(C)(3)	18,687				Program Funding
School Health Emergency Fund315 N Lindenwood Olathe, KS 66062	48-1190090	501(C)(3)	6,797				Donor Designated Funding
Shawnee Mission Education Foundation7235 Antioch Overland Park, KS 66204	74-2823938	501(C)(3)	13,205				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Shawnee Mission Health 9100 West 74th Street Overland Park, KS 66204	48-0637331	501(C)(3)	23,186				Donor Designated Funding
Sheffield Place6604 E 12th St Kansas City, MO 64126	43-1532267	501(C)(3)	27,714				Program Funding
Shepherd's Center of Kansas City Central5200 Oak St Kansas City, MO 64112	43-0994417	501(C)(3)	13,874				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Shepherd's Center of Raytown5110 Westridge Circle Raytown, MO 64133	43-1531153	501(C)(3)	23,085				Program Funding
Shepherd's Center of the Northland Inc4805 NE Antioch Rd Ste 9 Kansas City, MO 64119	43-1567162	501(C)(3)	23,346				Program Funding
Sherwood Center for the Exceptional Child7938 Chestnut Avenue Kansas City, MO 64132	23-7413671	501(C)(3)	89,936				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SIDS Resources Inc6400 Prospect Suite 216 Kansas City, MO 64132	43-1344645	501(C)(3)	15,828				Program Funding
Skills to Succeed413 E Santa Fe Olathe, KS 66061	48-1105609	501(C)(3)	7,847				Program Funding
Society of St Andrew West 3801 Topping Avenue Kansas City, MO 64129	54-1285793	501(C)(3)	25,276				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Spay & Neuter Kansas City 1116 E 59th St Kansas City, MO 64110	82-0563117	501(C)(3)	6,511				Donor Designated Funding
Spofford9700 Grandview Rd Kansas City, MO 64137	44-0546277	501(C)(3)	120,804				Program Funding
Sports Charities USA1100 Larkspur Landing Circle Suite Larkspur, CA 94939	47-0863988	501(C)(3)	7,302				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
St Agnes Catholic Church 5250 Mission Road Mission, KS 66205	53-0196617	501(C)(3)	6,070				Donor Designated Funding
St Jude Children's Research Hospital-1822 Craig Rd Saint Louis, MO 63146	35-1044585	501(C)(3)	6,706				Donor Designated Funding
St Michael's Necessity Pantry4000 Lees Summit Rd Independence, MO 64055	43-1644332	501(C)(3)	5,562				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
StandUp Blue SpringsPO Box 614 Blue Springs, MO 64013	20-0889555	501(C)(3)	17,577				Program Funding
Sunflower House15440 W 65th St Shawnee, KS 66217	48-0918698	501(C)(3)	98,109				Program Funding
Sunshine Center201 N Forest Ave Independence, MO 64050	43-1831303	501(C)(3)	58,108				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Swope Health Services3801 Blue Pkwy Kansas City, MO 64130	43-0957840	501(C)(3)	19,669				Program Funding
Swope Ridge Geriatric Center 5900 Swope Pkwy Kansas City, MO 64130	43-1557555	501(C)(3)	23,142				Program Funding
Synergy Services400 E 6th St Parkville, MO 64152	43-0970674	501(C)(3)	240,916				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
TARC Inc2701 SW Randolph Ave Topeka, KS 66611	48-6086732	501(C)(3)	6,464				Donor Designated Funding
The Children's Place2 E 59th St Kansas City, MO 64113	51-0195216	501(C)(3)	110,863				Program Funding
The Children's Spot - St Luke's Hospita4225 Baltimore Ave Kansas City, MO 641112304	44-6014699	501(C)(3)	5,538				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
The Ephesus Foundation 6222 McGee St Kansas City, MO 64113	26-3164244	501(C)(3)	7,500				Donor Designated Funding
The Family Conservancy444 Minnesota Ave Suite 200 Kansas City, KS 66101	44-0454800	501(C)(3)	756,312				Program Funding
The Leukemia & Lymphoma Society6811 W 63rd St Ste 202 Shawnee Mission, KS 66202	13-5644916	501(C)(3)	52,921				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
The Light HouseP O Box 22553 Kansas City, MO 64113	43-1569525	501(C)(3)	5,728				Donor Designated Funding
The Rockhurst Fund1100 Rockhurst Rd Kansas City, MO 64110	44-0545813	501(C)(3)	8,637				Donor Designated Funding
The Salvation Army of3637 Broadway Kansas City, MO 64111	44-0545998	501(C)(3)	656,782				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
The Whole Person3710 Main St Kansas City, MO 64111	43-1157083	501(C)(3)	34,324				Program Funding
TMC Charitable Foundation 2310 Holmes Ste 735 Kansas City, MO 64108	43-1194064	501(C)(3)	6,000				Donor Designated Funding
TNC Community12404 E Highway 40 Independence, MO 64055	44-0608429	501(C)(3)	52,392				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Topeka Rescue Mission Inc 600 N Kansas Avenue Topeka, KS 66608	48-0688068	501(C)(3)	38,792				Donor Designated Funding
Tri-County Mental Health Services3100 NE 83rd St Suite 1001 Kansas City, MO 64119	43-1556416	501(C)(3)	72,871				Program Funding
Truman Medical Centers 2301 Holmes St Suite 735 Kansas City, MO 64108	44-0661018	501(C)(3)	214,067				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Cerebral Palsy of Northwest MO 3303 Frederick Ave Saint Joseph, MO 64506	43-0909607	501(C)(3)	51,100				Program Funding
United Community Services of Johnson12351 W 96th Terr Suite 200 Lenexa, KS 66215	48-0914699	501(C)(3)	172,409				Program Funding
United Inner City Services 2008 E 12th St Kansas City, MO 64108	44-0646347	501(C)(3)	156,417				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Methodist Church of the13720 Roe Avenue Overland Park, KS 66224	48-1107898	501(C)(3)	10,450				Donor Designated Funding
United Negro College Fund 8260 Willow Oaks Corporate Drive Fairfax, VA 22031	13-1624241	501(C)(3)	8,832				Donor Designated Funding
United Service Organizations Inc (USO)2111 Wilson Blvd Ste 1200 Arlington, VA 222013052	13-1610451	501(C)(3)	9,213				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	31,466				Program Funding
United Way of Douglas County2518 Ridge Court Suite 200 Lawrence, KS 66046	48-0796320	501(C)(3)	36,941				Donor Designated Funding
United Way of Greater Kansas City801 W 47th St Ste 500 Kansas City, MO 64112	44-0545812	501(C)(3)	66,135				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 St Joseph, MO 64502	44-0547802	501(C)(3)	13,028				Donor Designated Funding
United Way of Leavenworth CountyPO Box 21 Leavenworth, KS 66048	48-0622408	501(C)(3)	29,657				Donor Designated Funding
United Way of the Ozarks320 N Jefferson Ave Springfield, MO 658061109	44-0552047	501(C)(3)	17,431				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 League1710 W Paseo Blvd Kansas City, MO 64108	44-0546273	501(C)(3)	145,799				Program Funding
Urban Neighborhood Initiative2700 E 18th St Ste 261 Kansas City, MO 64127	45-4879810	501(C)(3)	93,056				Program Funding
Urban Ranger Corps5908 Swope Parkway Kansas City, MO 64130	20-1117569	501(C)(3)	19,508				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Veronica's Voice1021 E 34th St Kansas City, MO 64109	20-3902846	501(C)(3)	24,215				Program Funding
Visiting Nurse Association 1500 Meadow Lake Pkwy Kansas City, MO 64114	43-1337104	501(C)(3)	265,558				Program Funding
WEB DuBois Learning Center 4510 E Linwood Blvd Kansas City, MO 64128	43-1225401	501(C)(3)	63,817				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Wayside Waifs IncPO Box 9791 Kansas City, MO 64134	44-0605374	501(C)(3)	19,926				Donor Designated Funding
West Central Missouri Community Action Agency 106 W 4th St Appleton City, MO 64724	43-0838410	501(C)(3)	35,129				Program Funding
Whatsoever Community Center1201 Ewing Ave Kansas City, MO 64126	44-0545274	501(C)(3)	105,020				Program Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Wild Animals Worldwide1100 Larkspur Landing Court Suite Larkspur,CA 94939	20-8774272	501(C)(3)	7,217				Donor Designated Funding
William Jewell College500 College Hill Liberty,MO 64068	44-0545914	501(C)(3)	601,250				Donor Designated Funding
Women Children & Family Service Charities21 Tamal Vista Blvd Suite 209 Corte Madera,CA 94925	94-3193386	501(C)(3)	12,143				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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's Employment Network920 Main St Suite 100 Kansas City, MO 64105	43-1508734	501(C)(3)	50,791				Program Funding
Working Families' Friend 1021 Pennsylvania Ave Kansas City, MO 64105	65-1169138	501(C)(3)	293,806				Program Funding
Wounded Warrior ProjectPO Box 758517 Topeka, KS 66675	20-2370934	501(C)(3)	49,613				Donor Designated Funding

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Suite 1020 Kansas City, MO 64111	44-0546002	501(C)(3)	977,846				Program Funding
Youth Volunteer Corps1025 Jefferson Kansas City, MO 64105	43-1597582	501(C)(3)	42,864				Program Funding

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493075002326

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, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
UNITED WAY OF GREATER 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 directors, trustees, officers, including 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), 501(c)(4), and 501(c)(29) organizations 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 in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 BRENT STEWART, PRESIDENT/CEO	(i)	256,429	0	36,336	36,042	23,759	352,566	0
	(ii)	0	0	0	0	0	0	0
2 MICHELLE OVERSTREET HOGERTY, COO	(i)	131,120	0	19,226	18,882	10,889	180,117	0
	(ii)	0	0	0	0	0	0	0
3 JO ANN GANN, SVP Community Engagement	(i)	99,218	0	32,970	24,786	13,661	170,635	0
	(ii)	0	0	0	0	0	0	0
4 TERI RETZLAFF, SVP Resource Development	(i)	120,201	0	2,896	19,435	10,061	152,593	0
	(ii)	0	0	0	0	0	0	0
5 STEVE RANSBURG, SVP Information Technology	(i)	109,428	10,939	1,331	15,584	15,360	152,642	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493075002326

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
UNITED WAY OF GREATER 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		575,380	SELLING PRICE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	20	150,066	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	1	52,225	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 | 0

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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?		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?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		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.** 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.

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

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493075002326

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
UNITED WAY OF GREATER KANSAS CITY INC	44-0545812

Return Reference	Explanation
FORM 990, PART I, Lines 8 - 19	THE AMOUNTS IN THE PRIOR YEAR COLUMN ARE BASED ON THE 4 MONTH SHORT PERIOD FROM JANUARY 1ST, 2014 THROUGH APRIL 30, 2014 DUE TO THE CHANGE IN THE FISCAL YEAR END OF THE ORGANIZATION THE AMOUNTS IN THE CURRENT YEAR COLUMN ARE BASED ON THE FULL FISCAL YEAR PERIOD MAY 1ST, 2014 THROUGH APRIL 30, 2015

Return Reference	Explanation
FORM 990, PART III, Line 4A	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 160 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 THAT RESULT IN HEALTH AND HUMAN SERVICES NEEDS 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

Return Reference	Explanation
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 THE YEAR ENDED APRIL 30TH, 2015, CALL VOLUME REACHED 118,876 CALLS 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.

Return Reference	Explanation
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 THE 12 MONTHS ENDED APRIL 30TH, 2015, C A P RECEIVED 272 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

Return Reference	Explanation
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 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 EXCESS DUES OR A SHARE OF THE ORGANIZATIONS NET ASSETS UPON THE ORGANIZATION'S DISSOLUTION

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	TRUSTEES ARE ELECTED BY THE MEMBERS AT THE ANNUAL MEETING

Return Reference	Explanation
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

Return Reference	Explanation
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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 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

Return Reference	Explanation
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.

Return Reference	Explanation
FORM 990, PART XI, LINE 9	MINIMUM PENSION LIABLILITY ADJUSTMENT $ (232,907)