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DLN: 93493221011066

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 <a href="www.IRS.gov/form990">www.IRS.gov/form990</a>

OMB No 1545-0047

Open to Public Inspection

Form**990**(2015)

A F	or the 2	2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-201	5		
<b>B</b> Ch	eck ıf ap	plicable C Name of organization Jewish Community Foundation of	D	Employer id	lentification number
┌ Ad	dress cha		4	13-60492	81
Г№	me chan	ge Doing business as			
┌ Ini	tıal returr		<u> </u>		
Fir		Number and street (or P O box if mail is not delivered to street address) Room/suil	e E T	elephone nu	mber
	urn/term	nated 5801 West 115th Street No 104	(	913)327-	-8245
☐ Am	nended re	only of totally state of province, country, and Est of foreign postar country			
Гар	plication	Overland Park, KS 66211 pending	G	Gross receipt:	s \$ 23,529,002
		F Name and address of principal officer	<b>H(a)</b> Is this a	group retu	rn for
		Lauren Mattleman Hoopes	subordina		Yes <b>\</b> No
		5801 W 115th St Suite 104 Overland Park, KS 66211	<b>H(b)</b> Are all su		S TYes TNo
		overland rank, k5 00211	included?		h /
I Ta	ıx-exemp	ot status 501(c)(3) 501(c)( ) ( insert no ) 4947(a)(1) or 527			t (see instructions)
7 10	/obcito	www.jcfkc.org	<b>H(c)</b> Group ex	emption n	umber 🟲
	ebsite:	www.jcikc.org			
	_	anization Corporation Trust Association Other 🕨	<b>L</b> Year of formati	on 1959	<b>M</b> State of legal domicile KS
Pa	rt I	Summary			
ee Ce	Pro	efly describe the organization's mission or most significant activities pmote the practice of tzedakah & the pursuit of tikkun olam by serving as the coing/endowments in the KC Jewish community	entral resource &	advocate :	for planned
Governance	-				
ē	]	hask this have to see a recommendation discountinged the apparations are disposed of	mara than 25%	of its not o	acata
9	2 0	heck this box দ if the organization discontinued its operations or disposed of	more than 25%	orits net a	ssets
26	3 N	umber of voting members of the governing body (Part VI, line 1a)		з	47
Activities &		umber of independent voting members of the governing body (Part VI, line 1b)		4	47
Ĕ		otal number of individuals employed in calendar year 2015 (Part V, line 2a) .		. 5	11
্ব	6 T	otal number of volunteers (estimate if necessary)		6	48
	7a ⊤	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0
	<b>b</b> Ne	t unrelated business taxable income from Form 990-T, line 34		7b	0
			Prior Ye	ar	Current Year
	8	Contributions and grants (Part VIII, line 1h)	9,	678,215	19,674,366
Revenue	9	Program service revenue (Part VIII, line 2g)		0	0
9.6	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,	950,309	3,367,099
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		469,574	487,537
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,	098,098	23,529,002
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	10,	385,052	9,563,553
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	0
46	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines		624,814	652,786
8 <u>6</u>		5-10)			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	0
ठ	b	Total fundraising expenses (Part IX, column (D), line 25) ▶28,384			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		434,606	495,740
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		444,472	10,712,079
. 97	19	Revenue less expenses Subtract line 18 from line 12	2,	653,626	12,816,923
8 9 8 8 8 8			Beginning of Cu	rrent Year	End of Year
Not Assets or Fund Balances	20	Total assets (Part X, line 16)	190,	873,972	188,483,897
Ž,B	21	Total liabilities (Part X, line 26)		312,211	127,956,692
žÏ	22	Net assets or fund balances Subtract line 21 from line 20		561,761	60,527,205
Pa		Signature Block			·
my k	nowled	ties of perjury, I declare that I have examined this return, including accompany ge and belief, it is true, correct, and complete Declaration of preparer (other th s any knowledge			
		***** Signature of officer	2016-0	8-02	

Here Lauren Mattleman Hoopes Executive Director Type or print name and title

Paid Preparer **Use Only**  Print/Type preparer's name Stanley H House Preparer's signature Stanley H House Date 2016-08-02 PTIN P00642974 Check ıf self-employed Firm's name F House Park Dobratz & Wiebler PC Firm's EIN 🕨 43-1562209 Firm's address > 605 W 47th Street Suite 301 Phone no (816) 931-3393 Kansas City, MO 64112 . ✓ Yes ☐ No

Statement of Program Service Accomplishments   Factor   Schedule O contains are response or note to any line in this Part III   Factor   Factor	Form	990 (2015)				Page <b>2</b>
1 Refly describe the organization's mission    Time   Second of the Joseph Community Foundation of Greater Kaneas City is to promote the practice of Izedakah (righteousness, charity) and the pursult of thickun olam (repairing the world) by serving as the central resource and advocate for planned giving and endowments in the Kaneas City Jewish community    Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27   Second the second country or make significant changes in how it conducts, any program services?   Second the second country or make significant changes in how it conducts, any program services?   Second the see changes on Schedule O	Par		<del>-</del>		Ι	
### Code   Code   Expenses \$ 9,563,553 including grants of \$ 9,563,553 (Revenue \$ )  #### Code   Expenses \$ including grants of \$ ) (Revenue \$ )  ##################################	1			or note to any mie in this rate II	<u> </u>	
the prior Form 990 or 990-E2?	the p	oursuit of tikkun ola	m (repairing the world) by serv	Program Service Accomplishments O contains a response or note to any line in this Part III  I program Service Accomplishments O contains a response or note to any line in this Part III  I program Service and advocate for planned giving and endowments in the vivial program services and advocate for planned giving and endowments in the vivial program services during the year which were not listed on 10-E27  I program Service accomplishments for each of its three largest program services, as measured by c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, revenue, if any, for each program service reported  (Expenses \$ 9,563,553 including grants of \$ 9,563,553) (Revenue \$ ) (Expenses \$ including grants of \$ ) (Revenue \$ )  (Expenses \$ including grants of \$ ) (Revenue \$ )  (Expenses \$ including grants of \$ ) (Revenue \$ )		
If "Yes," describe these new services on Schedule O  July the organization cease conducting, or make significant changes in how it conducts, any program services?	2			ogram services during the year v	which were not listed on	□Voc ☑No
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "ves," 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.  4		•				165   140
4a   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 \$ 9,563,553 mcluding grants of \$ 9,563,553) (Revenue \$ )  Grants to IRS approved charities - see attached list of grants  4b   (Code   ) (Expenses \$ mcluding grants of \$ ) (Revenue \$ )  4c   (Code   ) (Expenses \$ mcluding grants of \$ ) (Revenue \$ )  4c   (Code   ) (Expenses \$ mcluding grants of \$ ) (Revenue \$ )  4d   Other program services (Describe in Schedule O )  (Expenses \$ including grants of \$ ) (Revenue \$ )	3	Did the organizati	on cease conducting, or make		ducts, any program · · · · · · ·	⊤Yes ▼No
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	_	-	-			
Grants to IRS approved chartness - see attached list of grants  (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )	4	expenses Section	n 501(c)(3) and 501(c)(4) orga	inizations are required to report t		
4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$ ) (Revenue \$ )	4a	(Code	) (Expenses \$	9,563,553 including grants of \$	9,563,553 ) (Revenue \$	)
4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d Other program services (Describe in Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$ )		Grants to IRS appro	ved charities - see attached list of gra	nts		
4d Other program services (Describe in Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$ )	4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
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(Expenses \$ including grants of \$ ) (Revenue \$ )	4d	Other program s	ervices (Describe in Schedule	0 )		
4e Total program service expenses ► 9,563,553			·	·	) (Revenue \$	)
· · · · · · · · · · · · · · · · · · ·	4e	Total program se	ervice expenses ► 9,	563,553		

			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		No
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	Yes	
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			
а	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
С	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
е	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
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	Yes	
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 $11e^{7}$ 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? <i>If "Yes," complete Schedule G, Part II</i>	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		

Par	t 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? <i>If "Yes," complete Schedule J.</i>	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		
С	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,	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	Yes	
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	Yes	
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?	38	Yes	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			Page <b>5</b>
Par	Check if Schedule O contains a response or note to any line in this Part V			.୮
	·		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 10			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
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?	За		Νo
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?			
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?	5c 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).			
а	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		
С	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			
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		No
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
а	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			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
	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			
С	Enter the amount of reserves on hand			
	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	orm <b>99</b>	(2015)

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "N	o" re	espons	se to	line:	s 8a,	. 8b,	or i	10b	bel	οw,
describe the circumstances, processes, or changes in Schedule O.	. See	instr	uctio	ons.						
Check if Schedule O contains a response or note to any line in this Part VI										

Se	ection 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 47			
	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  47			
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	Yes	
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	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	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
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
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		No
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		Νo
	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		Νo
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		
Se	ection C. Disclosure			
<u> </u>	List the States with which a copy of this Form 990 is required to be filed▶			
18 19	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).  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of			
13	interest policy, and financial statements available to the public during the tax year			

State the name, address, and telephone number of the person who possesses the organization's books and records ▶KEVIN TAYLOR 5801 W 115TH ST SUITE 104 OVERLAND PARK, KS 66211 (913) 327-8245

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

#### 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) A verage hours per week (list any hours for related	more t perso	(C) Position (do not check nore than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										
										Form <b>990</b> (2015)

Section A. Officers,	Directors,	Trustees,	Key Em	iployee	s, and Hi	ghest Com	pensated Emi	ployees	(continued)
١	Section A. Officers,	Section A. Officers, Directors,	Section A. Officers, Directors, Trustees,	Section A. Officers, Directors, Trustees, Key Em	Section A. Officers, Directors, Trustees, Key Employees	Section A. Officers, Directors, Trustees, Key Employees, and Hi	Section A. Officers, Directors, Trustees, Key Employees, and Highest Com	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Em	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

	<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	more t	han o	ne l both	box, an d	heck unless officer stee)	3	([ Repor comper from organiza	table nsation the tion (W-	(E) Reportable compensation from related organizations (W-		(F) Estima mount o compens from t	ited f other sation the
		for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		ganizati relate organiza	ed
See	Addıtıonal Data Table													
												-		
							-					-		
							-							
1b	Sub-Total						►	•				•		
c d	Total from continuation sheet Total (add lines 1b and 1c) .	-			•	•			26	5,248	0			35,125
	Total number of individuals (in	cluding but not				ıcto	d abov	اید د						33,123
_	\$100,000 of reportable compe						u abov	C) W	no receive	a more cr	ian			
													<sub>  _</sub>	B1 -
3	Did the organization list any <b>f</b> o	<b>ormer</b> officer, dir	ector o	r trus	tee	kev	emplo	vee	or highes	t compen	sated emplovee		Yes	No
_	on line 1a? If "Yes," complete S					•		•		• •		3		Νo
4	For any individual listed on line organization and related organ individual											4	Yes	
5	Did any person listed on line 1	a receive or acc	rue cor	npen:	- satı	on fr	om anv	- unr	elated ora	anızatıon	or individual for	<u> </u>	162	
	services rendered to the organ											5		Νo
	ection B. Independent Co	ntractors												
1	Complete this table for your fiv	e highest comp												
	compensation from the organiz	ration Report co	mpens	ation	for t	he c	alenda	arye	ar ending	with or wi	thin the organizatio	n's t	ax year (C	
	N	ame and business	address							Des	cription of services	$\perp$	Comper	
												$\downarrow$		
												_		

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

Part V	/HH	Statement o						_
		Check if Schedu	ule O contains a respor	ise or note to any lii	(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenue
						exempt function	business revenue	excluded from tax under
						revenue	revenue	sections
								512-514
s &	1a	Federated camp	paigns 1a					
Contributions, Giffs, Grants and Other Similar Amounts	b	Membership du	es <b>1b</b>					
9 E	c	Fundraising eve	ents <b>1c</b>					
ξĀ								
e iia	d	-	rations 1d					
<u>≅</u> ,≅	е	Government grants	s (contributions) <b>1e</b>					
is s	f	All other contribution	ons, gifts, grants, and <b>1f</b>	19,674,366				
탏		similar amounts no	or included above					
ĒŌ	g	1a-1f \$	ons included in lines	3,495,722				
Cont	h	Total. Add lines	s 1a-1f		19,674,366			
				Business Code				
≘	2a			Busiliess Code				
že								
뿉	b							
<u> </u>	С							
<u>.</u>	d							
Ξ	е							
Program Service Revenue	f	All other progra	m service revenue				· · · · · ·	
Š		Total Add lines	s 2a – 2f					
	g 3		ome (including divident					
			ome (including divident ar amounts)		1,103,607			1,103,60
	4	Income from inves	tment of tax-exempt bond p	proceeds 🕨				
	5	Royalties		🕨				
			(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental						
	"	expenses						
	С	Rental income or (loss)						
	d	Net rental incor	me or (loss)					
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of	2,263,492					
		assets other	2,203,432					
		than inventory						
	ь	Less cost or						
		other basis and sales expenses	0					
	С	Gain or (loss)	2,263,492					
	d	Net gain or (los	s)	<b>.</b>	2,263,492			2,263,49
<u> </u>	8a		_					
₹		events (not incl						
<u>\$</u>			reported on line 1c)					
Other Revenue		See Part IV, lin	e 18					
÷	_		a					
δ			penses b					
	C		(loss) from fundraising (	events 🕦				
	9a	Gross income fi See Part IV, lin	rom gaming activities					
		,	a					
	ь	Less direct exi	penses b					
			ı (loss) from gamıng actı	vities				
		Gross sales of	ı	-				·
		returns and allo	owances .					
			а					
		_	oods sold <b>b</b>					
	С		(loss) from sales of inve					
		Miscellaneous		Business Code				
	11a	Administrative	fees		444,413			444,41
	b	Change in value	e of split interest		25,152			25,15
	С	Change in cash	ı value of lıfe ınsu		17,972			17,97
	d	All other revenu	ue					
	e	Total. Add lines	s 11a-11d	🕨	487,537			
	12	Total revenue	See Instructions	🛌	·			
	1		· · ·		23,529,002	0	(	3,854,636

#### Part IX Statement of Functional Expenses

	Check if Schedule O contains a response or note to any line in t	hıs Part IX			<u> </u>
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	9,563,553	9,563,553		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	265,248		265,248	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	296,509		296,509	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	22,953		22,953	
9	Other employee benefits	28,228		28,228	
10	Payroll taxes	39,848		39,848	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	28,073		28,073	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	159,182		159,182	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	23,315		23,315	
12	Advertising and promotion	7,500		7,500	
L3	Office expenses	13,933		13,933	
L4	Information technology	47,032		47,032	
L5	Royalties				
<b>L6</b>	Occupancy	49,802		49,802	
L7	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	13,000		13,000	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	16,613		16,613	
23	Insurance	14,273		14,273	
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)				
а					
b					
c					
d					
е	All other expenses	123,017		94,633	28,38
25	Total functional expenses. Add lines 1 through 24e	10,712,079	9,563,553	1,120,142	28,38
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)				

Form 990 (2015) Page **11** Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . . . . . . . . . . . . . . . . . . (A) (B) Beginning of year End of year 1 Cash-non-interest-bearing . . . . . . 1 3 2 Savings and temporary cash investments . . 24,475,065 2 25,172,021 226,805 3 3 124,083 Pledges and grants receivable, net . . . 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . . . . 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net . . . . . . 1,086,097 7 1,031,086 7 8 8 Inventories for sale or use . . . 9 12,040 9 4,129 Prepaid expenses and deferred charges . . . . Land, buildings, and equipment cost or other basis 10a 332,434 Complete Part VI of Schedule D 10a 10b 305.074 44.188 10c 27.360 b Less accumulated depreciation . 161,326,536 158,383,651 11 11 12 12 Investments—other securities See Part IV, line 11 . . . . . 13 13 Investments—program-related See Part IV, line 11 . 14 Intangible assets . . . . . . . . . . . . . . . . 14 3.703.241 3,741,564 15 15 Other assets See Part IV, line 11 . . . . . . . . 190,873,972 16 188,483,897 16 **Total assets.**Add lines 1 through 15 (must equal line 34) . **17** 2.601 0 Accounts payable and accrued expenses . 17 54,479 44,659 18 18 Grants payable 19 19 20 Tax-exempt bond liabilities . . . . . . 20 Escrow or custodial account liability Complete Part IV of Schedule D . 21 21 \_iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 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 138,255,131 25 127,912,033 . **Total liabilities.**Add lines 17 through 25 . . . . 138.312.211 26 127.956.692 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and complete **Fund Balances** lines 27 through 29, and lines 33 and 34. 27 43,470,408 27 43,637,703 Unrestricted net assets . . . . . . 28 5,124,925 28 4,883,963 Temporarily restricted net assets . . . . . 3.966.428 12.005.539 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Net Assets or 30 30 Capital stock or trust principal, or current funds . . . . . . . . . 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 Retained earnings, endowment, accumulated income, or other funds 32 33 52,561,761 60,527,205 Total net assets or fund balances 33 Total liabilities and net assets/fund balances . . . . . . . . . . . 190.873.972 34 188.483.897

Par	t 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		23,!	529,00
2	Total expenses (must equal Part IX, column (A), line 25)	2		10,7	712,079
3	Revenue less expenses Subtract line 2 from line 1	3			316,92
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) $\cdot$ .	4			 561,76:
5	Net unrealized gains (losses) on investments	5			351,479
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			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		60,!	527,20!
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		<u>. ୮</u>
				Yes	No
1	Accounting method used to prepare the Form 990				
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 rev a separate basis, consolidated basis, or both	iewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	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 se basis, consolidated basis, or both	parate			
	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 oversion 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 Schedule O	ıın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Single Audit Act and OMB Circular A-133?	the	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		

Lon Lowenstein

Board Member

Software ID: Software Version:

**EIN:** 43-6049281

Name: Jewish Community Foundation of

Greater Kansas City

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (B) (C) (D) (E) (F) Reportable Name and Title Position (do not check Average Reportable Estimated amount hours per more than one box, unless compensation compensation of other person is both an officer week (list from related compensation from the organization (Worganizations (Wand a director/trustee) any hours from the for related 2/1099-MISC) 2/1099-MISC) organization and Former O∰ TO ₽ Highest compensated employee Individual trustee or director organizations related nstitutional below organizations employee dotted line) Trustee 1 00 Aaron March Х 0 0 0 **Board Member** 1 00 Χ 0 0 0 Board Member 1 00 Alice Jacks Achtenberg Χ Χ 0 0 Vice President 1 00 1 00 Ann Darke ..... 0 1 00 1 00 Ann Slegman - Isenberg Χ 0 0 0 Board Member 1 00 Brad Koffman Х 0 0 0 **Board Member** 1 00 Brian M Scharf Χ 0 0 0 Board Member 1 00 David Levy Χ 0 0 0 Board Member 1 00 David Porter Χ 0 Board Member 1 00 1 00 David R Goodman 0 0 0 Χ Χ Vice President 1 00 1 00 Edward Goldstein 0 0 0 Х Board Member 1 00 1 00 Χ 0 0 0 Board Member 1 00 Frank Lipsman Χ Χ 0 0 0 Vice President 1 00 1 00 Fred Bodker ..... Χ 0 0 Board Member 1 00 **Gary Cortes** 0 0 0 Х Board Member 1 00 **Howard Mayer** 0 0 0 Χ Board Member 1 00 1 00 Х Χ 0 0 0 First Vice President 2 00 1 00 James M Klein Χ 0 0 0 Vice President 2 00 1 00 Jeffrey Alpert 0 0 0 Board Member 1 00 Joel Vile 0 0 Χ 0 Board Member 1 00 1 00 Karen Pack Χ 0 0 0 Board Member 1 00 L Joshua Sosland Х Χ 0 0 0 President 1 00 1 00 Lewis Berey Χ 0 0 0 Board Member 1 00 Linda Lyon ..... Χ Χ 0 0 0 Vice President 1 00

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1 00

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

(A) (B) (C) (D) (D) (E) (F)

Part   Description   Part	(A) Name and Title	(B) Average hours per week (list any hours for related	per more than one box, unless list person is both an officer urs and a director/trustee)		( <b>D)</b> 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				
Marcia Manches		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2,1000	2,1033 (1100)	related
Marcia Karlania			x						0	0	0
Martin Remarks		1 00	х						0	0	0
Month Member   Month	·								0	0	0
Montes   2 00			_ ^						0	0	
Morton Eastand			x						0	0	0
No.   No.											
Note			х						0	0	0
Peter Levi			l x						0	0	0
Decard Member   No.	Board Member	1.00									
Dolly Kramer			x						0	0	0
Comparison		1 00									_
X			х						0	0	0
Ronald Coppaken			x		Х				0	0	0
X	Vice President	1.00									
Ronald Goldsmith			x						0	0	0
Sand Member	Ronald Goldsmith		х						0	0	0
Desire	Sanford Cohn								_	_	_
Sarah Berel			×						0	0	0
Sharon Greenwood			X						0	0	0
Stanford Zeldin									_	-	_
Stanley Bushman			х						0	0	0
Stanley Bushman			x						0	0	0
Stewart Koesten										,	
Stewart Koesten			x						0	0	0
X											
X   X   X   X   X   X   X   X   X   X			х						0	0	0
Tracy E Shafton         1 00         X         0         0         0           Board Member         1 00         X         0         0         0         0           William Kort         1 00         X         0         0         0         0         0           Board Member         X         0			x		х				0	0	0
Name	· · · · · · · · · · · · · · · · · · ·	1.00									
Ward Katz         1 00         X         0         0         0           Board Member         1 00         X         0         0         0           William Kort         1 00         X         0         0         0           Board Member         1 00         0         0         0           William Lowenstein         1 00         0         0         0			x						0	0	0
Note	-	1 00									
Board Member X 0 0 0 0 William Lowenstein 1 00 0 0			Х						0	0	0
William Lowenstein 1 00			x						0	0	0
Willian Lowenstein		1 00									
Board Member X 0 0 0 0			х						0	0	0
Kevin Taylor         40 00           X         100,565           0         11,847					х				100,565	0	11,847
Chief Financial Officer 40 00		40 00									
Lauren Plattienian Hoopes					Х				164,683	0	23,278

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DLN: 93493221011066

OMB No 1545-0047

### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

# **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.

2015

Open to Public

Inspection

Name of the organization **Employer identification number** Jewish Community Foundation of Greater Kansas City 43-6049281 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 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. 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. 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. 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. 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 Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other organization listed in your governing monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes

instructions

Pa	Support Schedule f (Complete only if you Part III. If the organi	checked the bo	ox on line 5, 7,	or 8 of Part I o	r if the organiz	ation failed to q		
	ection A. Public Support	zation rails to qu	daily dilact the	tests listed bei	ow, picase con	ipiete ruit III.		
	Calendar year	(=)2011	<b>(b)</b> 2012	(-)2012	(4)2014	(2)2015	(6)Total	
(or	fiscal year beginning in) 🕨	(a)2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	15,563,099	16,065,068	9,145,006	9,678,215	19,674,366	70,125,754	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	15,563,099	16,065,068	9,145,006	9,678,215	19,674,366	70,125,754	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4						70,125,754	
_ <u>S</u>	ection B. Total Support	T						
(or	Calendar year fiscal year beginning in) ►	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> Total	
7	Amounts from line 4	15,563,099	16,065,068	9,145,006	9,678,215	19,674,366	70,125,754	
8	Gross income from interest,	, ,		, ,	, ,	, ,	· · · · · · · · · · · · · · · · · · ·	
	dividends, payments received on securities loans, rents, royalties and income from similar sources	1,020,296	992,834	1,081,561	1,093,024	1,103,607	5,291,322	
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	441,653	500,804	574,625	469,575	487,537	2,474,194	
11	<b>Total support.</b> Add lines 7						77,891,270	
12	through 10 Gross receipts from related activi	ities etc (see ins	tructions)			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							
S	ection C. Computation of Pu							
14	Public support percentage for 200			: 11, column (f))		14	90 030 %	
15	Public support percentage for 203	• •				15	87 720 %	
		·	•	on line 13. and	ine 14 is 33 1/3%			
b	33 1/3% support test—2015. 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  33 1/3% support test—2014. 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  10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14							
b 18								

▶□

Schedule A (Form 990 or 990-EZ) 2015 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (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 vear (a)2011 (d)2014 **(b)**2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning in) 🕨 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt nurnose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) 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 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2014 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

b 33 1/3% support tests—2014. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

19a 33 1/3% support tests—2015. 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

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2014 Schedule A, Part III, line 17

18

►ſ

17

18

### 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

Section A. All Supporting Organizations			
I, complete Sections A and D, and complete	te Part V )		
11b of Part I, complete Sections A and C	If you checked 11c of Part I, com	iplete Sections A , D , and E If y	ou checked 11d of Par

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below.	За		ı
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 <b>Part VI</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
<b>4</b> a	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		ı
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	4b		
c	by or in connection with its supported organizations.  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.	<b>4</b> c		
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	<b>Type I or Type II only.</b> 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		ı
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 <b>Part VI</b> .	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 <b>Part VI</b> .	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 <b>Part VI</b> .	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 <b>Part VI</b> .	9c		
0a	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		l
	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		<u> </u>
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		_ <del></del>

Pai	Supporting Organizations (continued)			
Se	ection 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 <b>Part VI</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection 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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b	The organization is the parent of each of its supported organizations Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
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 <b>Part VI identify those supported organizations and explain</b> 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		
Ŀ	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 <b>Part VI</b> 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.			
	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? <i>Provide details in Part VI</i> .	3a		
Ŀ	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

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			uct ions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
!	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
ı	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		
,	Other expenses (see instructions)	7		
1	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	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	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
<b>i</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting o	rganızatıon (see

Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp	pt purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval re	quired)		
6 Other distributions (describe in Part VI) See instru	uctions		
7 Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to details in Part VI) See instructions	to which the organization is r	esponsive (provide	
9 Distributable amount for 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
<b>d</b> From 2013			
e From 2014			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<ul> <li>Carryover from 2010 not applied (see instructions)</li> </ul>			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (If amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
<b>c</b> Excess from 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			

#### 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	Circum	stances	Test
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Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2015

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OMB No 1545-0047

DLN: 93493221011066

# **SCHEDULE D**

(Form 990)

Department of the Treasury

# **Supplemental Financial Statements**

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

Open to Public

terna	l Revenue Service	Information about Schedule D	(Form 990) and its instructions is at <u>www.ir</u>	s.gov/1	<u>orm990</u> . <u>Inspection</u>				
Jew	me of the organ			Empl	oyer identification number				
	eater Kansas City		43-6049281						
Pa			Advised Funds or Other Similar Fed "Yes" on Form 990, Part IV, line 6.	unas c	or Accounts.				
			(a) Donor advised funds	(b)	Funds and other accounts				
1	Total numb	er at end of year	358						
Aggregate value of contributions to (during year)  10,665,525									
3	Aggregate	value of grants from (during year)	8,780,458						
4	Aggregate	value at end of year	35,946,972						
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	used only for		and donor advisors in writing that grant funds benefit of the donor or donor advisor, or for a						
Pa			ete if the organization answered "Yes" o	on Forn	n 990, Part IV, line 7.				
2	Preservation Protection Preservation Complete line	ion of land for public use (e g , recre n of natural habitat ion of open space		certified					
_	Total number	of conservation easements		2a	Held at the End of the Year				
a b		restricted by conservation easeme	ents	2b					
c	_	nservation easements on a certified		2c					
d									
3	Number of cor	nservation easements modified, trar	nsferred, released, extinguished, or terminat	ed by the	e organization during the				
	tax year ►								
4	Number of sta	ites where property subject to cons	ervation easement is located 🕨						
5	Does the orga		ding the periodic monitoring, inspection, han	idling of	┌ Yes				
6	year	<u>-</u> ,	inspecting, handling of violations, and enforc	ing cons	servation easements during the				
	►		ecting, handling of violations, and enforcing c						
7	► \$	penses incurred in monitoring, inspe	ecting, nandling of violations, and emorcing c	.onserva	tion easements during the year				
8	Does each co	nservation easement reported on lir tion 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of se	ction 17	0(h)(4)				
9	(= N/)								
Par	<b>'t IIII Orgar</b> Comp	nizations Maintaining Collect lete if the organization answere	tions of Art, Historical Treasures, ed "Yes" on Form 990, Part IV, line 8.	or Oth	er Similar Assets.				
1a									
b									
(	(i) Revenue incl	luded on Form 990, Part VIII, line 1	L	<b>►</b> \$					
		ded in Form 990, Part X		<b>-</b> \$					
2	Title and the second of the se								
	-		<del>-</del>						

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Pari	3111	Organizations Maintaining (continued)	Collections of A	rt, Historical	Treasures,	or Ot	her Similar A	ssets	
3		the organization's acquisition, acc tion items (check all that apply)	ession, and other reco		_		-	e of its	
а	ГР	ublic exhibition		d I Lo	an or exchange	progra	ms		
b	┌ s	cholarly research		<b>e</b>	her				
С	ΓP	reservation for future generations							
4	Provide Part >	de a description of the organization KIII	s's collections and expl	laın how they fur	ther the organı	zatıon's	s exempt purpose	ın	
5		g the year, did the organization sol s to be sold to raise funds rather th						┌ No	
Par	t IV	Escrow and Custodial Arra Complete if the organization Part X, line 21.		Form 990, Pai	rt IV, line 9, o	or repo	orted an amoun	t on For	m 990,
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								
ь	If"	Yes," explain the arrangement in P	art XIII and complete	the following ta	ble		Ame	ount	
c	Beg	ginning balance				1c			
d	A d	ditions during the year				1d			
e		stributions during the year				1e			
f		ding balance				1f			
2a		anig balance ne organization include an amount o	on Form 990 Part V Ju	no 21 for occro	w or custodial		t liability? <b>F Vos</b>		
Zu	Diati	ie organization merade an amount c	on rothi 550, rate X, in	110 21,101 03010	w or custourar	accoun	chabiney , Tes	, 140	
b	If"Ye	es," explain the arrangement in Par							
Pa	rt V	Endowment Funds. Comple							
			(a)Current year	(b)Prior year	<b>b</b> (c)Two years		d)Three years back	(e)Four y	
1a		ining of year balance	3,966,428	3,869,163	· ·	9,920	1,926,367		1,843,517
Ь	Contr	ributions · · · · · · ·	8,500,018	214,120	1,48	2,465	17,520		173,140
С	Net ir Iosse	nvestment earnings, gains, and s	-268,522	18,728		3,485	215,928		-49,520
d	Grant •	s or scholarships · · · ·	192,385	135,583	6	5,599	49,895		40,770
е	and p	r expenditures for facilities rograms 			2	1,108			
f	A dmı	nistrative expenses							
g		fyear balance · · · ·	12,005,539	3,966,428	3,86	9,163	2,109,920		1,926,367
2	Provi	de the estimated percentage of the	current year end balar	nce (line 1g, col	umn (a)) held a	s			
а	Board	l designated or quasi-endowment 🕨	<b>-</b>						
b	Perma	anent endowment 🕨 100 000 %							
C	-	orarily restricted endowment Fercentages on lines 2a, 2b, and 2c	should equal 100%						
3a	A re th	nere endowment funds not in the po ization by		zation that are h	ield and admin	stered	for the	Yes	No
	<b>(i)</b> un	related organizations					3a	(i)	No
	(ii) re	elated organizations					3a	(ii)	No
b		es" on 3a(II), are the related organi					3	b	
4		ribe in Part XIII the intended uses		ndowment funds					
Par	t VI	Land, Buildings, and Equip		000 Dawt	TV line 11a	Coo F	awa OOO Dawt V	luna 10	
		Complete if the organization  Description of property	answered Yes to F	(a) Cost or othe	(	b)	Accumulated		ook value
				(investme		her)	(c) depreciation		
1a	Land								
b	Buildin	gs							
c	Leasel	nold improvements							
d	Equipn	nent				332,43	4 305,0	74	27,360
e	Other								

See Form 990, Part X, line 12.  (a) Description of security or categor (including name of security)	ТУ	( <b>b)</b> Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives			Cost of the of year market value
(2)Closely-held equity interests (3)Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related.	•		
Complete if the organization answere	ed 'Yes' on Form 990,		
(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)	<b>F</b>		
Part IX Other Assets. Complete if the organizat  (a) Des		rm 990, Part IV, line	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the organization.		Yes' on Form 990.	
See Form 990, Part X, line 25.	(b) Book value		
(a) Description of Hability	(b) Book value	$\dashv$	
Federal Income taxes		$\dashv$	
Liabilities under split interest ag	454,96	52	
Agency depository funds	58,067,69	4	
Due to unaffiliated beneficiaries	24,199,00		
Due to supporting foundations	45,190,37	2	
		$\dashv$	
	Ĭ.	1	
		_	

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue   Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	14,690,401
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments   2a   -4,851,479		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-3,064,332
3	Subtract line <b>2e</b> from line <b>1</b>	3	17,754,733
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 159,182		
b	Other (Describe in Part XIII )		
С	Add lines <b>4a</b> and <b>4b</b>	4c	5,774,269
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	23,529,002
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses per audited financial statements	1	13,284,434
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	2,731,537
3	Subtract line <b>2e</b> from line <b>1</b>	3	10,552,897
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 159,182		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	159,182
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	10,712,079

### 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
Part X, Line 2	The Foundation is exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code. The Foundation's accounting policy is to provide liabilities for uncertain income tax provisions when a liability is probable and estimable. The Foundation has no uncertain income tax positions for the years ended December 31, 2015 and 2014. The Foundation is no longer subject to audits by the IRS for years prior to 2012 management is not aware of any violation of its tax status as an organization exempt from income taxes.
Schedule D Parts XI and XII Line 2d, and Part XI line 4b	The audited financial statements include the activities of various supporting foundations that file separate 990s. This 990 includes only the activities of the Jewish Community Foundation of Greater Kansas City. The amount of revenue recorded in the consolidated financial statements attributable to these supporting foundations and not included in the foundation 990 is \$1,787,147. The comparable amount of expense is \$2,731,537. The Foundation received inter-fund transfers from these supporting Foundations in the amount of \$5,615,087 which were recorded as contributions on the 990, but were not included as income on the audited financial statements.

Part XIII Supplemental Information (continued)								
Return Reference	Explanation							

Schedule D (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - |
Schedule I

**DLN: 93493221011066**OMB No 1545-0047

2015

Open to Public Inspection

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

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

Attach to Form 990.

► Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization

Jewish Community Foundation of

Greater Kansas City

43-6049281

Part I General Informatio	n on Grants and	d Assistance				I	
<ol> <li>Does the organization maintain the selection criteria used to aw</li> <li>Describe in Part IV the organization</li> </ol>	ard the grants or as	sıstance?			for the grants or assis	stance, and	✓ Yes
Part II Grants and Other Assista that received more than 9				plete if the organization	answered "Yes" on F	orm 990, Part IV, line 21	, for any recipient
(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Addıtıonal Data Table							
2 Enter total number of section 50	)1(c)(3) and govern	ment organizations lis	sted in the line 1 table .			<b>.</b>	
3 Enter total number of other orga	nızatıons lısted ın tl	ne line 1 table .     .				<b>.</b>	

Schedule I	(Form 990) 2015
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
	Part III can be duplicated if additional space is needed

(a)Type of grant or assistance	ce <b>(b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance			
Part IV Supplemental I	<b>nformation.</b> Provide the info	ormation required in I	Part I, line 2, Part III,	column (b), and any other	addıtıonal ınformatıon.			
Return Reference Evaluation								

Return Reference	Explanation
Part I, Line 2	Schedule I Part 1 Line 2
	Before a grant is issued from any fund, the Foundation's staff reviews the grant recommendation for appropriateness, checking for such issues as the risk of personal benefit, proper authorization and grantee approval. If necessary, staff will contact the fund representative to clarify those requests that might appear to involve personal benefits. As a safeguard, grants to charities that are known to provide benefits to their donors are sent with an accompanying letter warning the grantee that no personal benefits can be provided to anyone in exchange for the grant. If it comes to the knowledge of the staff that a personal benefit was provided, a grant refund is requested. Grant letters also specify the purpose of the grant, and where appropriate, the reporting responsibilities of the grantee. These reports are used to determine whether the grantee used the funds in the manner requested. The Foundation maintains a list of approved grantees that have had their 501(c)(3) status verified either by the IRS website list of charities, or by written documentation received from the charity.

#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 43-6049281

Name: Jewish Community Foundation of

Greater Kansas City

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>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Ad Hoc Group Against Crime 3116 Prospect Ave Kansas City, MO 64128	43-1446762	501(c)(3)	8,917				In support of Community Guardian Awards 2015, charitable portion only
Albright College PO Box 15234 Reading,PA 19612	23-1352615	501(c)(3)	10,000				Donation
Alliance For Lupus Research 28 West 44th Street Ste 501 New York, NY 10036	58-2492929	501(c)(3)	20,000				Donation to 2015 Kansas City Walk with US to Cure Lupus Attention Leslie Cr

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>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	• •	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
American Friends of Red Magen David Adom 352 Seventh Ave Suite 400 New York, NY 10001	13-1790719	501(c)(3)	5,000				Donation	
American Jewish Joint Distribution Committee Inc 711 Third Ave 10th Floor New York, NY 10017	13-1656634	501(c)(3)	5,000				For work of Rick Hodes	
American Jewish Joint Distribution Committee Inc 711 Third Ave 10th Floor New York, NY 10017	13-1656634	501(c)(3)	5,000				Donation, gift of Howard and Edith Brown and Michael and Eva Brown Please a	

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>(b)</b> EIN	<b>(c)</b> IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
A merican Jewish World Service 45 West 36th St 10th Floor New York, NY 10018	22-2584370	501(c)(3)	5,000				Donation, gift of Howard and Edith Brown and Michael and Eva Brown Please a		
American Red Cross 211 West Armour Kansas City, MO 64111	53-0196605	501(c)(3)	15,000				Donation to International Services for the benefit of the refugee population		
Anti-Defamation League 605 3rd Ave New York, NY 10158	13-2887439	501(c)(3)	5,000				Donation, gift from Michael and Eva Brown and Howard and Edie Brown		

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>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	( <b>f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Aspen Country Day School 3 Music School Road Aspen,CO 81611	23-7033239	501(c)(3)	10,000				In honor of Blue Green night Non-deductible portion paid separately
Aspen Country Day School 3 Music School Road Aspen,CO 81611	23-7033239	501(c)(3)	25,000				Annual gift, no tickets or personal benefits accepted
Aspen Country Day School 3 Music School Road Aspen,CO 81611	23-7033239	501(c)(3)	25,000				For the capital campaign Attention Carolyn Hines

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 section if applicable	<b>(d)</b> A mount of cash grant	1 3 5	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
Aspen Country Day School 3 Music School Road Aspen,CO 81611	23-7033239	501(c)(3)	50,000				Capital campaign gift, attention Carolyn Hines No tickets or benefits acce	
Aspen Institute Inc 1000 N Third St Aspen,CO 81611	84-0399006	501(c)(3)	5,000				Donation, attention Peter Waanders	
Assists Foundation 1651 Naismith Drive Lawrence, KS 66045	20-5888765	501(c)(3)	10,000				Donation to Bill's Basketball Boogie, no tickets or benefits accepted Not	

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>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant		<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
Avila University 11901 Wornall Kansas City, MO 64145	44-0617326	501(c)(3)	10,000				Donation 2nd of 3 toward the Habits Project	
Big Brothers & Big Sisters of Greater Kansas City 3908 Washington St Kansas City, MO 64111	43-6068464	501(c)(3)	5,000				Donation, gift of Howard and Edith Brown and Michael and Eva Brown Please a	
B'nai B'rith Youth Organization 5801 West 115th St Suite 107 Overland Park, KS 66211	31-1794932	501(c)(3)	5,000				Grant award to BBYO - BBYO Connect	

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>(b)</b> EIN	<b>(c)</b> IRC section if applicable	( <b>d)</b> A mount of cash grant	1	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
B'naı B'rıth Youth Organization Inc 800 Eighth Street NW Washington, DC 20001	31-1794932	501(c)(3)	10,000				To support BBYO			
Boys & Girls Clubs of Greater Kansas City 4001 Blue Parkway Suite 102 Kansas City, MO 64130	43-6072065	501(c)(3)	25,000				1st of 4 donations to Thornberry Unit of Boys and Girls Club Greater Kansas			
Boys Hope Girls Hope 7700 Wedd Street Suite 15 Overland Park, KS 66204	43-1927487	501(c)(3)	20,000				Challenge Grant, attention Kimberly Hines No tickets or benefits accepted			

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 section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Bravo Colorado Music Festival Endowment Foundation 2271 North Frontage Road West Suite C Vail, CO 81657	84-1389134	501(c)(3)	9,868				Donation, no tickets or benefits accepted				
Camp Judaea Inc 1440 Spring St NW Atlanta, GA 30309	74-6063430	501(c)(3)	10,000				Donation in honor of the Malino Family, please designate for scholarships A				
Camp Ramah in Wisconsin Endowment 65 East Wacker Place Ste 1200 Chicago, IL 60601	36-3866094	501(c)(3)	10,000				Donation, attention Sam Caplan				

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>(b)</b> EIN	<b>(c)</b> IRC section if applicable	( <b>d)</b> A mount of cash grant	• •	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Change the Truth Fund Inc 4950 Central Street 405 Kansas City, MO 64112	20-8684060	501(c)(3)	15,000				Donation, 3rd of 5 payments				
Chicago Human Rhythm Project 410 S Michigan Suite 464 Chicago,IL 60605	36-3638682	501(c)(3)	20,000				In memory of Jeannette & Jerome Cohen and in honor of Elaine Cohen Rubin to				
Children's Mercy Hospital 2401 Gillham Road Kansas City, MO 64108	43-1564302	501(c)(3)	5,000				In honor of Renae Altenhofen, RN / Red Hot Night Not attending, no tickets				

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>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	·	(h) Purpose of grant or assistance				
Children's Mercy Hospital 2401 Gillham Road Kansas City, MO 64108	43-1564302	501(c)(3)	11,670				Donation to Children's Mercy Foundation for the Dr Julius M and Marjorie R				
Children's Mercy Hospital 2401 Gillham Road Kansas City, MO 64108	43-1564302	501(c)(3)	20,000				Donation to Rudnick Robin Fund Gift in memory of Gerean Rudnick				
Children's Mercy Hospital 2401 Gillham Road Kansas City, MO 64108	43-1564302	501(c)(3)	35,000				Donation to Rudnick Robin Fund in memory of Gerean Rudnick Attention Kate M				

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 section if applicable	(d) A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Children's Mercy Hospital 2401 Gillham Road Kansas City, MO 64108	43-1564302	501(c)(3)	50,000				Donation Attention Shanelle Varone, Managing Director of Philanthropic Givi			
Columbia College 600 S Michigan Ave Chicago, IL 606059988	36-6112087	501(c)(3)	7,500				For the Sheldon Patinkin Fund, attention Jonathan Stern			
Common Cause Educational Fund 1133 19th St NW Washington, DC 20036	31-1705370	501(c)(3)	30,000				Strengthen our democracy by educating the public, media, and election admini			

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>(b)</b> EIN	<b>(c)</b> IRC section if applicable	( <b>d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Community Linc 4012-14 Troost Kansas City, MO 64110	43-1506591	501(c)(3)	5,000				Gıft, attention Teresa McClain			
Community Linc 4012-14 Troost Kansas City, MO 64110	43-1506591	501(c)(3)	10,000				Donation to Community Linc Rent Party, no tickets or benefits accepted			
Congregation Beth Israel Abraham & Voliner 9900 Antioch Road Overland Park,KS 66212	44-0606846	501(c)(3)	5,000				Purim Gala, charitable portion only If attending dinner, tickets will be pu			

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>(b)</b> EIN	<b>(c)</b> IRC section if applicable	(d) A mount of cash grant		<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Congregation Beth Israel Abraham & Voliner 9900 Antioch Road Overland Park, KS 66212	44-0606846	501(c)(3)	5,000				Donation to Gala, Esther Society level If attending, tickets will be purch				
Congregation Beth Israel Abraham & Voliner 9900 Antioch Road Overland Park,KS 66212	44-0606846	501(c)(3)	5,000				Donation to Matmidim program #3, no tickets or benefits accepted				
Congregation Beth Israel Abraham & Voliner 9900 Antioch Road Overland Park, KS 66212	44-0606846	501(c)(3)	5,236				Dues				

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>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	1	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Congregation Beth Israel Abraham & Voliner 9900 Antioch Road Overland Park, KS 66212	44-0606846	501(c)(3)	6,400				2015-16 dues from Neil & Blanche Sosland			
Congregation Beth Israel Abraham & Voliner 9900 Antioch Road Overland Park,KS 66212	44-0606846	501(c)(3)	7,000				Donation to Matmidim program, attention Rabbi Daniel Rockoff			
Congregation Beth Israel Abraham & Voliner 9900 Antioch Road Overland Park,KS 66212	44-0606846	501(c)(3)	7,000				Donation to Rabbi's discretionary fund in memory of Albert and Bernice Golde			

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 section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Congregation Beth Israel Abraham & Voliner 9900 Antioch Road Overland Park,KS 66212	44-0606846	501(c)(3)	9,000				Donation				
Congregation Beth Israel Abraham & Voliner 9900 Antioch Road Overland Park,KS 66212	44-0606846	501(c)(3)	11,250				Donation, attention Joel Krichiver				
Congregation Beth Israel Abraham & Voliner 9900 Antioch Road Overland Park,KS 66212	44-0606846	501(c)(3)	14,100				2015-16 donation				

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>(b)</b> EIN	<b>(c)</b> IRC section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Congregation Beth Shalom 14200 Lamar Ave Overland Park,KS 66223	44-0545688	501(c)(3)	5,000				Donation to Rabbi Glickman's discretionary fund in memory of Michael Blackma			
Congregation Beth Shalom 14200 Lamar Ave Overland Park,KS 66223	44-0545688	501(c)(3)	5,000				Donation to Rabbi's discretionary fund in memory of Michael J Blackman			
Congregation Beth Shalom 14200 Lamar Ave Overland Park,KS 66223	44-0545688	501(c)(3)	5,000				Gift from Neil & Blanche Sosland for Rabbi Glickman's discretionary fund			

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>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Congregation Beth Shalom 14200 Lamar Ave Overland Park, KS 66223	44-0545688	501(c)(3)	5,000				Donation to 15-16 High Holiday Appeal - Tekiah			
Congregation Beth Shalom 14200 Lamar Ave Overland Park, KS 66223	44-0545688	501(c)(3)	5,000				Donation			
Congregation Beth Shalom 14200 Lamar Ave Overland Park,KS 66223	44-0545688	501(c)(3)	5,000				Donation, payment in full			

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 section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance			
Congregation Beth Shalom 14200 Lamar Ave Overland Park,KS 66223	44-0545688	501(c)(3)	5,100				Donation			
Congregation Beth Shalom 14200 Lamar Ave Overland Park,KS 66223	44-0545688	501(c)(3)	5,356				Annual Dues			
Congregation Beth Shalom 14200 Lamar Ave Overland Park, KS 66223	44-0545688	501(c)(3)	5,356				Pillars of the Congregation gift 2015-16			

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>(b)</b> EIN	<b>(c)</b> IRC section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Congregation Beth Shalom 14200 Lamar Ave Overland Park,KS 66223	44-0545688	501(c)(3)	5,850				Pıllar Dues 2015/16				
Congregation Beth Shalom 14200 Lamar Ave Overland Park, KS 66223	44-0545688	501(c)(3)	5,871				Dues				
Congregation Beth Shalom 14200 Lamar Ave Overland Park, KS 66223	44-0545688	501(c)(3)	8,079				Pillars of Congregation 2015 - 2016				

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>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Congregation Beth Shalom 14200 Lamar Ave Overland Park, KS 66223	44-0545688	501(c)(3)	9,193				2015 - 16 dues			
Congregation Beth Shalom 14200 Lamar Ave Overland Park, KS 66223	44-0545688	501(c)(3)	12,161				15-16 Pillars of Congregation, Neil & Blanche Sosland, Family ID SOSLNEI			
Congregation Beth Shalom 14200 Lamar Ave Overland Park, KS 66223	44-0545688	501(c)(3)	16,177				General Support			

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>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Congregation Beth Shalom 14200 Lamar Ave Overland Park, KS 66223	44-0545688	501(c)(3)	26,000				Donation to the Norman Kahn KC Symphony Book Project				
Congregation Beth Torah 6100 W 127th Street O verland Park, KS 662093683	48-1055192	501(c)(3)	5,665				Donation				
Congregation Beth Torah 6100 W 127th Street O verland Park, KS 662093683	48-1055192	501(c)(3)	7,250				Circle of Avodah donation				

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 section if applicable	(d) A mount of cash grant	1	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Congregation Beth Torah 6100 W 127th Street O verland Park, KS 662093683	48-1055192	501(c)(3)	10,000				Donation			
Congregation Beth Torah 6100 W 127th Street O verland Park, KS 662093683	48-1055192	501(c)(3)	10,000				Donation			
Congregation Beth Torah 6100 W 127th Street O verland Park, KS 662093683	48-1055192	501(c)(3)	10,250				Donation to Circle of Torah Attention Linda Zappulla, President			

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>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> A mount of cash grant	1	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Congregation Beth Torah 6100 W 127th Street Overland Park,KS 662093683	48-1055192	501(c)(3)	12,000				BCE incentive grant			
Epsten Gallery Foundation 5500 W 123rd St Overland Park,KS 66209	48-1096019	501(c)(3)	9,469				Grant award to Epsten Gallery Art Therapy and Community Art Program			
Faith Always Wins Foundation 14221 Metcalf Ave Suite 2014 Overland Park, KS 66223	47-2237780	501(c)(3)	5,000				Donation to Sevendays Make a Ripple, Change the World event Not attending			

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 section if applicable	(d) A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
First Call AlcoholDrug Prevention & Recovery 9091 State Line Road Kansas City, MO 64114	44-0641486	501(c)(3)	5,000				Donation				
First Call AlcoholDrug Prevention & Recovery 9091 State Line Road Kansas City, MO 64114	44-0641486	501(c)(3)	5,000				Donation in honor of Scott & Denise Slabotsky Attention Molly O'Neill No t				
Friends of the Israel Defense Forces 1430 Broadway New York, NY 10018	13-3156445	501(c)(3)	5,000				Donation, attention Dina Ben Ari				

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>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> A mount of cash grant	` '	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Friends of the Zoo 6800 Zoo Drive Kansas City, MO 64132	43-6048888	501(c)(3)	5,000				2015 Jazzoo support, no tickets or benefits accepted			
Friends of the Zoo 6800 Zoo Drive Kansas City, MO 64132	43-6048888	501(c)(3)	5,000				2nd of 5 payments toward the Orangutan Canopy in memory of Jeannette and Jer			
Friends of the Zoo 6800 Zoo Drive Kansas City, MO 64132	43-6048888	501(c)(3)	17,000				Donation to KC Zoo, no tickets or benefits accepted			

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>(b)</b> EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant	• •	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Friends of University Academy 4049 Pennsylvania Suite 400 Kansas City, MO 64111	27-1578586	501(c)(3)	50,000				Donation, attention Marla Dickson No tickets or benefits accepted				
Friendship Circle of Cleveland 27900 Gates Mills Blvd Pepper Pike, OH 44124	20-8848426	501(c)(3)	7,200				Donation				
Greater Kansas City Community Foundation 1055 Broadway Suite 130 Kansas City, MO 64105	43-1152398	501(c)(3)	5,000				Donation to Ron and Barbie Hill Donor Charitable Foundation				

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>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Greater Kansas City Community Foundation 1055 Broadway Suite 130 Kansas City, MO 64105	43-1152398	501(c)(3)	36,000				Donation to the John and Jennifer Isenberg Donor Advised Fund, attention Gwe				
Harry S Truman Library Institute 500 West US Highway 24 Independence, MO 640501798	43-6042632	501(c)(3)	5,000				3rd of 5 donations to the Truman traveling exhibit, gift from Steve and Kare				
Harry S Truman Library Institute 500 West US Highway 24 Independence, MO 640501798	43-6042632	501(c)(3)	10,000				Donation to "Wild About Harry" No tickets or benefits accepted				

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>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Harvesters 3801 Topping Kansas City, MO 64129	43-1208665	501(c)(3)	5,000				Donation, attention Kristi Hettricks				
Harvesters 3801 Topping Kansas City, MO 64129	43-1208665	501(c)(3)	5,000				Donation toward matching gift challenge Attention Valerie Nicholson-Watson				
Heart of America Shakespeare Festival 3619 Broadway Suite 2 Kansas City, MO 641112503	43-1583401	501(c)(3)	5,000				Donation in support of the Romantic Revels gala No tickets or benefits acce				

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>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Helzberg Entrepreneurial Mentoring Program 2000 Baltimore Ave Suite 200 Kansas City, MO 64108	43-1836443	501(c)(3)	5,000				Donation in honor of the 25th anniversary of HEMP				
Helzberg Entrepreneurial Mentoring Program 2000 Baltimore Ave Suite 200 Kansas City, MO 64108	43-1836443	501(c)(3)	20,000				in support of 20th anniversary event with Steve Wozniak, no tickets or benef				
Helzberg Entrepreneurial Mentoring Program 2000 Baltimore Ave Suite 200 Kansas City, MO 64108	43-1836443	501(c)(3)	50,000				Annual support				

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>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Hillel at UCLA 574 Hilgard Ave Los Angeles,CA 90024	52-1844823	501(c)(3)	6,000				Donation in honor of Ethan Pack, please designate to Shabbat Dinners for gra			
Hunt Family Foundation One Arrowhead Drive Kansas City, MO 64129	43-1299453	501(c)(3)	10,000				Donation to 101 Awards, Gold Sponsor No tickets or benefits accepted			
Hyman Brand Hebrew A cademy 5801 West 115th Street O verland Park,KS 66211	48-6125262	501(c)(3)	5,000				Civic Service Award Celebration If attending, dinner tickets will be purcha			

Form 990,Schedule I, Par	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>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	1	(h) Purpose of grant or assistance				
Hyman Brand Hebrew Academy 5801 West 115th Street Overland Park, KS 66211	48-6125262	501(c)(3)	5,000				2015 Civic Service Award Dinner Charitable portion only Please credit Sosl				
Hyman Brand Hebrew Academy 5801 West 115th Street Overland Park,KS 66211	48-6125262	501(c)(3)	5,000				Donation from "The Nerman Family" - not attending dinner, no tickets or bene				
Hyman Brand Hebrew Academy 5801 West 115th Street Overland Park,KS 66211	48-6125262	501(c)(3)	5,000				Donation to Scholarships				

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>(b)</b> EIN	<b>(c)</b> IRC section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Hyman Brand Hebrew Academy 5801 West 115th Street Overland Park,KS 66211	48-6125262	501(c)(3)	5,000				Donation, no tickets or benefits accepted Attention Marla Duck			
Hyman Brand Hebrew A cademy 5801 West 115th Street O verland Park,KS 66211	48-6125262	501(c)(3)	5,000				2014-2015 Ma'ayan gıft			
Hyman Brand Hebrew Academy 5801 West 115th Street Overland Park,KS 66211	48-6125262	501(c)(3)	5,000				Maayan Society			

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>(b)</b> EIN	<b>(c)</b> IRC section if applicable	(d) A mount of cash grant	• •	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Hyman Brand Hebrew Academy 5801 West 115th Street Overland Park,KS 66211	48-6125262	501(c)(3)	5,000				Donation to Ma'ayan Society, attention Kerry Cosner			
Hyman Brand Hebrew Academy 5801 West 115th Street Overland Park,KS 66211	48-6125262	501(c)(3)	5,000				Donation to Ma'ayan Society, attention Kerry Cosner			
Hyman Brand Hebrew Academy 5801 West 115th Street Overland Park,KS 66211	48-6125262	501(c)(3)	5,000				Donation to Ma'yan Society			

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>(b)</b> EIN	<b>(c)</b> IRC section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Hyman Brand Hebrew Academy 5801 West 115th Street Overland Park, KS 66211	48-6125262	501(c)(3)	5,000				2015-2016 Ma'ayan Socıety gıft				
Hyman Brand Hebrew Academy 5801 West 115th Street Overland Park, KS 66211	48-6125262	501(c)(3)	7,000				Donation to Academy Access Program Fund				
Hyman Brand Hebrew Academy 5801 West 115th Street Overland Park, KS 66211	48-6125262	501(c)(3)	8,000				Donation, please designate \$5,000 toward Ma'ayan and \$3,000 toward family su				

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	1	(h) Purpose of grant or assistance			
Hyman Brand Hebrew Academy 5801 West 115th Street Overland Park,KS 66211	48-6125262	501(c)(3)	9,000				Donation to Academy Access Program			
Hyman Brand Hebrew Academy 5801 West 115th Street Overland Park,KS 66211	48-6125262	501(c)(3)	9,000				Donation to HBHA Access Program, no tickets or personal benefits accepted			
Hyman Brand Hebrew Academy 5801 West 115th Street Overland Park,KS 66211	48-6125262	501(c)(3)	9,000				Donation to Academy Access Program form Beth and Michael Liss			

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>(b)</b> EIN	<b>(c)</b> IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Hyman Brand Hebrew Academy 5801 West 115th Street Overland Park,KS 66211	48-6125262	501(c)(3)	9,000, 9				2015/16 AAP donation, no benefits accepted				
Hyman Brand Hebrew Academy 5801 West 115th Street Overland Park,KS 66211	48-6125262	501(c)(3)	9,000				Gift from Neil & Blanche Sosland in support of AAP No tickets or benefits a				
Hyman Brand Hebrew Academy 5801 West 115th Street Overland Park,KS 66211	48-6125262	501(c)(3)	10,000				Donation, tickets purchased separately				

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>(b)</b> EIN	<b>(c)</b> IRC section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Hyman Brand Hebrew Academy 5801 West 115th Street Overland Park, KS 66211	48-6125262	501(c)(3)	10,000				To support HBHA If attending dinner, tickets will be purchased separately			
Hyman Brand Hebrew Academy 5801 West 115th Street Overland Park,KS 66211	48-6125262	501(c)(3)	10,000				Donation in memory of Jeannette & Jerome Cohen to support the scholarship di			
Hyman Brand Hebrew Academy 5801 West 115th Street Overland Park,KS 66211	48-6125262	501(c)(3)	10,000				Gift from Neil & Blanche Sosland, gift for Civic Service dinner No tickets			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
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Hyman Brand Hebrew Academy 5801 West 115th Street Overland Park,KS 66211	48-6125262	501(c)(3)	10,000				Donation from the Smith Family for 2014 and 2015, attention Kerry Cosner			
Hyman Brand Hebrew Academy 5801 West 115th Street Overland Park,KS 66211	48-6125262	501(c)(3)	13,425				Grant award to HBHA, Needs-Based Financial Assistance Program			
Hyman Brand Hebrew Academy 5801 West 115th Street Overland Park,KS 66211	48-6125262	501(c)(3)	16,000				Grant award to HBHA, Needs-Based Financial Assistance Program			

Form 990,Schedule I, Par	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 section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Hyman Brand Hebrew Academy 5801 West 115th Street Overland Park,KS 66211	48-6125262	501(c)(3)	18,000				Donation to Academy Access Program - AAP				
Hyman Brand Hebrew Academy 5801 West 115th Street Overland Park,KS 66211	48-6125262	501(c)(3)	18,000				Donation to HBHA Access Program				
Hyman Brand Hebrew Academy 5801 West 115th Street Overland Park,KS 66211	48-6125262	501(c)(3)	20,575				Grant award to HBHA, Needs-Based Financial Assistance Program				

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(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Hyman Brand Hebrew Academy 5801 West 115th Street Overland Park,KS 66211	48-6125262	501(c)(3)	27,000				Gift from Neil and Blanche Sosland for A cademy A ccess Program in honor of Jo			
Indiana University Foundation 516 N Fee Lane Bloomington,IN 47405	35-6018940	501(c)(3)	5,000				Donation in memory of Alice Ginott Cohn to the Alice Field Cohn Chair in Yid			
Institute for Jewish Spirituality Inc 135 West 29th Street Ste 1103 New York, NY 10001	36-4531559	501(c)(3)	5,000				Donation, attention Lisa Zbar			

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>(b)</b> EIN	<b>(c)</b> IRC section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Institute for Jewish Spirituality Inc 135 West 29th Street Ste 1103 New York, NY 10001	36-4531559	501(c)(3)	10,000				Donation, attention Lisa Zbar			
International Documentary 3470 Wilshire Blvd Suite 980 Los Angeles,CA 90010	95-3911227	501(c)(3)	5,000				Donation to The Gnomist No tickets or benefits accepted Contact Sharon Lie			
InterUrban Arthouse 8001 Conser Street Ste 290 Overland Park, KS 66204	45-3049864	501(c)(3)	100,000				Contribution to Capital Campaign toward building purchase Attention Nicole			

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 section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Investigative Project on Terrorism Foundation 5614 Connecticut Ave NW 341 Washington, DC 20015	13-4331855	501(c)(3)	10,000				Donation				
Jewish Community Alliance of Southern Maine 57 Ashmont Street Portland, ME 04103	01-0530420	501(c)(3)	10,000				1st of 5 donations to Jewish Community Alliance for the Together B'yachad Ca				
Jewish Community Campus 5801 W 115th Street Overland Park,KS 66211	43-1392330	501(c)(3)	15,000				Grant award, Proposal to change the guard system				

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount 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 Community Campus 5801 W 115th Street Overland Park, KS 66211	43-1392330	501(c)(3)	20,000				Grant award for Campus ROE (Rent Relief)			
Jewish Community Campus 5801 W 115th Street Overland Park, KS 66211	43-1392330	501(c)(3)	30,000				Grant award for campus security			
Jewish Community Center 5801 W 115th Street Overland Park,KS 66211	44-0545992	501(c)(3)	5,000				Donation to June 2015 Shir Ami Concert Attention Jill Maidoff			

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Jewish Community Center 5801 W 115th Street Overland Park, KS 66211	44-0545992	501(c)(3)	5,000				Support of concert on June 16th by Shir Ami at Beth Torah Attention Jill Ma			
Jewish Community Center 5801 W 115th Street Overland Park, KS 66211	44-0545992	501(c)(3)	5,000				Grant award to JCC Special Needs Programming/Accessibility - Child Developme			
Jewish Community Center 5801 W 115th Street Overland Park,KS 66211	44-0545992	501(c)(3)	5,000				Grant for Superstars event - No Tickets accepted			

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(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	( <b>d)</b> A mount of cash grant		<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Jewish Community Center 5801 W 115th Street O verland Park,KS 66211	44-0545992	501(c)(3)	5,000				Donation to Superstar, no tickets or benefits accepted			
Jewish Community Center 5801 W 115th Street O verland Park, KS 66211	44-0545992	501(c)(3)	5,000				To support the Super Star scholarship fund, no tickets or benefits accepted			
Jewish Community Center 5801 W 115th Street O verland Park,KS 66211	44-0545992	501(c)(3)	5,000				Donation to Superstar, gift of Michael and Jenifer Blum No tickets accepte			

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 section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(h) Purpose of grant or assistance			
Jewish Community Center 5801 W 115th Street Overland Park, KS 66211	44-0545992	501(c)(3)	5,000				Pass through of check received from Rockhurst University for Superstars			
Jewish Community Center 5801 W 115th Street Overland Park, KS 66211	44-0545992	501(c)(3)	9,500				2015 Superstar, no tickets or benefits accepted			
Jewish Community Center 5801 W 115th Street Overland Park, KS 66211	44-0545992	501(c)(3)	10,000				Donation to Cultural Arts Patron for Shirley White Theatre/JCC No tickets			

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> A mount of cash grant	` '	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Jewish Community Center 5801 W 115th Street Overland Park, KS 66211	44-0545992	501(c)(3)	10,000				Donation to 2015- 2016 Season for Arts Patron, benefactor level No tickets o			
Jewish Community Center 5801 W 115th Street Overland Park, KS 66211	44-0545992	501(c)(3)	10,000				A nonymous donation to the Theatre			
Jewish Community Center 5801 W 115th Street Overland Park,KS 66211	44-0545992	501(c)(3)	16,000				Donation to the Mezuzah Society			

Form 990,Schedule I, Par	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>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	• •	( <b>f)</b> Method of valuation (book, FMV, appraisal, other)	( <b>g)</b> Description of non-cash assistance	(h) Purpose of grant or assistance				
Jewish Community Center 5801 W 115th Street Overland Park, KS 66211	44-0545992	501(c)(3)	25,000				Donation to Superstar event, No tickets or benefits accepted				
Jewish Community Center 5801 W 115th Street Overland Park, KS 66211	44-0545992	501(c)(3)	50,000				Donation				
Jewish Community Relations Bureau AJC 5801 West 115th St Suite 203 Overland Park,KS 66211	44-0545913	501(c)(3)	15,000			•	Donation, no tickets or benefits accepted				

Form 990,Schedule I, Par	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>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	3 5	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Jewish Community Relations Bureau AJC 5801 West 115th St Suite 203 Overland Park, KS 66211	44-0545913	501(c)(3)	20,000				Grant award to JCRB/AJC, Sustaining a Healthy Jewish Community				
Jewish Family Services (JFS) 5801 W 115th Street Suite 103 Overland Park, KS 66211	44-0545829	501(c)(3)	5,000				Donation in response to Friends Luncheon No tickets or benefits accepted				
Jewish Family Services (JFS) 5801 W 115th Street Suite 103 Overland Park, KS 66211	44-0545829	501(c)(3)	5,000				Donation to Endowment Campaign				

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 section if applicable	( <b>d)</b> A mount of cash grant	• •	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance				
Jewish Family Services (JFS) 5801 W 115th Street Suite 103 Overland Park, KS 66211	44-0545829	501(c)(3)	5,000				Donation				
Jewish Family Services (JFS) 5801 W 115th Street Suite 103 Overland Park, KS 66211	44-0545829	501(c)(3)	5,000				Donation				
Jewish Family Services (JFS) 5801 W 115th Street Suite 103 Overland Park, KS 66211	44-0545829	501(c)(3)	5,000				Grant award to JFS Food Pantry				

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>(b)</b> EIN	<b>(c)</b> IRC section if applicable	(d) Amount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Jewish Family Services (JFS) 5801 W 115th Street Suite 103 Overland Park, KS 66211	44-0545829	501(c)(3)	5,000				Donation to JFS Mental Health Services			
Jewish Family Services (JFS) 5801 W 115th Street Suite 103 Overland Park, KS 66211	44-0545829	501(c)(3)	5,000				General services to community without restrictions			
Jewish Family Services (JFS) 5801 W 115th Street Suite 103 Overland Park,KS 66211	44-0545829	501(c)(3)	5,000				Friends Campaign			

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 section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Jewish Family Services (JFS) 5801 W 115th Street Suite 103 Overland Park, KS 66211	44-0545829	501(c)(3)	10,000				BCE incentive award				
Jewish Family Services (JFS) 5801 W 115th Street Suite 103 Overland Park, KS 66211	44-0545829	501(c)(3)	10,000				Grant award to Jewish Family Services - Older Adult Care Management				
Jewish Family Services (JFS) 5801 W 115th Street Suite 103 O verland Park, KS 66211	44-0545829	501(c)(3)	10,000				Donation in honor of Sandi Fried's presidency				

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>(b)</b> EIN	<b>(c)</b> IRC section if applicable	(d) A mount of cash grant	` '	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Jewish Family Services (JFS) 5801 W 115th Street Suite 103 Overland Park, KS 66211	44-0545829	501(c)(3)	10,000				Grant award to JFS Help at Home			
Jewish Family Services (JFS) 5801 W 115th Street Suite 103 Overland Park, KS 66211	44-0545829	501(c)(3)	10,000				Grant award to JFS Jet Express			
Jewish Family Services (JFS) 5801 W 115th Street Suite 103 Overland Park,KS 66211	44-0545829	501(c)(3)	15,000				Grant award to JFS Food Pantry			

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>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance				
Jewish Family Services (JFS) 5801 W 115th Street Suite 103 Overland Park, KS 66211	44-0545829	501(c)(3)	15,750				2015 donation, 2nd of 5				
Jewish Family Services (JFS) 5801 W 115th Street Suite 103 Overland Park, KS 66211	44-0545829	501(c)(3)	20,000				Grant award for Care Management				
Jewish Family Services (JFS) 5801 W 115th Street Suite 103 Overland Park,KS 66211	44-0545829	501(c)(3)	20,000				Grant award for Chaplaincy Program				

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>(b)</b> EIN	<b>(c)</b> IRC section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Jewish Family Services (JFS) 5801 W 115th Street Suite 103 Overland Park, KS 66211	44-0545829	501(c)(3)	45,000				Please designate \$15,000 to JFS Help @ Home program, \$10,000 to JFS Jet Expr			
Jewish Federation of Collier County 2500 Vanderbilt Beach Rd Suite 2201 2201 Naples,FL 341090613	59-2151725	501(c)(3)	9,000				Donation of \$5,000 for Susie's 2015 AGC and \$4,000 for Ron's 2015 AGC			
Jewish Federation of Greater Kansas City 5801 W 115th Street Suite 201 Overland Park, KS 66211	44-0545913	501(c)(3)	5,000				Annual Giving Campaign - behalf of Ellen Miller			

Form 990,Schedule I, Par	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>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount 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 Kansas City 5801 W 115th Street Suite 201 Overland Park, KS 66211	44-0545913	501(c)(3)	5,000				Donation to 2015 Community Campaign, gift from Mr and Mrs Jonathan C Angr				
Jewish Federation of Greater Kansas City 5801 W 115th Street Suite 201 Overland Park, KS 66211	44-0545913	501(c)(3)	5,000				2015 Community Campaign, Women's Philanthropy Attention Lisa Schifman, Deve				
Jewish Federation of Greater Kansas City 5801 W 115th Street Suite 201 O verland Park, KS 66211	44-0545913	501(c)(3)	5,000				Lion of Judah gift from Blanche Sosland				

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>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	1 3 5	(f) Method of valuation (book, FMV, appraisal, other)	, ,=,	(h) Purpose of grant or assistance			
Jewish Federation of Greater Kansas City 5801 W 115th Street Suite 201 Overland Park,KS 66211	44-0545913	501(c)(3)	5,000				For Atidim, attention Alan Edelman			
Jewish Federation of Greater Kansas City 5801 W 115th Street Suite 201 Overland Park, KS 66211	44-0545913	501(c)(3)	5,000				Annual Giving Campaign			
Jewish Federation of Greater Kansas City 5801 W 115th Street Suite 201 Overland Park, KS 66211	44-0545913	501(c)(3)	5,000				Donation to LOJE			

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>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance			
Jewish Federation of Greater Kansas City 5801 W 115th Street Suite 201 Overland Park,KS 66211	44-0545913	501(c)(3)	5,000				Campaign donation			
Jewish Federation of Greater Kansas City 5801 W 115th Street Suite 201 Overland Park, KS 66211	44-0545913	501(c)(3)	5,001				Donation, gift of Michele Kaplan			
Jewish Federation of Greater Kansas City 5801 W 115th Street Suite 201 O verland Park, KS 66211	44-0545913	501(c)(3)	5,100				Donation from Margie and Hannah			

Form 990,Schedule I, Par	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>(b)</b> EIN	<b>(c)</b> IRC section if applicable	(d) A mount of cash grant	II	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Jewish Federation of Greater Kansas City 5801 W 115th Street Suite 201 Overland Park, KS 66211	44-0545913	501(c)(3)	5,350				Annual campaign				
Jewish Federation of Greater Kansas City 5801 W 115th Street Suite 201 Overland Park, KS 66211	44-0545913	501(c)(3)	5,500				Please designate \$500 to Alan's gift and \$5,000 (LION gift) to Tracy				
Jewish Federation of Greater Kansas City 5801 W 115th Street Suite 201 Overland Park, KS 66211	44-0545913	501(c)(3)	5,600				Donation				

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>(b)</b> EIN	<b>(c)</b> IRC section if applicable	(d) A mount of cash grant	(e) A mount 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 Kansas City 5801 W 115th Street Suite 201 Overland Park, KS 66211	44-0545913	501(c)(3)	5,700				Polly Kramer's 2014 Gift to the Annual Giving Campaign			
Jewish Federation of Greater Kansas City 5801 W 115th Street Suite 201 Overland Park, KS 66211	44-0545913	501(c)(3)	5,750				2015 campaign gift of Matt Siegel			
Jewish Federation of Greater Kansas City 5801 W 115th Street Suite 201 Overland Park, KS 66211	44-0545913	501(c)(3)	6,000				2015 gift of Michael H Fishman			

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>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance			
Jewish Federation of Greater Kansas City 5801 W 115th Street Suite 201 Overland Park, KS 66211	44-0545913	501(c)(3)	6,000				Leadership Tomorrow Grant Writing/ ReStart, Turn the Page KC & BHGH Attenti			
Jewish Federation of Greater Kansas City 5801 W 115th Street Suite 201 Overland Park, KS 66211	44-0545913	501(c)(3)	6,000				Donation			
Jewish Federation of Greater Kansas City 5801 W 115th Street Suite 201 Overland Park, KS 66211	44-0545913	501(c)(3)	6,000				Donation			

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 section if applicable	(d) A mount of cash grant	(e) A mount 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 Kansas City 5801 W 115th Street Suite 201 Overland Park, KS 66211	44-0545913	501(c)(3)	6,000				2015 Annual Giving Campaign			
Jewish Federation of Greater Kansas City 5801 W 115th Street Suite 201 Overland Park,KS 66211	44-0545913	501(c)(3)	6,050				2015 donation			
Jewish Federation of Greater Kansas City 5801 W 115th Street Suite 201 Overland Park,KS 66211	44-0545913	501(c)(3)	6,100				Please designate \$2,300 to past commitment, \$3,300 to 2015 commitment from L			

Form 990,Schedule I, Par	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>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount 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 Kansas City 5801 W 115th Street Suite 201 Overland Park, KS 66211	44-0545913	501(c)(3)	6,125				Please designate donation to PJ Library - Playground Cart Set				
Jewish Federation of Greater Kansas City 5801 W 115th Street Suite 201 Overland Park, KS 66211	44-0545913	501(c)(3)	6,475				Donation				
Jewish Federation of Greater Kansas City 5801 W 115th Street Suite 201 Overland Park, KS 66211	44-0545913	501(c)(3)	6,500				Contribution				

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 section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance			
Jewish Federation of Greater Kansas City 5801 W 115th Street Suite 201 Overland Park,KS 66211	44-0545913	501(c)(3)	6,500			1	2015 gift of Bonnie Siegel			
Jewish Federation of Greater Kansas City 5801 W 115th Street Suite 201 Overland Park, KS 66211	44-0545913	501(c)(3)	7,500				Donation			
Jewish Federation of Greater Kansas City 5801 W 115th Street Suite 201 Overland Park, KS 66211	44-0545913	501(c)(3)	7,600				Annual Donation			

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>(b)</b> EIN	<b>(c)</b> IRC section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	( <b>f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Jewish Federation of Greater Kansas City 5801 W 115th Street Suite 201 Overland Park, KS 66211	44-0545913	501(c)(3)	8,100				Shanny's Women's Philanthropy 2015 campaign gift			
Jewish Federation of Greater Kansas City 5801 W 115th Street Suite 201 Overland Park, KS 66211	44-0545913	501(c)(3)	9,000				Donation to Leadership Tomorrow Grant Writing, attention Alyssa Dinberg			
Jewish Federation of Greater Kansas City 5801 W 115th Street Suite 201 Overland Park, KS 66211	44-0545913	501(c)(3)	10,000				2015 campaign			

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 section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Jewish Federation of Greater Kansas City 5801 W 115th Street Suite 201 Overland Park, KS 66211	44-0545913	501(c)(3)	10,000				Donation to 2015 campaign, attention Derek Gale				
Jewish Federation of Greater Kansas City 5801 W 115th Street Suite 201 Overland Park, KS 66211	44-0545913	501(c)(3)	10,000				Donation, gift of Karen Porter				
Jewish Federation of Greater Kansas City 5801 W 115th Street Suite 201 Overland Park, KS 66211	44-0545913	501(c)(3)	10,000				Please designate for Beth's annual gift				

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	<b>(c)</b> IRC section if applicable	(d) A mount of cash grant	(e) A mount 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 Kansas City 5801 W 115th Street Suite 201 Overland Park, KS 66211	44-0545913	501(c)(3)	10,000				Donation			
Jewish Federation of Greater Kansas City 5801 W 115th Street Suite 201 Overland Park, KS 66211	44-0545913	501(c)(3)	10,000				Please designate \$5,000 to Lion of Judah for Enid Levi and \$5,000 to gift of			
Jewish Federation of Greater Kansas City 5801 W 115th Street Suite 201 Overland Park, KS 66211	44-0545913	501(c)(3)	10,000				2015 annual campaign from John and Stephanie Shuchart			

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 section if applicable	(d) A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Jewish Federation of Greater Kansas City 5801 W 115th Street Suite 201 Overland Park,KS 66211	44-0545913	501(c)(3)	10,000				Donation to Women's Philanthropy to underwrite speaker Deborah Lipstadt for				
Jewish Federation of Greater Kansas City 5801 W 115th Street Suite 201 Overland Park, KS 66211	44-0545913	501(c)(3)	10,000				Donation				
Jewish Federation of Greater Kansas City 5801 W 115th Street Suite 201 Overland Park, KS 66211	44-0545913	501(c)(3)	10,000				Donation				

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 section if applicable	(d) A mount of cash grant	(e) A mount 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 Kansas City 5801 W 115th Street Suite 201 Overland Park,KS 66211	44-0545913	501(c)(3)	10,000				Donation to the Jewish Agency, please designate \$5,000 to Lone Soldiers and				
Jewish Federation of Greater Kansas City 5801 W 115th Street Suite 201 Overland Park, KS 66211	44-0545913	501(c)(3)	10,000				Donation to Joint Distribution Committee				
Jewish Federation of Greater Kansas City 5801 W 115th Street Suite 201 Overland Park, KS 66211	44-0545913	501(c)(3)	10,000				Donation to Annual Campaign on behalf of Karen Porter				

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>(b)</b> EIN	<b>(c)</b> IRC section if applicable	(d) A mount of cash grant	(e) A mount 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 Kansas City 5801 W 115th Street Suite 201 Overland Park, KS 66211	44-0545913	501(c)(3)	10,000				Please designate \$5,000 to gift of Merilyn Berenbom and \$5,000 to gift of L				
Jewish Federation of Greater Kansas City 5801 W 115th Street Suite 201 Overland Park, KS 66211	44-0545913	501(c)(3)	10,000				Donation to Jewish Agency for Israel from Karen and Steve Pack				
Jewish Federation of Greater Kansas City 5801 W 115th Street Suite 201 Overland Park, KS 66211	44-0545913	501(c)(3)	10,500				Donation in Memory of Jeannette & Jerome Cohen				

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>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance			
Jewish Federation of Greater Kansas City 5801 W 115th Street Suite 201 Overland Park,KS 66211	44-0545913	501(c)(3)	11,000				Donation			
Jewish Federation of Greater Kansas City 5801 W 115th Street Suite 201 Overland Park, KS 66211	44-0545913	501(c)(3)	11,100				Donation			
Jewish Federation of Greater Kansas City 5801 W 115th Street Suite 201 Overland Park, KS 66211	44-0545913	501(c)(3)	15,000				Annual gift from Karen and Steve Pack			

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 section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	( <b>f)</b> Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance				
Jewish Federation of Greater Kansas City 5801 W 115th Street Suite 201 Overland Park,KS 66211	44-0545913	501(c)(3)	15,000				Donation in support of the disaster relief fund - Nepal				
Jewish Federation of Greater Kansas City 5801 W 115th Street Suite 201 Overland Park,KS 66211	44-0545913	501(c)(3)	18,000				Women's Philanthropy - Lion of Judah				
Jewish Federation of Greater Kansas City 5801 W 115th Street Suite 201 Overland Park,KS 66211	44-0545913	501(c)(3)	18,000				Donation to Women's Philanthropy general campaign, AGC 2015				

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>(b)</b> EIN	<b>(c)</b> IRC section if applicable	(d) A mount of cash grant	(e) A mount 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 Kansas City 5801 W 115th Street Suite 201 O verland Park, KS 66211	44-0545913	501(c)(3)	20,000				Please designate \$10,000 from Bush and \$10,000 from Jamie				
Jewish Federation of Greater Kansas City 5801 W 115th Street Suite 201 O verland Park, KS 66211	44-0545913	501(c)(3)	22,000				Donation				
Jewish Federation of Greater Kansas City 5801 W 115th Street Suite 201 O verland Park, KS 66211	44-0545913	501(c)(3)	25,000				Please designate \$10,000 to Lion of Judah gift, \$9,000 to special project fo				

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>(b)</b> EIN	<b>(c)</b> IRC section if applicable	( <b>d)</b> A mount of cash grant		<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Jewish Federation of Greater Kansas City 5801 W 115th Street Suite 201 Overland Park, KS 66211	44-0545913	501(c)(3)	25,000				2015 AGC donation			
Jewish Federation of Greater Kansas City 5801 W 115th Street Suite 201 Overland Park,KS 66211	44-0545913	501(c)(3)	35,000				Donation for the benefit of the annual campaign \$30,000 gift of Robert & Ba			
Jewish Federation of Greater Kansas City 5801 W 115th Street Suite 201 Overland Park,KS 66211	44-0545913	501(c)(3)	50,000				Campaign gift			

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>(b)</b> EIN	<b>(c)</b> IRC section if applicable	( <b>d)</b> A mount of cash grant		<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Jewish Federation of Greater Kansas City 5801 W 115th Street Suite 201 Overland Park, KS 66211	44-0545913	501(c)(3)	50,000				2015 Annual Campaign, gift of Charles M Helzberg and Sandra Baer			
Jewish Federation of Greater Kansas City 5801 W 115th Street Suite 201 Overland Park, KS 66211	44-0545913	501(c)(3)	70,000				Donation to general fund, attention Todd Stettner			
Jewish Federation of Greater Kansas City 5801 W 115th Street Suite 201 Overland Park, KS 66211	44-0545913	501(c)(3)	75,000				Donation			

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 section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	( <b>f)</b> Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance				
Jewish Federation of Greater Kansas City 5801 W 115th Street Suite 201 Overland Park, KS 66211	44-0545913	501(c)(3)	100,000				2013-2014 donation				
Jewish Institute for National Security Affairs 1307 New York Ave NW Ste 200 Washington, DC 20005	52-1233683	501(c)(3)	5,000				Donation				
Jewish Institute for National Security Affairs 1307 New York Ave NW Ste 200 Washington, DC 20005	52-1233683	501(c)(3)	20,000				Donation				

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>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Jewish Theological Seminary 3080 Broadway New York, NY 100274649	13-1656634	501(c)(3)	7,500				2015 gift from Neil & Blanche Sosland, a matching gift of \$7,500 will be sen				
Judaic Sacred Music Foundation 10580 Wilshire Blvd Apt 56 Los Angeles, CA 900244516	47-1054520	501(c)(3)	25,000				Donation for the new Judaic Symphony No tickets or benefits accepted				
Junior League of Kansas City MO Inc 9215 Ward Parkway Kansas City, MO 64114	44-0546100	501(c)(3)	10,000				100th Anniversary gift from Jeanne Sosland				

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	<b>(c)</b> IRC section if applicable	( <b>d)</b> A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Juvenile Diabetes Research Foundation 1400 K Street NW Suite 725 Washington, DC 20005	23-1907729	501(c)(3)	5,000				In honor of Zachary Sosland Please notify Jeff Sosland that donation was ma			
Juvenile Diabetes Research Foundation 1400 K Street NW Suite 725 Washington, DC 20005	23-1907729	501(c)(3)	5,000				Gift from Blanche & Neil Sosland for ZACK'S ATTACK, in honor of Zachary Sosl			
Juvenile Diabetes Research Foundation 1400 K Street NW Suite 725 Washington, DC 20005	23-1907729	501(c)(3)	5,000				Donation to Annual Gala, tickets purchased separately			

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 section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount 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 Art Institute 4415 Warwick Blvd Kansas City, MO 64111	44-0546278	501(c)(3)	5,000				Gift for the Richard J Stern Ceramics Building Renovation, and in honor of			
Kansas City Hospice 1500 Meadow Lake Parkway Suite 200 Kansas City, MO 64114	43-1724085	501(c)(3)	5,000				Donation to Angel Gala Tickets will be purchased separately			
Kansas City Hospice 1500 Meadow Lake Parkway Suite 200 Kansas City, MO 64114	43-1724085	501(c)(3)	5,000				Donation to reaccreditation as a Jewish Hospice			

Form 990,Schedule I, Par	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	<b>(c)</b> IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Kansas City Hospice 1500 Meadow Lake Parkway Suite 200 Kansas City, MO 64114	43-1724085	501(c)(3)	5,000				Donation				
Kansas City Hospice 1500 Meadow Lake Parkway Suite 200 Kansas City, MO 64114	43-1724085	501(c)(3)	10,000				Donation, no tickets or benefits accepted				
Kansas City Hospice 1500 Meadow Lake Parkway Suite 200 Kansas City, MO 64114	43-1724085	501(c)(3)	25,000				Donation, attention Bee Haley				

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	<b>(c)</b> IRC section if applicable	( <b>d)</b> A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Kansas City Interfaith Youth Alliance 7233 Madison Kansas City, MO 64114	45-4609047	501(c)(3)	15,000				Anonymous donation, attention Jon Willis			
Kansas City Public Television 125 East 31st Street Kansas City, MO 64108	23-7114952	501(c)(3)	30,000				Donation to be used for Jewish Programming Attention Ted Place, Chief Devel			
Kansas City Symphony 1703 Wyandotte St Suite 200 Kansas City, MO 64108	43-1297475	501(c)(3)	5,000				Donation in support of the 2015 Jewel Ball Attention Holly Milledge No tic			

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 section if applicable	(d) A mount of cash grant	(e) A mount 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 Symphony 1703 Wyandotte St Suite 200 Kansas City, MO 64108	43-1297475	501(c)(3)	5,000				Partial sponsorship of the June 11/15 Happy Hour Concert Attention Llewelly			
Kansas City Symphony 1703 Wyandotte St Suite 200 Kansas City, MO 64108	43-1297475	501(c)(3)	5,000				Donation in memory of Vera and Ernest Isenberg, no tickets or benefits acce			
Kansas City Symphony 1703 Wyandotte St Suite 200 Kansas City, MO 64108	43-1297475	501(c)(3)	5,000				Donation, no tickets or benefits accepted			

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>(b)</b> EIN	<b>(c)</b> IRC section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount 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 Symphony 1703 Wyandotte St Suite 200 Kansas City, MO 64108	43-1297475	501(c)(3)	5,000				Masterpiece Endowment Campaign, no tickets or benefits accepted Attention A			
Kansas City Symphony 1703 Wyandotte St Suite 200 Kansas City, MO 64108	43-1297475	501(c)(3)	6,000				Donation, no tickets or benefits accepted Please designate \$2,500 to annual			
Kansas City Symphony 1703 Wyandotte St Suite 200 Kansas City, MO 64108	43-1297475	501(c)(3)	10,000				Gift of Charles M Helzberg and Sandra Baer, no tickets or benefits accepted			

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	<b>(c)</b> IRC section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Kansas City Symphony 1703 Wyandotte St Suite 200 Kansas City, MO 64108	43-1297475	501(c)(3)	30,000				Donation for the Masterpiece Endowment Campaign, no tickets or benefits acce			
Kansas City Symphony 1703 Wyandotte St Suite 200 Kansas City, MO 64108	43-1297475	501(c)(3)	250,000				Donation to Special Fundraising No tickets or benefits accepted			
Kansas City Symphony 1703 Wyandotte St Suite 200 Kansas City, MO 64108	43-1297475	501(c)(3)	265,000				Annual gift, no tickets or benefits accepted			

Form 990,Schedule I, Par	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>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> A mount of cash grant	, · ·	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Kansas City Young Audiences 5601 Wyandotte Kansas City, MO 64113	43-1168979	501(c)(3)	5,000				Donation, no tickets or benefits accepted Attention Lisa Smith				
Kansas State University 211 Anderson Hall Manhattan, KS 66506	48-0771751	501(c)(3)	8,000				Scholarship award for Adam Lechner #832310305				
Kansas University Endowment Association 2330 Shawnee Mission Parkway Mail Stop 5004 Westwood, KS 66205	48-0547734	501(c)(3)	5,000				Fund Alzheimer's and Parkinson's disease research projects Attention Ted Ki				

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>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	• •	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Kansas University Endowment Association 2330 Shawnee Mission Parkway Mail Stop 5004 Westwood, KS 66205	48-0547734	501(c)(3)	5,000				Donation to KU Medical Center, Treads for Threads No tickets or benefits ac			
Kansas University Endowment Association 2330 Shawnee Mission Parkway Mail Stop 5004 Westwood, KS 66205	48-0547734	501(c)(3)	10,000				Treads & Threads Donation, Charitable Portion only - Attention Marcella McMu			
Kansas University Endowment Association P O Box 928 Lawrence, KS 660449950	48-0547734	501(c)(3)	20,000				Donation in honor of Bruce Browning, KU Alum Attention Kathy Sanders			

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Kansas University Endowment Association P O Box 928 Lawrence, KS 660449950	48-0547734	501(c)(3)	20,000				In honor of Bruce Browning Class of '66 Attention Kathy Sanders			
Kansas University Endowment Association P O Box 928 Lawrence, KS 660449950	48-0547734	501(c)(3)	40,000				Donation to KU Athletics Williams Education Fund - Charitable portion only,			
Kansas University Endowment Association P O Box 928 Lawrence, KS 660449950	48-0547734	501(c)(3)	50,000				Donation to Capital campaign - limestone Society/Allen Field House Projects			

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>(b)</b> EIN	<b>(c)</b> IRC section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount 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 University Endowment Association 2330 Shawnee Mission Parkway Mail Stop 5004 Westwood, KS 66205	48-0547734	501(c)(3)	125,000				Donation to the University of Kansas Hospital Endowment for the Cambridge No			
Kauffman Center for the Performing Arts 1601 Broadway Boulevard Kansas City, MO 64108	43-1866550	501(c)(3)	7,500				Annual distribution - 10 year grant ending in 2020 No tickets or benefits a			
Kauffman Center for the Performing Arts 1601 Broadway Boulevard Kansas City, MO 64108	43-1866550	501(c)(3)	25,000				Donation, no tickets or benefits accepted Please confirm receipt to Michael			

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>(b)</b> EIN	<b>(c)</b> IRC section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Kehilath Israel Synagogue 10501 Conser Overland Park,KS 66212	44-0545273	501(c)(3)	5,305				Donation			
Kehilath Israel Synagogue 10501 Conser Overland Park, KS 66212	44-0545273	501(c)(3)	5,400				Donation			
Kehilath Israel Synagogue 10501 Conser Overland Park,KS 66212	44-0545273	501(c)(3)	5,400				Donation			

<u>Form 990,Schedule I, Par</u>	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>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Kehilath Israel Synagogue 10501 Conser Overland Park,KS 66212	44-0545273	501(c)(3)	5,670				Donation				
Kehilath Israel Synagogue 10501 Conser Overland Park, KS 66212	44-0545273	501(c)(3)	10,000				Donation to Grand Givers No tickets or benefits accepted				
Kehilath Israel Synagogue 10501 Conser Overland Park,KS 66212	44-0545273	501(c)(3)	10,000				Donation				

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>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Kehilath Israel Synagogue 10501 Conser Overland Park,KS 66212	44-0545273	501(c)(3)	25,357				Annual donation to the Blue Ridge Cemetery Fund			
Mainstream Education Foundation 5960 Dearborn St Suite 213 Mission, KS 66202	48-1143190	501(c)(3)	5,000				Donation, 3rd of 5 payments			
Mercy Corps PO Box 2669 Dept W Portland,OR 97208	91-1352257	501(c)(3)	10,000				Nepal earthquake relief donation, attention Rae Lyon			

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Midwest Center for Holocaust Education 5801 W 115th St Overland Park, KS 66211	48-1127376	501(c)(3)	6,990				Requested distribution for 2014 and 2015 trip expenses				
Midwest Center for Holocaust Education 5801 W 115th St Overland Park, KS 66211	48-1127376	501(c)(3)	10,000				Sponsoring of "Preserving Iraqi Jewish Heritage" No tickets or benefits acc				
Midwest Center for Holocaust Education 5801 W 115th St Overland Park,KS 66211	48-1127376	501(c)(3)	10,000				Grant award to MCHE "Preserving Iraqi Jewish History" exhibit				

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Moishe Foundation 5007 Providence Rd Suite E216 Charlotte, NC 28226	26-2599786	501(c)(3)	15,000				2nd half donation for the Kansas City Moishe House				
Moishe Foundation 5007 Providence Rd Suite E216 Charlotte, NC 28226	26-2599786	501(c)(3)	15,000				1st of 2 grant awards to second year Moishe House Kansas City				
Museum of Prairiefire 6240 West 135th Street Overland Park, KS 66223	27-1040521	501(c)(3)	50,000				Support for Little Theater, no tickets or benefits accepted Please contact				

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Mussar Institute Society - USA 6545 SW 133 Drive Pinecrest,FL 33156	20-2095736	501(c)(3)	10,000				Donation, attention Alan Moranis Contact person Jeff Agron			
Mussar Institute Society - USA 6545 SW 133 Drive Pinecrest,FL 33156	20-2095736	501(c)(3)	20,000				Donation and Membership, no tickets or benefits accepted			
National Conference of Synagogue Youth - Midwest 3200 W Touhy Ave Skokie,IL 60076	13-5623717	501(c)(3)	5,000				Donation for KCNCSY Thank you Rachel Prero for a job well done Attention R			

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Nelson Gallery Foundation 4525 Oak St Kansas City, MO 64111	44-6012977	501(c)(3)	5,000				Donation in support of A Shared Legacy Folk Art in America, no tickets or b			
Nelson Gallery Foundation 4525 Oak St Kansas City, MO 64111	44-6012977	501(c)(3)	5,000				Society of Fellows donation, no tickets or benefits accepted			
Nelson Gallery Foundation 4525 Oak St Kansas City, MO 64111	44-6012977	501(c)(3)	25,000				Sponsorship for the Ferran Adria Exhibition, no tickets or benefits accepted			

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Nelson Gallery Foundation 4525 Oak St Kansas City, MO 64111	44-6012977	501(c)(3)	25,000				Society of Fellows - Director's Circle membership No tickets or benefits ac			
Nelson Gallery Foundation 4525 Oak St Kansas City, MO 64111	44-6012977	501(c)(3)	25,000				In support of the Shuttlecork 2015 event, no tickets or benefits accepted			
Nelson Gallery Foundation 4525 Oak St Kansas City, MO 64111	44-6012977	501(c)(3)	25,000				Donation to the Shuttlecork paddle raise for education			

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Nelson Gallery Foundation 4525 Oak St Kansas City, MO 64111	44-6012977	501(c)(3)	100,000				Donation to the "Class Distinctions" Dutch Painting exhibition, no tickets o			
New Reform Temple 7100 Main Street Kansas City, MO 64114	43-0898925	501(c)(3)	5,200				Annual donation to the New Reform Temple from Meredith and Jonathan Angrist			
New Reform Temple 7100 Main Street Kansas City, MO 64114	43-0898925	501(c)(3)	10,000				BCE incentive award			

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New Reform Temple 7100 Main Street Kansas City, MO 64114	43-0898925	501(c)(3)	15,000				Anonymous donation in honor of Dan Fromm's dedication to the New Reform Temp				
Operation Breakthrough 3039 Troost Kansas City, MO 64109	43-0971560	501(c)(3)	5,000				Donation				
PACE University 1 Pace Plaza New York, NY 10038	13-5562314	501(c)(3)	10,000				1st of 5 donations to the Herbert C Buchbinder Performing Arts Scholarship				

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PACE University 1 Pace Plaza New York, NY 10038	13-5562314	501(c)(3)	50,000				Donation, 1st of 5 to the Performing Arts Center Attention Joyce Friedmann,			
Pembroke Hill School 400 W 51st Street Kansas City, MO 641123407	43-1326059	501(c)(3)	5,000				Donation to Annual Fund			
Pembroke Hill School 400 W 51st Street Kansas City, MO 641123407	43-1326059	501(c)(3)	5,000				Annual gift			

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(a) Name and address of organization or government	(b) EIN	<b>(c)</b> IRC section if applicable	(d) A mount of cash grant	(e) A mount 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-Missouri 4401 West 109 St Suite 200 Shawnee Mission, KS 662119705	44-0565390	501(c)(3)	9,870				Donation to 80th anniversary, tickets purchased separately Gift from Linda			
Powell Gardens 1609 Northwest US Highway 50 Kingsville, MO 64061	43-1467873	501(c)(3)	5,000				Endowment 1 of 3 No tickets or benefits accepted Attention Rhonda McClung			
Puma Futbol Club Inc 14508 Ballentine Street Overland Park,KS 66221	27-3167263	501(c)(3)	60,000				Donation to outreach and related efforts for economically disadvantaged yout			

Form 990,Schedule I, Par	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>(b)</b> EIN	<b>(c)</b> IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Quality Hill Playhouse 303 West 10th St Kansas City, MO 641051615	43-1725412	501(c)(3)	15,000				Donation, tickets will be purchased separately				
Rabbinical Association of Greater Kansas City 5801 West 115th St Box 113 O verland Park, KS 662111800	76-0710693	501(c)(3)	5,000				Grant award to Day of Discovery				
Rabbinical Association of Greater Kansas City 5801 West 115th St Box 113 Overland Park, KS 662111800	76-0710693	501(c)(3)	6,000				Grant award for Community Seder 2016				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
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Reaching Out From Within Inc 4003 Homestead Dr Prairie Village, KS 66208	26-2736145	501(c)(3)	10,000				Donation				
Regents of the University of Michigan 503 Thompson Street Ann Arbor, MI 48109	38-6006309	501(c)(3)	5,000				Donation for LS&A				
Regents of the University of Michigan 503 Thompson Street Ann Arbor, MI 48109	38-6006309	501(c)(3)	5,000				Donation to the University of Michigan College of Pharmacy for the Ara and S				

Form 990,Schedule I, Pai	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>(b)</b> EIN	(c) IRC section if applicable	( <b>d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Rockhurst High School 9301 State Line Kansas City, MO 64114	44-0662501	501(c)(3)	125,000				Please allocate \$25,000 to underwrite auction, \$50,000 to support Psychologi				
Rockhurst University 1100 Rockhurst Road Kansas City, MO 641109925	43-1576558	501(c)(3)	20,000				Donation, 2nd of 7 payments				
Rose Brooks Center PO Box 320599 Kansas City, MO 641320599	51-0231573	501(c)(3)	5,000				Donation in support of Cabaret 2015, no tickets or benefits accepted				

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Rrace Inc 5709 NW 64th Terrace Kansas City, MO 641512382	47-2166762	501(c)(3)	10,000				Donation to Rrace - Racial Religious Acceptance Cultural Equality Foundation			
Safehome Inc PO Box 4563 Overland Park,KS 66204	48-0917798	501(c)(3)	5,000				Donation 3rd of 5			
Safehome Inc PO Box 4563 Overland Park,KS 66204	48-0917798	501(c)(3)	10,000				2014 & 2015 Capital Campaign payments of \$5,000 for each year Attention Jan			

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Shawnee Mission Educational Foundation 7735 Antioch Shawnee Mission, KS 66204	74-2823938	501(c)(3)	10,000				Donation to Shawnee Mission East Education Foundation for Lancer Lacrosse Re				
Shepherd's Center of Kansas City Central 5200 Oak Street Kansas City, MO 64112	43-0994417	501(c)(3)	7,255				Donation				
Solomon Schechter Day School Inc 125 Wells Ave Newton, MA 02459	04-2303212	501(c)(3)	10,000				Gift from Neil & Blanche Sosland towards 2015 Annual Campaign Neil & Blanch				

Form 990, Schedule I, Par	t II, Grants and	l Other Assistance	<u>e to Domestic Orga</u>	anizations and D	omestic Governme	ents.	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Solomon Schechter Day School Inc 125 Wells Ave Newton, MA 02459	04-2303212	501(c)(3)	18,000				In honor of Blanche and Neil Sosland for annual campaign contribution Atten
Solomon Schechter Day School Inc 125 Wells Ave Newton, MA 02459	04-2303212	501(c)(3)	50,000				Donation in honor of Blanche and Neil Sosland for the Generations Endowment
Southern Poverty Law Center PO Box 548 Montgomery,AL 36101	63-0598743	501(c)(3)	5,000				Donation, gift of Howard and Edith Brown and Michael and Eva Brown Please a

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	<b>(c)</b> IRC section if applicable	(d) A mount of cash grant	1 3 5	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Starlight Theatre Association 4600 Starlight Road Kansas City, MO 64132	44-0552079	501(c)(3)	15,000				In memory of Jeannette & Jerome Cohen To support theater camp - Starlight S			
Synergy Services Inc 400 E Sixth Street Parkville, MO 64152	43-0970674	501(c)(3)	10,000				Donation, 1st year of 3 toward a \$25,000 commitment			
Synergy Services Inc 400 E Sixth Street Parkville, MO 64152	43-0970674	501(c)(3)	200,000				Donation to Children's Art Center, attention Robin Winner			

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>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Temple Beth Sholom 4200 SW Munson Ave Topeka, KS 66604	48-0679976	501(c)(3)	5,000				Membership dues and donation			
Temple Beth Sholom 4200 SW Munson Ave Topeka,KS 66604	48-0679976	501(c)(3)	6,000				Grant award for Security Upgrades, not to be used for staff			
Temple Emanu-El Foundation 8500 Hillcrest Avenue Dallas,TX 75225	75-2872570	501(c)(3)	5,000				Donation to the Capital Campaign			

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>(b)</b> EIN	<b>(c)</b> IRC section if applicable	( <b>d)</b> A mount of cash grant	` '	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
The Ellis Foundation PO Box 54 Fort Scott,KS 667010054	48-1093604	501(c)(3)	170,000				2015 annual support			
The Metropolitan Arts Council of Greater Kansas City 106 Southwest Blvd Kansas City, MO 64108	43-1840674	501(c)(3)	10,000				2015 annual support - Renaissance Circle No tickets or benefits accepted			
The Temple Congregation B'nai Jehudah 12320 Nall Ave Overland Park,KS 66209	44-0556868	501(c)(3)	5,000				Grant award to the Mıtzvah Garden for Orchard Beautification Project			

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>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	( <b>g)</b> Description of non-cash assistance	(h) Purpose of grant or assistance				
The Temple Congregation B'nai Jehudah 12320 Nall Ave Overland Park, KS 66209	44-0556868	501(c)(3)	8,000				Puppet Show support, no tickets or benefits accepted				
Torah Learning Center 8800 West 103rd St Overland Park, KS 66212	43-1772532	501(c)(3)	5,400				Donation				
Torah Learning Center 8800 West 103rd St Overland Park, KS 66212	43-1772532	501(c)(3)	7,200				Donation				

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>(b)</b> EIN	<b>(c)</b> IRC section if applicable	( <b>d)</b> Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Torah Learning Center 8800 West 103rd St Overland Park, KS 66212	43-1772532	501(c)(3)	7,200				Donation			
Torah Learning Center 8800 West 103rd St Overland Park, KS 66212	43-1772532	501(c)(3)	10,000				Donation to Meals on Wheels program, attention Esther Friedman			
Torah Learning Center 8800 West 103rd St Overland Park, KS 66212	43-1772532	501(c)(3)	10,000				Grant award for Kosher Meals on Wheels equipment purchases, check to be held			

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>(b)</b> EIN	<b>(c)</b> IRC section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Truman Medical Center Charitable Foundation 2310 Holmes Suite 735 Kansas City, MO 641089834	43-1194064	501(c)(3)	10,000				4th of 5 year donation to Lakewood Nursery Project			
UMKC - Athletic Foundation 5100 Rockhill Road Kansas City, MO 641102499	43-1390382	501(c)(3)	5,000				Donation to UMKC Athletics for locker room project, no tickets or benefits a			
UMKC - Athletic Foundation 5100 Rockhill Road Kansas City, MO 641102499	43-1390382	501(c)(3)	50,000				Donation, 3rd of 3 payments Attention Josh Snyder			

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>(b)</b> EIN	<b>(c)</b> IRC section if applicable	(d) A mount of cash grant	` ·	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
United Way of Greater Kansas City 801 W 47th St Suite 500 Kansas City, MO 64112	44-0545812	501(c)(3)	10,800				In memory of Jeannette & Jerome Cohen				
University of Kansas Hillel Foundation 722 New Hampshire Lawrence, KS 66044	52-1844823	501(c)(3)	5,000				Donation to KU Hillel Women's Hoop Classic No tickets or benefits accepted				
University of Kansas Hillel Foundation 722 New Hampshire Lawrence, KS 66044	52-1844823	501(c)(3)	5,000				Grant award to KU Hillel - Rabbi/Jewish Educator-Pastorial Counseling				

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>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> A mount of cash grant	` '	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
University of Kansas Hillel Foundation 722 New Hampshire Lawrence, KS 66044	52-1844823	501(c)(3)	5,000				Donation to support Rabbi Schuster in the support he gives to students, part				
University of Kansas Hillel Foundation 722 New Hampshire Lawrence, KS 66044	52-1844823	501(c)(3)	10,000				Donation to Student Educator position				
University of Kansas Hillel Foundation 722 New Hampshire Lawrence, KS 66044	52-1844823	501(c)(3)	10,000				Grant award to KU Hillel, Shabbat and Holiday Experiences				

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>(b)</b> EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
University of Kansas Hillel Foundation 722 New Hampshire Lawrence, KS 66044	52-1844823	501(c)(3)	10,000				4th year BCE incentive grant					
University of Kansas Hillel Foundation 722 New Hampshire Lawrence, KS 66044	52-1844823	501(c)(3)	10,000				Donation					
University of Kansas Hillel Foundation 722 New Hampshire Lawrence, KS 66044	52-1844823	501(c)(3)	10,000				Donation to Rock Chalk Shabbat No tickets or benefits accepted Attention A					

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>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
University of Kansas Hillel Foundation 722 New Hampshire Lawrence, KS 66044	52-1844823	501(c)(3)	25,000				Donation					
University of Missouri - Columbia - Hillel Foundation 1107 University Ave Columbia, MO 652019928	43-0621788	501(c)(3)	5,000				Grant award to Hillel at the University of Missouri, Columbia Engagement Pr					
University of Washington Foundation PO Box 359504 Seattle, WA 98195	94-3079432	501(c)(3)	20,000				To support the ocular inflammatory disease fellowship training program in th					

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>(b)</b> EIN	<b>(c)</b> IRC section if applicable	(d) A mount of cash grant	` '	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
Vaad HaKashruth of Kansas City 5801 W 115th St Suite 201 O verland Park, KS 662111824	74-2808245	501(c)(3)	6,000				Grant award to Kosher BBQ Festival					
Verified Voting Foundation PO Box 4104 Carlsbad, CA 920184104	20-0765743	501(c)(3)	40,000				Strengthen our democracy by educating the public, media, and election admini					
Village Shalom Charitable Supporting Fdn 5500 W 123rd St Overland Park, KS 66209	48-1205323	501(c)(3)	5,000				Donation to Ages of Excellence, no tickets or benefits accepted					

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>(b)</b> EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
Village Shalom Charitable Supporting Fdn 5500 W 123rd St Overland Park, KS 66209	48-1205323	501(c)(3)	10,000				To establish the Village Shalom Employee Appreciation Fund					
Village Shalom Charitable Supporting Fdn 5500 W 123rd St O verland Park, KS 66209	48-1205323	501(c)(3)	10,000				Donation to Ages of Excellence, not attending, no tickets or benefits accept					
Village Shalom Charitable Supporting Fdn 5500 W 123rd St Overland Park, KS 66209	48-1205323	501(c)(3)	15,000				Grant award to Village Shalom Financial Assistance					

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>(b)</b> EIN	<b>(c)</b> IRC section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
Village Shalom Charitable Supporting Fdn 5500 W 123rd St Overland Park,KS 66209	48-1205323	501(c)(3)	25,000				Support for dental patients requiring financial assistance for dental care p					
Village Shalom Charitable Supporting Fdn 5500 W 123rd St Overland Park,KS 66209	48-1205323	501(c)(3)	25,000				Donation to Ages of Excellence, tickets purchased separately					
Village Shalom Charitable Supporting Fdn 5500 W 123rd St Overland Park,KS 66209	48-1205323	501(c)(3)	31,487				Final distribution of remaining fund balance					

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>(b)</b> EIN	<b>(c)</b> IRC section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
Village Shalom Charitable Supporting Fdn 5500 W 123rd St Overland Park, KS 66209	48-1205323	501(c)(3)	53,392				Grant equal to the monthly note principal payments of Village Shalom					
Village Shalom Charitable Supporting Fdn 5500 W 123rd St Overland Park, KS 66209	48-1205323	501(c)(3)	53,542				Grant equal to the monthly note principal payments of Village Shalom					
Village Shalom Charitable Supporting Fdn 5500 W 123rd St Overland Park,KS 66209	48-1205323	501(c)(3)	56,700				Grant equal to the monthly note principal payments of Village Shalom					

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 section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
Washburn University Foundation 1700 College Ave Topeka, KS 66621	48-6105561	501(c)(3)	1,200,000				Donation to Endowment Attention Juliann Mazachek, President					
William Jewell College P O Box 1015 Liberty, MO 640681896	44-0545914	501(c)(3)	5,500				Donation - Harriman- Jewell Series 50th Season Attention Clark Morris No ti					
William Jewell College P O Box 1015 Liberty, MO 640681896	44-0545914	501(c)(3)	7,500				Anonymous donation designated for the Smith Family Lectures for Jewish Thoug					

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>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	• •	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
William Jewell College P O Box 1015 Liberty, MO 640681896	44-0545914	501(c)(3)	10,000				Donation to Harriman- Jewell Series to sponsor Joshua Bell Donation in memor					
William Jewell College P O Box 1015 Liberty, MO 640681896	44-0545914	501(c)(3)	10,000				Harriman-Jewell Series Prelude 2015, no tickets or benefits accepted Attent					
William Jewell College P O Box 1015 Liberty, MO 640681896	44-0545914	501(c)(3)	13,797				Donation to sponsor Harriman Jewell reception, charitable portion only Atte					

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>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
William Jewell College P O Box 1015 Liberty, MO 640681896	44-0545914	501(c)(3)	16,500				Donation to Harriman- Jewell Series, no tickets or benefits accepted Attenti					
William Jewell College P O Box 1015 Liberty, MO 640681896	44-0545914	501(c)(3)	30,000				Harriman-Jewell Series, no tickets or benefits accepted Attention Eryn Bate					
William Jewell College P O Box 1015 Liberty, MO 640681896	44-0545914	501(c)(3)	100,000				Donation to Harriman Jewell Series in memory of Rose and					

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DLN: 93493221011066

# Schedule J

**Compensation Information** 

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

► Complete if the organization answered "Yes" on 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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization Jewish Community Foundation of Greater Kansas City

**Employer identification number** 43-6049281

Pa	irt I	Questions Regarding Compensation					
						Yes	No
La				ny of the following to or for a person listed on Form ride any relevant information regarding these items			
		First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Γ.	Travel for companions	$\sqcap$	Payments for business use of personal residence			
	Γ.	Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees			
		Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b		y of the boxes in line 1a are checked, did the org bursement or provision of all of the expenses des			1b	Yes	
2		the organization require substantiation prior to re tors, trustees, officers, including the CEO/Exect		- · · · · · · · · · · · · · · · · · · ·	2	Yes	
					<u> </u>	1 00	
3	orgai	cate which, if any, of the following the filing organi nization's CEO/Executive Director Check all tha by a related organization to establish compensa	it appl				
	<b>▽</b>	Compensation committee		Written employment contract			
		Independent compensation consultant	<u>~</u>	Compensation survey or study			
	<b>▽</b> 1	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4		ng the year, did any person listed on Form 990, P related organization	art V I	I, Section A, line $f 1a$ with respect to the filing organization			
а	Rece	eive a severance payment or change-of-control p	aymen	nt?	4a		No
b	Parti	cipate in, or receive payment from, a supplement	al non	qualified retirement plan?	4b		No
С	Parti	cipate in, or receive payment from, an equity-bas	sed co	mpensation arrangement?	4c		Νο
		es" to any of lines 4a-c, list the persons and pro					
	Only	501(c)(3), 501(c)(4), and 501(c)(29) organizati	ons m	ust complete lines 5-9.			
5		persons listed on Form 990, Part VII, Section A, pensation contingent on the revenues of	line 1a	a, did the organization pay or accrue any			
а	The	organization?			5a		Νo
b	Any	related organization?			5b		Νo
	If"Y	es," on line 5a or 5b, describe in Part III					
5		persons listed on Form 990, Part VII, Section A, pensation contingent on the net earnings of	line 1a	a, did the organization pay or accrue any			
а	The	organization?			6a		No
ь	Any	related organization?			6b		Νο
	•	es," on line 6a or 6b, describe in Part III					
7	Forp	oersons listed on Form 990, Part VII, Section A, nents not described in lines 5 and 6? If "Yes," de			_		N.a
		·			7		No
5	subje	eany amounts reported on Form 990, Part VII, pa ect to the initial contract exception described in ort III		accured pursuant to a contract that was itions section 53 4958-4(a)(3)? If "Yes," describe			N.
•			na h + +	able presumption presedure described in Describer.	8		No
7	TI Y	es on the o, ald the organization also follow the	ายมนใใ	able presumption procedure described in Regulations	I	1	ı

section 53 4958-6(c)?

### 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 on 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-MIS	SC compensation	(C) Retirement and	` '	(E) Total of columns	(F) Compensation in column(B) reported as deferred on prior Form 990	
		Base (i) compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)		
1 Lauren Mattleman Hoopes Executive Director/Secreta	(i)	164,683	0	0	13,175	10,103	187,961	0	
,	(ii)	0	0	0	0	0	0	0	

Schedule J (Form 990) 2015

## 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 (Form 990) 2015

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DLN: 93493221011066

OMB No 1545-0047

2015

Department of the Treasury

Internal Revenue Service

**SCHEDULE M** 

(Form 990)

**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

Open to Public Inspection

	ne of the organization Sh Community Foundation of				Employer identificat	ion number	
	ter Kansas City				43-6049281		
Pa	rt I Types of Property				45 00 15201		
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d) Method of de noncash contrib	etermining	nts
1	Art—Works of art						
2	Art—Historical treasures .						
3	Art—Fractional interests						
	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
	Boats and planes						
	Intellectual property						
	Securities—Publicly traded .	Х	119	3,495,722	SELLING PRICE		
10	Securities—Closely held stock .						
	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						
	Food inventory						
	Drugs and medical supplies .						
	Taxidermy						
	Historical artifacts						
	Scientific specimens						
	Archeological artifacts						
	O ther ▶ ()						
	Other ► ()						
	Other ► ()						
	Other ▶ ()			<u> </u>	<u> </u>		
29	Number of Forms 8283 received for which the organization comple				29		T
30a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I, lines	1 through 28, that	Yes	No
	it must hold for at least three ye						
	for exempt purposes for the enti	re holding p	period?		!	30a	No
b	If "Yes," describe the arrangeme					502	11.5
31	Does the organization have a gif	ft acceptan	ce policy that requires the r	eview of any non-standard	contributions?	31	No
32a	Does the organization hire or use contributions?	•	<u>-</u>	to solicit, process, or sell	noncash 	32a	   No
b	If "Yes," describe in Part II					32 <b>u</b>	
	If the organization did not report	t an amount	: in column (c) for a type of	property for which column (	a) is checked,		

Page 2

<u> </u>		<del>c</del> u	u	_	141	١	 U	 	7	7	v	<u>,                                     </u>	1	_	<u> </u>	_	_	
	ľ	) a	П		ī			S	ì	11	ח	n	ī	e	r	n	16	

nental 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 (Form 990) (2015)

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DLN: 93493221011066

OMB No 1545-0047

2015

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Inspection

# Supplemental Information to Form 990 or 990-EZ

(Form 990 or 990-EZ)

Department of the Treasury

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.

Name of the organization Jewish Community Foundation of Greater Kansas City

**SCHEDULE O** 

Internal Revenue Service

Employer identification number

43-6049281

#### 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 2	The following is a list of family relationships among the officers, trustees and employees. Morton Sosland and L. Joshua Sosland, Joel Vile and Stanley Zeldin, John Isenberg and Ann Slegman-Isenberg.
Form 990, Part VI, Section A, line 6	Members include anyone who represents a Fund of the Foundation. The members elect trustees who are nominated by the nominating committee. The members must also approve any changes to the by-laws. Once the trustees are elected by the members, all further business is carried out by the trustees and the members are not convened again until the next annual meeting.
Form 990, Part VI, Section A, line 7a	See line 6 explanation above
Form 990, Part VI, Section A, line 7b	See line 6 explanation above
Form 990, Part VI, Section B, line 11	The Form 990 is prepared by the Foundation's CPA and reviewed by the Chief Financial Offic er and the Executive Director If acceptable, the Treasurer and Chair of the Audit Committ ee review it prior to filing
Form 990, Part VI, Section B, line 12c	The Foundation's by-laws specify when trustees with conflicts must abstain from voting or discussing issues brought to a vote of the governing body
Form 990, Part VI, Section B, line 15a	A committee of five members of the executive committee evaluated the Executive Director's performance and analyzed the salaries of other Jewish Community Foundation executive directors of comparable size communities and fund balances. The committee also considers budget capabilities, as well as the executive director's experience and skill set and determines an appropriate salary. The final decision is made by the president with consultation of the committee chairperson.
Form 990, Part VI, Section C, line 19	Governing documents and financial statements are available to the public upon request. Add itionally, the annual report, along with a financial summary, is available on the Foundati on's website.

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

DLN: 93493221011066

2015

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2015

**Employer identification number** 

43-6049281

**Related Organizations and Unrelated Partnerships** 

► Attach to Form 990.

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Department of the Treasury Internal Revenue Service Name of the organization

Jewish Community Foundation of

**SCHEDULE R** 

(Form 990)

Greater Kansas City

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

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state Name, address, and EIN (if applicable) of disregarded entity Total income End-of-year assets Direct controlling Primary activity or foreign country) entity (1) VSDR LLC Village Shalom Bond KS 0 Jewish Community Foundation 5801 W 115th St Ste 104 Overland Park, KS 66211 45-0817004 Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Name, address, and EIN of related organization Primary activity Legal domicile (state Public charity status Section 512(b) Exempt Code section Direct controlling (13) controlled or foreign country) (if section 501(c)(3)) entity entity? Yes No See Additional Data Table

Cat No 50135Y

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Part III Identification of Related Organizations Taxable a because it had one or more related organizations treate					ation answ	ered "Ye	s" on l	Form	990, Part I'	V, lın	ie 34	ŀ
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		(h Disprop alloca		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man		(k) Percentag ownershij
				314)			Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(C corp, S corp,	Type of entity (C corp, S corp,	Type of entity (C corp, S corp,	Type of entity (C corp, S corp,	(f) Share of total Income	(g) Share of end- of-year assets	<b>(h)</b> Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No				
-									<u> </u>				

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
<b>1</b> During the tax year, did the orgranization engage in any of the following transactions with one or more rel	lated organizations li	sted in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b	Yes	
c Gift, grant, or capital contribution from related organization(s)				1c	Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s)				1d		No
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				1f		No
g Sale of assets to related organization(s)				1g		No
<b>h</b> Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
j Lease of facilities, equipment, or other assets to related organization(s)				1j		No
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No
I Performance of services or membership or fundraising solicitations for related organization(s) . $$ .				<b>1</b> l	Yes	
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
${f n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
o Sharing of paid employees with related organization(s)				10		No
p Reimbursement paid to related organization(s) for expenses				<b>1</b> p		No
<b>q</b> Reimbursement paid by related organization(s) for expenses				1q		No
r Other transfer of cash or property to related organization(s)				1r		No
<b>s</b> Other transfer of cash or property from related organization(s)				1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including co	vered relationships	and transaction thresholds			
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	<b>(d)</b> Method of determining amo	ount in	volved	
ee Additional Data Table						

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

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

revenue) that was not a related organization. See instructions																		
<b>(a)</b> Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	total	end-of-year	end-of-year	(h) Disproprtionate allocations?		(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership	
			314)	Yes	No			Yes	No		Yes	No						
												1	İ					

## Part VII Supplemental Information

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

Return Reference Explanation

Schedule R (Form 990) 2015

Software ID: **Software Version:** 

**EIN:** 43-6049281

Name: Jewish Community Foundation of Greater Kansas City

Form 990, Schedule R, Part II - Identification of Rel		= 1	1	1	1	1 .	_
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	Sectio (b)(: contr enti	g) on 512 (13) crolled city?
l <u> </u>			<u> </u>			Yes	No
ED & RUTH ROSE SUPPORTING FOUNDATION 5801 W 115TH ST STE 104 OVERLAND PARK, KS 66211 48-1203733	SUPPORTING FOUNDATION	KS	501(C)(3)	509(A)(3)	N/A		No
FLO HARRIS FOUNDATION 5801 W 115TH ST STE 104 OVERLAND PARK, KS 66211 43-1571306	SUPPORTING FOUNDATION	KS	501(c)(3)	Line 11a, I			No
FRANCES WANG GERSHON SUPPORTING FOUNDATION 5801 W 115TH ST STE 104 OVERLAND PARK, KS 66211 48-1115147	SUPPORTING FOUNDATION	KS	501(c)(3)	Line 11a, I			No
JCFRE SUPPORTING ORGANIZATION 5801 W 115TH ST STE 104 OVERLAND PARK, KS 66211 43-1880845	SUPPORTING FOUNDATION	KS	501(c)(3)	Line 11a, I			No
JEWISH COMMUNITY CENTER SUPPORTING FOUNDATION 5801 W 115TH ST STE 104 OVERLAND PARK, KS 66211 74-2809442	SUPPORTING FOUNDATION	KS	501(c)(3)	Line 11a, I			No
LOUIS AND FRANCES SWINKEN FOUNDATION 5801 W 115TH ST STE 104 OVERLAND PARK, KS 66211 20-4002473	SUPPORTING FOUNDATION	KS	501(c)(3)	Line 11a, I			No
LOWENSTEIN FAMILY SUPPORTING FOUNDATION 5801 W 115TH ST STE 104 OVERLAND PARK, KS 66211 43-1660127	SUPPORTING FOUNDATION	KS	501(c)(3)	Line 11a, I			No
SHIRLEY & BARNETT HELZBERG SUPPORTING FOUNDATION 5801 W 115TH ST STE 104 OVERLAND PARK, KS 66211 48-1183263	SUPPORTING FOUNDATION	KS	501(c)(3)	Line 11a, I			No
STANLEY J BUSHMAN SUPPORTING FOUNDATION 5801 W 115TH ST STE 104 OVERLAND PARK, KS 66211 20-2057692	SUPPORTING FOUNDATION	KS	501(c)(3)	Line 11a, I			No
VILLAGE SHALOM CHARITABLE SUPPORTING FOUNDATION 5801 W 115TH ST STE 104 OVERLAND PARK, KS 66211 48-1205323	SUPPORTING FOUNDATION	KS	501(c)(3)	Line 11a, I			No
VISION ASSOCIATES 5801 W 115TH ST STE 104 OVERLAND PARK, KS 66211 52-2382110	SUPPORTING FOUNDATION	KS	501(c)(3)	Line 11a, I			No
WHITE FAMILY SUPPORTING FOUNDATION 5801 W 115TH ST STE 104 OVERLAND PARK, KS 66211 48-1225411	SUPPORTING FOUNDATION	KS	501(c)(3)	Line 11a, I			No
JEWISH HERITAGE FOUNDATION SUPPORTING ORGANIZATION 5801 W 115TH ST STE 104 OVERLAND PARK, KS 66211 46-1165316	SUPPORTING FOUNDATION	KS	501(c)(3)	Line 11a, I			No

Form	990, Schedule R, Part V - Transactions With Related Organizations			
	(a) Name of related organization	<b>(b)</b> Transaction type(a-s)	(c) A mount I nvolved	(d) Method of determining amount involved
(1)	Ed and Ruth Rose Charitable Supporting Organization	С	38,000	Cash paid
(1)	Ed and Ruth Rose Charitable Supporting Organization	L	3,665	Cash paid
(2)	The Flo Harris Foundation	С	3,116,821	Cash paid
(3)	The Flo Harris Foundation	L	24,862	Cash paid
(4)	The Frances Wang Gershon Supporting Foundation	С	15,000	Cash paid
(5)	The Frances Wang Gershon Supporting Foundation	L	7,704	Cash paid
(6)	The Jewish Community Center Charitable Supporting Fdn	С	1,061,846	Cash paid
(7)	The Jewish Community Center Charitable Supporting Fdn	В	1,239,853	Cash paid
(8)	The Jewish Community Center Charitable Supporting Fdn	L	29,046	Cash paid
(9)	Louis and Frances Swinken Supporting Foundation	L	6,093	Cash paid
(10)	Lowenstein Family Supporting Foundation	L	9,531	Cash paid
(11)	Shirley & Barnett Helzberg Supporting Foundation	L	7,701	Cash paid
(12)	Stanley Bushman Supporting Foundation	L	11,334	Cash paid
(13)	Vision associates Inc	L	760	Cash paid
(14)	White Family Supporting Foundation	L	13,369	Cash paid
(15)	Jewish Heritage Foundation Supporting Organization	L	219,778	Cash paid
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