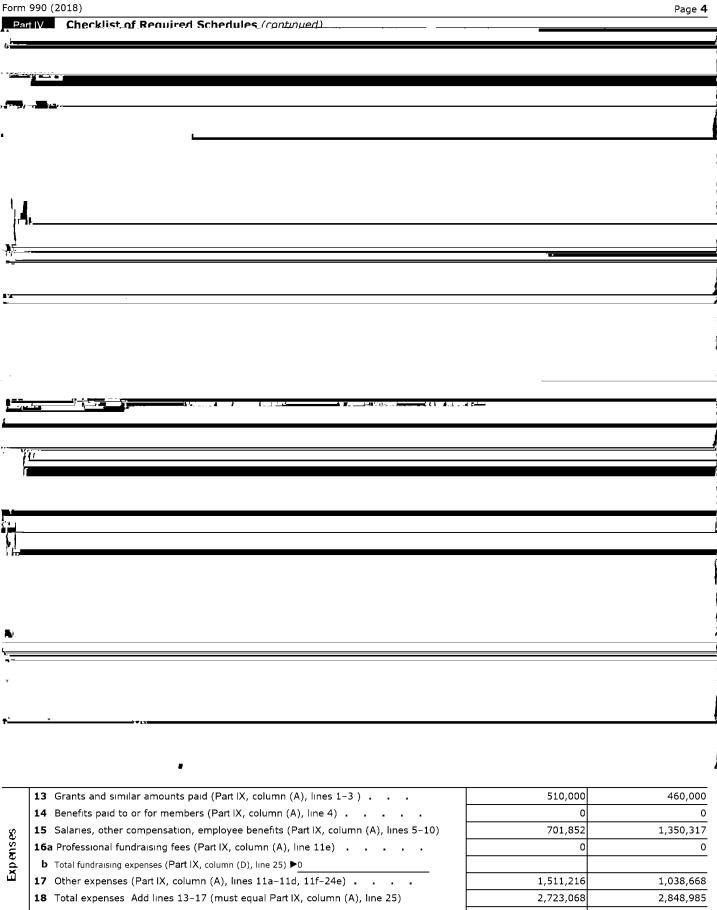
DLN: 93493130014699 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 D Employer identification number Name of organization THE CIVIC COUNCIL OF GREATER KANSAS CITY B Check if applicable ☐ Address change 43-0822397 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated Number and street (or P O box if mail is not delivered to street address) Room/suite 1200 MAIN STREET NO 230 E Telephone number ☐ Amended return ☐ Application pending (816) 221-2263 City or town, state or province, country, and ZIP or foreign postal code KANSAS CITY, MO 64105 G Gross receipts \$ 2,952,277 Name and address of principal officer H(a) Is this a group return for MARC HILL □Yes ☑No subordinates? 1200 MAIN STREET NO 230 H(b) Are all subordinates KANSAS CITY, MO 64105 ☐ Yes ☐No ıncluded? Tax-exempt status ☐ 501(c)(3) **☑** 501(c) (4) **◄** (insert no) 4947(a)(1) or 527 If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW KCCIVICCOUNCIL ORG L Year of formation 1964 M State of legal domicile K Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities THE CIVIC COUNCIL'S MISSION IS TO ACCELERATE GROWTH IN THE REGION'S PROSPERITY AND QUALITY OF LIFE BY STRATEGICALLY DEPLOYING THE PERSONAL AND CORPORATE RESOURCES, INFLUENCE AND EXPERTISE OF THE REGION'S BUSINESS AND CIVIC LEADERS THE CIVIC COUNCIL WAS FOUNDED IN 1964 BY A GROUP OF CHIEF EXECUTIVE OFFICERS WHO BELIEVED THAT IT WAS IMPORTANT THAT THEIR RESOURCES AND INFLUENCE WERE COOPERATIVELY APPLIED TO SOLVE COMPLEX AND DIFFICULT COMMUNITY Activities & Governance ISSUES TODAY, THE CIVIC COUNCIL'S MEMBERSHIP CONTINUES TO CONSIST OF CHIEF EXECUTIVE OFFICERS OF THE LARGEST CORPORATIONS AND PROFESSIONAL PARTNERSHIPS IN THE KANSAS CITY METROPOLITAN AREA 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 3 Number of voting members of the governing body (Part VI, line 1a) . 24 4 4 Number of independent voting members of the governing body (Part VI, line 1b) . 5 12 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 250 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 34 5,537 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 1,872,548 2,645,080 Program service revenue (Part VIII, line 2g) . 142,300 273,500 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 9,305 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,024,153 2,952,277 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 460,000 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 510,000 **14** Benefits paid to or for members (Part IX, column (A), line 4) . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 701,852 1,350,317 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . f b Total fundraising expenses (Part IX, column (D), line 25) lacktriangle 017 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 1,511,216 1,038,668 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 2,723,068 2,848,985 19 Revenue less expenses Subtract line 18 from line 12 . -698.915 103,292 Assets or d Balances End of Year Beginning of Current Year 3,371,153 3,149,473 20 Total assets (Part X, line 16) . 873,370 21 Total liabilities (Part X, line 26) . 549,852 2,497,783 2,599,621 Net assets or fund balances Subtract line 21 from line 20 . Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-05-02 Signature of officer Date Sign Here MADELEINE MCDONOUGH TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check \Box if P00220718 Paid self-employed Firm's name ► CBIZ MHM LLC Firm's EIN ▶ 34-1874260 Preparer Use Only Firm's address ► 700 WEST 47TH STREET SUITE 1100 Phone no (816) 945-5500 KANSAS CITY, MO 64112 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2018) Cat No 11282Y

Form	990 (2018)					Page 2				
Pa	till Statement	of Program Service	e Accomplis	hments						
	Check if Sche	edule O contains a respo	onse or note to a	any line in this Part III		🗸				
1		organization's mission		,						
SEE	MISSION STATEMENT	ABOVE								
2	Did the organization									
	the prior Form 990 or 990-EZ?									
	If "Yes," describe the	ese new services on Sch	nedule O							
3	Did the organization cease conducting, or make significant changes in how it conducts, any program									
	services?									
	If "Yes," describe these changes on Schedule O									
4	Section 501(c)(3) ar		ons are required	to report the amount	largest program services, as meas of grants and allocations to others,					
	(Code) (Expenses \$	130,502	ıncludıng grants of \$	0) (Revenue \$	168,500)				
	See Additional Data									
4b	(Code) (Expenses \$	1,144,203	ıncludıng grants of \$	385,000) (Revenue \$	0)				
	See Additional Data									
4c	(Code) (Expenses \$	785,098	ıncludıng grants of \$	75,000) (Revenue \$	105,000)				
	See Additional Data									
4d	Other program servi	ces (Describe in Schedi	ule O)							
	(Expenses \$	ıncl	uding grants of	\$) (Revenue \$)				
4e	Total program ser	vice expenses ▶	2,059,8	N3						

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Nο 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 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? 4 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? Yes 5 If "Yes," complete Schedule C, Part III 😼 $\dots \dots \dots \dots \dots \dots$ 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? Yes 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, No the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II ષ 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? Nο 8 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 Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Nο permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 💆 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Nο 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Nο 11h assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Yes 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏 11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Yes the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Yes b Was the organization included in consolidated, independent audited financial statements for the tax year? **12**b Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Nο 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . 14a Nο **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 14h No Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Nο foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Nο 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Nο 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Nο Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Νo **20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a Nο b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Yes 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, No column (A), line 2⁷ If "Yes," complete Schedule I, Parts I and III



13b

13c

14a

14b

15

No

Nο

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Enter the amount of reserves the organization is required to maintain by the states in

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Form 990	0 (2018)					Page (6
Part VI	8a, 8b, or 10b below, describe the cir	sclosure For each "Yes" response to cumstances, processes, or changes in nse or note to any line in this Part VI	Schedule O See instructions	5	sponse to		_
Section	on A. Governing Body and Manag						_
4 - F-	**** *** *** *** *** *** *** *** *** *		1 1		Yes	No	_
	ter the number of votina members of the	doverning body at the englor the tax	vear ii				=
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	****** Signature of officer		2019-05-02 Date				
Sign Here	1.		Butto				
пете	MADELEINE MCDONOUGH TREASURER Type or print name and title						
	Print/Tyne preparer's name	Prenarer's signature	Date	IPTIN			
7-	<u>*************************************</u>						
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orm 990 (2018)										Page 7
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	this	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	istees, Key E	mploy	ees	, an	id H	lighe	st C	Compensated En	nployees	
ear • List all f compens	e this table for all persons require of the organization's current of ation Enter -0- in columns (D), (ficers, directors, E), and (F) if no	trustee	s (wl nsatı	neth on v	er ir vas į	ndıvıdu Daid	als (or organizations), re	gardless of amount	-
	of the organization's current key		•								
ho receive	organization's five current high ad reportable compensation (Box n and any related organizations										
f reportabl	of the organization's former office e compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	•'			·	•
rganızatıor	of the organization's former dire n, more than \$10,000 of reportab	le compensation	n from t	he or	gan	ızatı	on and	an	y related organization	ns	2
ompensate	s in the following order individua ed employees, and former such p	ersons	•								
_ Check	this box if neither the organizatio	n nor any relate	ed orgar	nzatio	on c	omp	ensate	d ar	ny current officer, di	rector, or trustee	Г
	(A) Name and Title	(B) Average hours per week (list any hours for related		ne b	ox, ι n of or/t	t che unles ficer rust	s pers and a ee)	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2,2022 (1806)		related organizations
See Addition	al Data Table						Ŀ				
					l	1		l			

Form 990 (2018)										Page 8
Part VII Section A. Officers, Direc	tors, Trustees	, Key E	mpl	oye	es, a	and F	ligh	nest Compensate	d Employees (cor	ntinued)
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)		ne bo	n officer	checinless icer a ustee	persond a	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations

Il Trust⊷é
al Trustee
trustee

1b Sub-Total	1b Sub-Total									
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c)						▶		820,613	0	147,808

- u	otal (add lines 1D and 1c)	<u> </u>		117,000
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \triangleright 4			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		.,	
	marvida	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	_	.,	
	marriada	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
S	ection B. Independent Contractors			

	individual		4	Yes			
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or services rendered to the organization? If "Yes," complete Schedule J for such person		5		No		
S	ection B. Independent Contractors						
1	1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year						
	(A)	(B)		(C)		

	services rendered to the organization / Ir Yes, " complete Schedule J for such person		5	No			
S	ection B. Independent Contractors						
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year						
	(A) Name and business address	(B) Description of services	((C) Compensation			

Name and business address	Description of services	Compensation		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of				

Total number of independent contractors (including but not limited to those listed above) who r	eceived more than \$100,000 of	
compensation from the organization ▶ 0		1
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Page **9**

				(A Total re		(B) Related exem function	l or pt on	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a Federated campaigns	1a				reveni	ue		512 - 514
nts nts	b Membership dues	1b	2,645,080						
ža Vo	c Fundraising events	1c							
s, c An	d Related organizations	1d							
<u>≅</u>									
S, (III.	e Government grants (contributions)	, F							
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, gifts, grant and similar amounts not included above	1f	0						
	g Noncash contributions include in lines 1a - 1f \$	ed							
	h Total. Add lines 1a-1f	 .	•	_					
			Busines		2,645,080	<u> </u>			
쿨	2a KANSAS CITY TOMORROW				10	58,500	168,500		
3	b KC RISING			900099	10	05,000	105,000		
υ CE				900099					
Service Revenue	c —								
\hat{y}	d								
Program	e								
ြို့	f All other program service rever		1	273,500		•			•
	g Total. Add lines 2a-2f		<u> </u>			_			
	3 Investment income (including dissimilar amounts)	ıvıdends, ır		•	33,697	,			33,697
	4 Income from investment of tax-								
	5 Royalties			▶					
	(ı) F	Real	(II) Personal	İ					
	6a Gross rents			7					
	b Less rental expenses								
	c Rental income or			\dashv					
	(loss)								
	d Net rental income or (loss) .		· .						
	(I) Sec	curities	(II) Other	4					
	from sales of assets other than inventory								
	b Less cost or other basis and								
	sales expenses C Gain or (loss)			\dashv					
	d Net gain or (loss)		•	_					
	8a Gross income from fundraising								
e n	(not including \$	of							
₹	contributions reported on line : See Part IV, line 18								
Be	b Less direct expenses	. ь		7					
ē	${f c}$ Net income or (loss) from fund	raising eve	ents Þ						
Other Revenue	9a Gross income from gaming act See Part IV, line 19	ivities							
	See Fartiv, inte 19	a							
	b Less direct expenses	. ь		1					
	c Net income or (loss) from gam	ing activiti	es >						
	10a Gross sales of inventory, less returns and allowances								
	recurris and anowances	a							
	b Less cost of goods sold	ļ.		\dashv					
	c Net income or (loss) from sales		orv •	_					
	Miscellaneous Revenue		Business Code						
	11a			7					
	b			1					
	c	1		+					
	d All other revenue	. +		+					+
	e Total. Add lines 11a-11d .		•	1					
	12 Total revenue. See Instructio		•						
	rotar revenue, see Instructio	113	• • • •		2,952,277	,	273,500		0 33,697
									Form 990 (2018)

Part IX	Statement of Functional Expenses
	() () () () () () ()

Р	art IX Statement of Functional Expenses				Page 10
	tion 501(c)(3) and 501(c)(4) organizations must complete all co			lete column (A)	
Do	Check if Schedule O contains a response or note to any not include amounts reported on lines 6b,	(A)	(B)	(C)	⊔ (D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses 460,000	Management and general expenses	Fundraisingexpenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	460,000	400,000		
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, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	632,094	511,960	120,134	
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	563,739	265,422	298,317	
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	49,961	20,049	29,912	
9	Other employee benefits	42,311	17,930	24,381	
10	Payroll taxes	62,212	39,380	22,832	
11	Fees for services (non-employees)				
i	a Management				
ı	b Legal	42,729		42,729	
	c Accounting	44,374		44,374	
	d Lobbying	144,744	144,744		
	e Professional fundraising services See Part IV, line 17				
1	f Investment management fees				
•	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	88,175		88,175	
12	Advertising and promotion				
13	Office expenses	46,817	27,698	19,119	
14	Information technology	117,371	69,438	47,933	
15	Royalties				
16	Occupancy	87,640	51,849	35,791	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	217,901	217,130	771	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	17,860	10,566	7,294	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	a PROJECT EXPENSES	126,411	126,411		
	b RESEARCH, RESOURCES, AN	87,681	86,066	1,615	
	c MISCELLANEOUS	14,465	8,660	5,805	
	d MEMBERSHIP	2,500	2,500		
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,848,985	2,059,803	789,182	0
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	1 990 ((2018)				Page 11
Pa	art X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part IX			🗆
				(A)		(B) End of year
				Beginning of year 95	1	End of year
	l	Cash-non-interest-bearing	<u></u>			
	2	Savings and temporary cash investments .	<u> </u>	2,418,422	2	2,599,526
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		4		
	5	Loans and other receivables from current and for trustees, key employees, and highest compensar Part II of Schedule L		5		
S)		Loans and other receivables from other disqualisection 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L		6		
ssets	l	Notes and loans receivable, net	-		7	
AS:		Inventories for sale or use	⊢		8	
	9	Prepaid expenses and deferred charges			9	
		Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a			
	b	Less accumulated depreciation	10b		10 c	
	11	Investments—publicly traded securities .		11		
	12	Investments—other securities $$ See Part IV, line		12		
	13	Investments—program-related See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11	952,636	15	549,852	
	16	Total assets.Add lines 1 through 15 (must equ	al line 34)	3,371,153	16	3,149,473
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability Complete F	Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee				
ap		persons Complete Part II of Schedule L			22	
ַ בּי	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		873,370	25	549,852
	26	Total liabilities.Add lines 17 through 25		873,370	26	549,852
~	-	Organizations that follow SFAS 117 (ASC 9	58), check here ▶ ✓ and			
Balance	27	complete lines 27 through 29, and lines 33 Unrestricted net assets		2,497,783	27	2,520,993
Bal	28	Temporarily restricted net assets		28	78,628	
	29	Permanently restricted net assets		29		
Fund	l	Organizations that do not follow SFAS 117	(ASC 958),			
ō		check here ▶ ☐ and complete lines 30 th Capital stock or trust principal, or current funds			30	
set	31	Paid-in or capital surplus, or land, building or eq	uipment fund		31	-
Assets	32	Retained earnings, endowment, accumulated in	come, or other funds		32	

2,497,783

3,371,153

33

34

2,599,621

3,149,473

Form **990** (2018)

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form	990 (2018)				Page 12
Pai	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	T. I. (1) (2) (3) (4) (4) (4)			_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			952,277
2	Total expenses (must equal Part IX, column (A), line 25)	2		2	848,985
3	Revenue less expenses Subtract line 2 from line 1	3			103,292
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	497,783
5	Net unrealized gains (losses) on investments	5			-1,454
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			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		2	599,621
Pa	tXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basis,			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii Audit Act and OMB Circular A-133?	ngle	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

Form **990** (2018)

Additional Data

Software ID:

IN BUSINESS, CIVIC, PHILANTHROPIC AND NOT-FOR-PROFIT ORGANIZATIONS ALL ACROSS THE KANSAS CITY AREA

Software Version: **EIN:** 43-0822397

Name: THE CIVIC COUNCIL OF GREATER KANSAS CITY

Form 990 (2018)

Form 990, Part III, Line 4a: THE CIVIC COUNCIL SPONSORS A NINE-MONTH CIVIC LEADERSHIP DEVELOPMENT PROGRAM CALLED KANSAS CITY TOMORROW (KCT) THE CIVIC COUNCIL BELIEVES THAT THE ONGOING SUCCESS OF ANY COMMUNITY DEMANDS THAT ITS CURRENT LEADERS PUT CONSIDERABLE EFFORT TOWARD IDENTIFYING, ENCOURAGING AND DEVELOPING ITS FUTURE LEADERS WITH A MISSION TO BE THE BEST SOURCE OF NEW LEADERSHIP ANYWHERE IN THE REGION. KCT HAS AN IMPRESSIVE TRACK RECORD AND A LAUDABLE LIST OF MORE THAN 800 ALUMNI - INCLUDING SEVERAL CURRENT MEMBERS OF THE CIVIC COUNCIL - WHO TODAY HOLD SENIOR POSITIONS THE CIVIC COUNCIL PARTICIPATES IN THE PLANNING FOR, AND FUNDING OF, A NUMBER OF COMMUNITY INITIATIVES TO FURTHER EDUCATION, A PROGRESSIVE CIVIC AND CULTURAL COMMUNITY, NEIGHBORHOOD DEVELOPMENT, AND THE COORDINATION OF LEADERSHIP INITIATIVES

Form 990, Part III, Line 4b:

KC RISING IS A REGIONAL INITIATIVE CO-SPONSORED AND JOINTLY LED BY THE CIVIC COUNCIL OF GREATER KC, THE KC AREA DEVELOPMENT COUNCIL AND THE MID-AMERICA REGIONAL COUNCIL DESIGNED TO CREATE A SUSTAINABLE, STRATEGIC VISION FOR THE ECONOMIC FUTURE OF THE ENTIRE KC REGION LEADERS FROM THE BUSINESS, CIVIC, PHILANTHROPIC, EDUCATION AND LOCAL GOVERNMENT COMMUNITIES REGULARLY CONVENE TO DEVELOP AND IMPLEMENT KC RISING THE

ADMINISTRATIVE TASKS ARE LARGELY ACCOMPLISHED THROUGH THE THREE CO-SPONSORING ENTITIES, THEIR RESPECTIVE STAFF MEMBERS AND KC RISING'S

DIRECTOR ALL CO-SPONSORS CONTRIBUTE FUNDS AND/OR SUBSTANTIAL STAFF TIME TO THIS INITIATIVE THE CIVIC COUNCIL ACTS AS FISCAL AGENT FOR KC RISING MOST CONTRIBUTIONS AND EXPENDITURES FOR THE INITIATIVE FLOW THROUGH THE CIVIC COUNCIL OPERATING ACCOUNT

Form 990, Part III, Line 4c:

(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation from the

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

	any hours	and	a dir	ecto	r/tr	ustee))	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
MARTIN C BICKNELL BOARD MEMBER	2 00	×						0	0	0
MELINDA L ESTES MD BOARD MEMBER	2 00	х						0	0	0
MAURICE WATSON BOARD MEMBER	2 00	x						0	0	0
PAUL HOLEWINSKI BOARD MEMBER	2 00	Х						0	0	0

2 00

2 00

2 00

2 00

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MAURICE WATSON	
BOARD MEMBER	
PAUL HOLEWINSKI	2 00
BOARD MEMBER	
RAYMOND KOWALIK	2 00
BOARD MEMBER	

ROBERT D REGNIER

PATRICK J OTTENSMEYER

.......

BOARD MEMBER

BOARD MEMBER

CHARLIE SHIELDS

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

WILLIAM S BERKLEY

DANETTE WILSON

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

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

	any nours	anu	a uii	ecu	ון אונ	ustee	'	Organization	organizations		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
DAVID W FRANTZE BOARD MEMBER	2 00	x						0	0	0	
DONALD J HALL JR BOARD MEMBER	2 00	x						0	0	0	
MARK R JORGENSON BOARD MEMBER	2 00	x						0	0	0	
THOMAS A MCDONNELL	2 00										

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BOARD MEMBER
MARK R JORGENSON
BOARD MEMBER
THOMAS A MCDONNELL
BOARD MEMBER
JOHN N SNYDER

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

SCOTT M SMITH

JOHN J SHERMAN

PAST CHAIR

PAST CHAIR

MATT CONDON

CHAMBER OF COMMERCE

W RUSSELL WELSH

ELIZABETH T SOLBERG

.......

and Independent Contractors

and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation week (list person is both an officer

any hours

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

and a director/trustee)

from the

organization

from related

organizations

compensation

from the

76,696

39,623

	any nours				,, .,	ascee	,	organization	(Ittle Catalons	1 110111 (110
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
WILLIAM C GAUTREAUX CHAIR	5 00	х		х				0	0	0
GORDON LANSFORD III VICE CHAIR	5 00	x		х				0	0	0
STEVEN L EDWARDS VICE CHAIR	5 00	×		×				0	0	0
MADELEINE MCDONOUGH SECRETARY/TREASURER	5 00	×		x				0	0	0
JEWEL D CCOTT	60 00									

. 334,045 ol EXECUTIVE DIRECTOR

60 00

MARC HILL 181,731 Χ

ASSOCIATE DIRECTOR

PRESIDENT

45 00 184,849 Х

JEROME LONERGAN ASSOCIATE DIRECTOR

16,646

45 00 RANDALL K RIGGS Х 119,988 14,843

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(Form 990 or 990-

EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

DLN: 93493130014699

2018

OMB No 1545-0047

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

Open to Public

	al Revenue Service	o to <u>www.irs.gov/Form990</u> for inst	ructions and the la	test information.	Inspection
f the	Section 501(c)(3) organizations C Section 501(c) (other than section Section 527 organizations Comple organization answered "Yes" Section 501(c)(3) organizations th Section 501(c)(3) organizations th	on Form 990, Part IV, Line 4, or Form lat have filed Form 5768 (election under lat have NOT filed Form 5768 (election on Form 990, Part IV, Line 5 (Proxy lans), then	lete Part I-C arts I-A and C below n 990-EZ, Part VI, I in er section 501(h)) Co n under section 501(h	Do not complete Part I-B te 47 (Lobbying Activitie mplete Part II-A Do not co)) Complete Part II-B Do	s), then omplete Part II-B not complete Part II-A
	me of the organization E CIVIC COUNCIL OF GREATER KANSAS	CITY		Employer ide	ntification number
Inc	E CIVIC COUNCIL OF GREATER KANSAS	5 (11)		43-0822397	
Par	t I-A Complete if the org	anization is exempt under sec	tion 501(c) or is	a section 527 organi	zation.
1		anızatıon's dırect and ındırect political	campaign activities in	Part IV (see instructions	for definition of
2	"political campaign activities") Political campaign activity expe	nditures (see instructions)		•	\$
3	, - , .	npaign activities (see instructions)		r	¥
Par		anization is exempt under sec	tion 501(c)(3).		
1	Enter the amount of any excise	tax incurred by the organization under	r section 4955	•	\$
2	Enter the amount of any excise	tax incurred by organization managers	s under section 4955	>	\$
3	If the organization incurred a se	ection 4955 tax, did it file Form 4720 fo	or this year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
Ь	If "Yes," describe in Part IV				
Par	t I-C Complete if the org	anization is exempt under sec	tion 501(c), exce	ept section 501(c)(3)).
1	Enter the amount directly exper	nded by the filing organization for secti	on 527 exempt funct	ion activities	\$
2	Enter the amount of the filing o function activities	rganızatıon's funds contributed to othe	r organizations for se	ection 527 exempt	\$
3	Total exempt function expendition	ures Add lines 1 and 2 Enter here and	on Form 1120-POL,	line 17b ►	\$
4	Did the filing organization file F	orm 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments F of political contributions receive	d employer identification number (EIN) or each organization listed, enter the a d that were promptly and directly deliv ttee (PAC) If additional space is neede	amount paid from the vered to a separate po	filing organization's funds olitical organization, such	ch the filing Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1					
2					
3					
4					
		1	1	1	İ

Grassroots ceiling amount

activity

d

1

2

b

c Total

3

4

5

Part IV

Current year

Carryover from last year

Volunteers?

Media advertisements?

Mailings to members, legislators, or the public?

Publications, or published or broadcast statements?

1

2.645.080

156,716

-558,265

-401.549

133.523

-535,072

(b)

Amount

(a)

No

Yes

_	Tubilitations, or published of broadcast statements			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or sec 501(c)(6).	tion		
			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	Yes	
Par	tIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or sec and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line answered "Yes.")(6)

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

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5

Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

Taxable amount of lobbying and political expenditures (see instructions)

Dues, assessments and similar amounts from members

expenses for which the section 527(f) tax was paid).

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference SCHEDULE C, PART III-B, LINE 2B

EXPLANATION IN 2017, THE ORGANIZATION OVERSTATED THE AMOUNT OF DUES TO BE CONSIDERED NONDEDUCTIBLE AND REPORTED THAT AMOUNT TO MEMBERS. THE EXCESS NONDEDUCTIBLE DUES. (\$558,265) ARE BEING REFLECTED ON LINE 2B TO OFFSET CURRENT YEAR AMOUNTS

Explanation

Schedule C (Form 990 or 990EZ) 2018

1

2a

2b

2c

3

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(Form 990)

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.

OMB No 1545-0047

DLN: 93493130014699

Open to Public Inspection

Department of the Treasury ► Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization **Employer identification number** THE CIVIC COUNCIL OF GREATER KANSAS CITY 43-0822397 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) 0 0 Aggregate value of grants from (during year) Aggregate value at end of year 208.970 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. Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ✓ Yes □ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	3111	Organizations Maintain	ing Col	lections o	of Art,	Histori	ical T	reas	ures, or	Other	Similar	Assets	continu	ued)	
3		the organization's acquisition, (check all that apply)	accessioi	n, and other	records	, check	any of	the f	ollowing t	hat are a	sıgnıfıcan	t use of it	s collec	tion	
а		Public exhibition				d		Loar	n or excha	inge prog	grams				
b		Scholarly research				e		Othe	er						
С		Preservation for future genera	tions												
4	Provid Part X	le a description of the organiza III	tıon's col	lections and	l explain	how the	ey furtl	ner th	ie organiz	ation's ex	xempt pur	pose in			
5		g the year, did the organization to be sold to raise funds rathe									nılar	□ Y	06	□ No	
Pai	t IV	Escrow and Custodial A Complete if the organizat X, line 21.			" on Fo	rm 990	, Part	IV,	ine 9, or	reporte	ed an am				_
1a		organization an agent, trustee ed on Form 990, Part X?	e, custodi	an or other	ıntermed	diary for	contri	butio	ns or othe	r assets	not	☐ Y	es	□ No	.
b	If "Ye	s," explain the arrangement in	Part XIII	and comple	ete the fo	ollowing	table					Amount	:		_
С	Begin	ning balance								1c					_
d	Addıtı	ons during the year								1d					_
е	Distril	outions during the year								1e					_
f	Endin	g balance								1f					_
2a	Did th	e organization include an amo	unt on Fo	rm 990, Pai	rt X, line	21, for	escrov	or c	ustodial a	ccount lia	ability?	. 🗆 Y	es	□ No	_ o
b		s," explain the arrangement in										_			
Pa	rt V	Endowment Funds. Con													
				(a)Currer	nt year	(b) P	rıor yea	r	(c)Two ye	ears back	(d)Three	years back	(e) Fou	ır year:	s back
1a	Beginni	ng of year balance	•												
b	Contrib	utions													
С	Net inv	estment earnings, gains, and l	osses												
d	Grants	or scholarships													
е		expenditures for facilities ograms													
f	Admını	strative expenses	•												
g	End of	year balance													
2	Provid	le the estimated percentage of	the curre	ent year end	balance	e (line 1	g, colu	mn (a	a)) held a	5					
а	Board	designated or quasi-endowme	nt 🟲												
b	Perma	nent endowment 🟲													
С	Temp	orarily restricted endowment 🕨	•												
		ercentages on lines 2a, 2b, and		•											
3a		ere endowment funds not in thization by	ne posses	sion of the	organıza	tion tha	t are h	eld ar	nd admını	stered fo	r the	_		Yes	No
		-					•						a(i)		
_		elated organizations s" on 3a(ii), are the related org					 اعداد است					3	a(ii) 3b		
ь 4		ibe in Part XIII the intended us						•			• •		30		
	t VI	Land, Buildings, and Ed			113 61140	William	ianas								
L GI		Complete if the organizat			" on Fo	rm 990	, Part	IV, I	ıne 11a.	See Fo	rm 990, I	Part X, lı	ne 10.		
	Descri	otion of property (a)	Cost or oth (Investme		(b) Cost	t or other	basis (other)	(c) Acci	umulated o	depreciation		(d) Boo	k value	!
1a	Land														
		gs													
		old improvements													
		ent													
	Other														
		ines 1a through 1e (Column (c	l) must e	qual Form 9	90, Part	X, colui	nn (B)	, line	10(c))		>		_		0

	Investments—Other Securities. Complete if the organi	zation answ	ered "Yes" on Form 990, P	Page Part IV, line 11b.
	See Form 990, Part X, line 12. (a) Description of security or category (including name of security)	(b) Book	(c) Method of Cost or end-of-yea	valuation ir market value
(1) Financial (2) Closely-h	derivatives	value		
3) Other A)				
В)				
C)				
D)				
E)				
F)				
G)				
H)				
otal. (Columr	n (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 990		on 11c. Son Form 990. Part	t V. Juno 13
		Book value	(c) Method of	valuation
1)			Cost or end-of-yea	r market value
2)				
3)				
4)				
ý 5)				
<u>,</u> 6)				
7)				
8)				
9)				
	(h) must soul 5 m 200 Part V of (D) (m 42)			
	Other Assets. Complete if the organization answered 'Yes' on F	orm 990, Pa	t IV, line 11d See Form 990,	
1) DEFERRE	(a) Description C COMPENSATION ASSETS			(b) Book value 549,852
•				· · · · · · · · · · · · · · · · · · ·
2)				
3)				
3)				
3) 4) 5)				
3)4)5)6)				
3)4)5)6)7)				
3) 4) 5) 6) 7) 8)				
3) 4) 5) 6) 7) 8) 9) Fotal. (Column				
3) 4) 5) 6) 7) 8) 9) Fotal. (Column	mn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25.			549,85: r 11f.
3) 4) 5) 6) 7) 8) 9) Total. (Column Part X	Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25. (a) Description of liability	'Yes' on Fo		
3) 4) 5) 6) 7) 8) 9) Fotal. (Colur Part X 1) Federal in	Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25.	'Yes' on Fo	rm 990, Part IV, line 11e o	
33) 44) 55) 66) 77) 88) 99) otal. (Colur Part X . 1) Federal in	Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25. (a) Description of liability	'Yes' on Fo	rm 990, Part IV, line 11e o	·
3) 4) 5) 6) 7) 8) 9) Otal. (Colur Part X 1) Federal in EFERRED Co	Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25. (a) Description of liability	'Yes' on Fo	rm 990, Part IV, line 11e o	·
3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal in EFERRED Column 22)	Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25. (a) Description of liability	'Yes' on Fo	rm 990, Part IV, line 11e o	·
3) 4) 5) 6) 7) 8) 9) Part X 1) Federal in EFERRED Co	Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25. (a) Description of liability	'Yes' on Fo	rm 990, Part IV, line 11e o	
3) 4) 4) 5) 6) 7) 8) 9) Fotal. (Columnation of the Columnation of the	Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25. (a) Description of liability	'Yes' on Fo	rm 990, Part IV, line 11e o	·
3) 4) 5) 6) 7) 8) 9) Fotal. (Columnation of the Columnation of the Col	Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25. (a) Description of liability	'Yes' on Fo	rm 990, Part IV, line 11e o	·
3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal in DEFERRED Column 22) 3) 4) 5) 6) 7)	Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25. (a) Description of liability	'Yes' on Fo	rm 990, Part IV, line 11e o	
Part X L. 1) Federal in	Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25. (a) Description of liability	'Yes' on Fo	rm 990, Part IV, line 11e o	

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Total revenue, gains, and other support per audited financial statements

Page 4

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

Part XI

1

3 3 2,952,277 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a

4b b Add lines **4a** and **4b** 4c c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

2,952,277 Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 2,848,985 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities . . . 2a

2b 2c c 2d Other (Describe in Part XIII) d

Add lines 2a through 2d 2e 3 3

2,848,985 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . 4a

4b b Add lines **4a** and **4b** 4c

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 2.848.985 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

See Additional Data Table

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	nation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version:

EIN: 43-0822397

Name: THE CIVIC COUNCIL OF GREATER KANSAS CITY

Supplemental Information

Return Reference

Explanation

THE CIVIC COUNCIL IS A NOT-FOR-PROFIT ORGANIZATION AS DESCRIBED IN SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES THE CIVIC COUNCE IL ASSESSES UNCERTAIN TAX POSITIONS ON AN ANNUAL BASIS THERE HAS NOT BEEN INTEREST OR PEN ALTIES RECOGNIZED IN EITHER THE BALANCE SHEETS - MODIFIED CASH BASIS OR IN THE STATEMENTS OF REVENUES, EXPENSES, AND OTHER CHANGES IN NET ASSETS - MODIFIED CASH BASIS RELATED TO UN CERTAIN TAX POSITIONS IN ADDITION, NO TAX POSITIONS HAVE BEEN IDENTIFIED FOR WHICH IT IS REASONABLY POSSIBLE THAT THE TOTAL AMOUNTS OF UNRECOGNIZED TAX BENEFITS WILL SIGNIFICANTLY INCREASE OR DECREASE WITHIN THE NEXT TWELVE MONTHS THE CIVIC COUNCIL IS NO LONGER SUBJEC TO INCOME TAX EXAMINATIONS BY THE US FEDERAL, STATE, OR LOCAL TAX AUTHORITIES FOR YEAR SEFORE 2015

DLN: 93493130014699 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasurv Internal Revenue Service Name of the organization Employer identification number THE CIVIC COUNCIL OF GREATER KANSAS CITY 43-0822397 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (1) See Additional Data (2) (5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Schedule I (Form 990) 2018	Page 2						
		Domestic Individu		anization answered "Yes"	on Form 990, Part IV, line 22		
(a) Type of grant or assi		(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	
(1)			<u> </u>				
(2)			· · · · · · · · · · · · · · · · · · ·				
(3)							
(4)							
(5)							
(6)			·				
(7)			·				
Part IV Supplementa	al Information	on. Provide the inf	formation required in	Part I, line 2; Part III	I, column (b); and any other a	dditional information.	
Return Reference	Explanation	on					
PART I, LINE 2	DELINEATEI RECIPIENTS	THE BOARD OF DIRECTORS ANNUALLY SUBMITS TO THE MEMBERSHIP FOR APPROVAL A PROGRAM BUDGET WHICH IS LIMITED TO "AUTHORIZED ACTIVITIES" DELINEATED IN ORGANIZATIONAL BY-LAWS ONCE THE AUTHORIZED ACTIVITIES HAVE BEEN SELECTED AND FUNDED, THE ORGANIZATION REQUIRES THAT ALL RECIPIENTS PRESENT TO THE BOARD, OR SUBMIT A WRITTEN GRANT REPORT, TO SHOW THE USAGE OF FUNDS, OBJECTIVES ACHIEVED, AND MILESTONES REACHED BEFORE ADDITIONAL GRANTS ARE CONSIDERED					

Schedule I (Form 990) 2018

Additional Data

30 W PERSHING RD SUITE 210 KANSAS CITY, MO 64108

4747 TROOST AVENUE

KANSAS CITY, MO 64110

UMKC

Software ID: Software Version: EIN:

26-0840496

EIN: 43-0822397

Name: THE CIVIC COUNCIL OF GREATER KANSAS CITY

FMV

NONE

OPERATING SUPPORT-

GRANT MATCH

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

501(C)(3)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KANSAS CITY AREA LIFE SCIENCES INSTITUTE	43-1889037	501(C)(3)	200,000		FMV	NONE	OPERATING SUPPORT

25,000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 44-0196840 501(C)(6) 10.000 IFMV INONE GREATER KANSAS CITY LEADERSHIP EXCHANGE

CHAMBER OF COMMERCE PROGRAM 30 W PERSHING RD SUITE 301 KANSAS CITY, MO 64108

PRFP-KC 26-0524230 501(C)(3) 125,000 NONE IFMV IOPERATING SUPPORT 800 W 47TH ST SUITE 210

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

KANSAS CITY, MO 64112

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant ıf applıcable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance URBAN NEIGHBORHOOD 45-4879810 501(C)(3) 25.000 **IFMV** INONE OPERATING SUPPORT

REGION

INITIATIVE 801 W 47TH ST SUITE 500 KANSAS CITY, MO 64112		()()				
THE BROOKINGS INSTITUTION	53-0196577	501(C)(3)	75,000	FMV	NONE	ENGAGEMENT IN KC

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

1775 MASSACHUSETTS

WASHINGTON, DC 20036

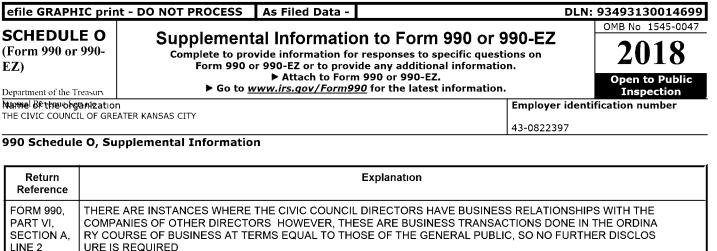
AVENUE NW

efil	e GRAPHIC pr	rint - DO NOT PROCESS	As Filed Dat	a -	DLN: 934	19313	30014	699	
Sch	nedule J	C	ompensat	ion Information	10	1B No	1545-0	3047	
(For	m 990)	For certain Offic		Frustees, Key Employees, and Higated Employees	ghest	2018			
		Complete if the ord		vered "Yes" on Form 990, Part I\ 1 to Form 990.	/, line 23.	4 018			
Department of the Treasury								blic	
	al Revenue Service me of the organiza	ation			Employer identificat		ectio		
		GREATER KANSAS CITY			' '		annber		
Da	rt I Questi	ons Regarding Compensa	ation		43-0822397				
F 4.	Questi	This Regarding compense	1011				Yes	No	
1a				f the following to or for a person listency relevant information regarding the					
	First-class	s or charter travel		Housing allowance or residence for	personal use				
	_	companions	닏	Payments for business use of perso				İ	
		nification and gross-up paymen	ts 📙	Health or social club dues or initiat				İ	
	☐ Discretion	nary spending account	Ц	Personal services (e g , maid, chau	ıffeur, chef)				
b		xes in line 1a are checked, did t all of the expenses described ab		follow a written policy regarding payinplete Part III to explain	ment or reimbursement	1b			
2	Did the organiza	ation require substantiation pric	or to reimbursing	or allowing expenses incurred by all	- 1-3	2	Yes		
	directors, truste	es, officers, including the CEO/	executive Directo	or, regarding the items checked in lin	e iar				
3				ed to establish the compensation of t	the			İ	
				not check any boxes for methods CEO/Executive Director, but explain	ın Part III			İ	
		-		,					
	'	ation committee	✓	Written employment contract Compensation survey or study				İ	
		ent compensation consultant of other organizations	7	Approval by the board or compens	ation committee			İ	
		-	_						
4	During the year, related organiza		990, Part VII, Se	ection A, line 1a, with respect to the	filing organization or a				
а	Receive a sever	ance payment or change-of-cor	ntrol payment?			4a		No	
b	Participate in, o	r receive payment from, a supp	lemental nonqual	lified retirement plan?		4b	Yes	<u> </u>	
С		r receive payment from, an equ		-	_L TTT	4c		No	
	ir res to any c	or lines 4a-c, list the persons an	id provide the app	plicable amounts for each item in Pai	rt III			İ	
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-9.				İ	
5		ed on Form 990, Part VII, Section ontingent on the revenues of		the organization pay or accrue any					
а	The organization	٦?				5a	<u> </u>	No	
b	Any related orga					5b		No	
	If "Yes," on line	5a or 5b, describe in Part III						İ	
6		ed on Form 990, Part VII, Section ontingent on the net earnings o		the organization pay or accrue any					
а	The organization	٦?				6a		No	
b	Any related orga					6b		No	
_	-	6a or 6b, describe in Part III							
7		ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Ye		the organization provide any nonfixe art III	ed	7		No	
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," o	describe			NI-	
9		8, did the organization also folk	ow the rebuttable	presumption procedure described in	n Regulations section	9		No	
For F		ıction Act Notice, see the In:	structions for Fo	orm 990 Cat No	50053T Schedule J		1 990)	2018	

Part III Officers,	Dire	ectors, Trustees, Key	s, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.									
ınstructions, on row (ii)	Do n	ot list any individuals that	t are not listed on Form 9	90, Part VII	ne organization on row (i) and from related organizations, described in the 90, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual							
(A) Name and Title		(B) Breakdown (i) Base compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990				
1 JEWEL D SCOTT EXECUTIVE DIRECTOR	(i)	298,045	20,000	16,000	64,074	12,622	410,741	0				
	(ii)	0	0	0	0	0	0	0				
2 MARC HILL PRESIDENT	(i)	131,731	25,000	25,000	12,539	27,084	221,354	0				
	(ii)	0	0	0	0	0	0	0				
3 JEROME LONERGAN ASSOCIATE DIRECTOR	(i)	164,949	17,500	2,400	13,196	3,450	201,495	0				
	(ii)	0	0	0	0	0	0	0				

chedule J (Form 990) 2018						
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					
PART I, LINE 4B	THE CIVIC COUNCIL CONTRIBUTED TO A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN IN 2018 ON BEHALF OF JEWEL SCOTT					

Schedule J (Form 990) 2018



990 Schedule O, Supplemental Information

Return

Reference

11010101100	
FORM 990,	THE CIVIC COUNCIL IS A MEMBERSHIP ORGANIZATION WHICH RELIES UPON ELIGIBILITY CRITERIA LIST
PART VI,	ED IN THE ORGANIZATIONAL BY-LAWS FOR MEMBERSHIP CONSIDERATION ELIGIBLE MEMBERS ARE CONSID
SECTION A,	ERED BY THE MEMBERSHIP COMMITTEE, WHICH SUBMITS RECOMMENDATIONS TO THE BOARD OF DIRECTORS
LINE 6	FOR A VOTE OF APPROVAL THE ORGANIZATION DOES NOT HAVE ANY STOCKHOLDERS

Explanation

Return Explanation
Reference

FORM 990, AT THE BOARD OF DIRECTORS MEETING PRIOR TO THE ANNUAL MEETING OF THE MEMBERS, THE NOMINATI
PART VI, NG COMMITTEE REPORTS ITS NOMINATIONS FOR OFFICERS AND DIRECTORS OF THE CIVIC COUNCIL THE
SECTION A, NOMINATING COMMITTEE REPORT, AS ADOPTED BY THE BOARD OF DIRECTORS, IS PRESENTED AND ELECTE
LINE 7A D BY A MAJORITY OF THE MEMBERS PRESENT AT THE ANNUAL MEETING

Return Explanation
Reference

FORM 990, THE BOARD OF DIRECTORS ANNUALLY SUBMITS A PROGRAM BUDGET TO THE MEMBERSHIP FOR APPROVAL PART VI, SECTION A, LINE 7B

Return Explanation
Reference

FORM 990, PART VI, R TO ITS FILING, WHICH IS THEN VOTED ON AND APPROVED AT THE MONTHLY MEETING PRECEDING THE SECTION B, FILING DEADLINE

Return Explanation
Reference

FORM 990,	TO ENSURE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY, MEMBERS OF THE BOARD OF DIRECTO
PART VI,	RS ARE ASKED TO COMPLETE AN ANNUAL SURVEY TO DISCLOSE ANY AND ALL CONFLICTS OF INTERESTS
SECTION B,	BOARD MEMBERS ARE ALSO ASKED TO INFORM THE ORGANIZATION IF ANY CONFLICTS OF INTEREST ARISE
LINE 12C	DURING THE YEAR

Return Explanation
Reference

FORM 990, PART VI, SECTION B, LINE 15

Return Explanation

FORM 990, PART VI, SECTION C, LINE 19