

Part III**Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

UNITED WAY OF GREATER KANSAS CITY ASSEMBLES THE BEST AVAILABLE RESOURCES TO PROVIDE THE FARTHEST-REACHING NETWORK OF SUPPORT FOR THOSE IN NEED IN OUR COMMUNITY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a	(Code)	(Expenses \$ 23,351,440	including grants of \$ 18,735,466	(Revenue \$ 0)
See Additional Data				

4b	(Code)	(Expenses \$ 986,081	including grants of \$ 0	(Revenue \$ 0)
See Additional Data				

4c	(Code)	(Expenses \$ 1,604,724	including grants of \$ 858,090	(Revenue \$ 0)
See Additional Data				

4d	Other program services (Describe in Schedule O)			
	(Expenses \$	including grants of \$	(Revenue \$)

4e	Total program service expenses ▶	25,942,245
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
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	
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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 48	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Yes	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	110			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a		No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a		No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b	Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
				8		
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b		
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		
15 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				15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

Part VI

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

Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?	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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
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?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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.		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: _____

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 ▶MICHELLE HOGERTY 801 WEST 47TH STREET SUITE 500 KANSAS CITY, MO 64112 (816) 559-4604

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

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

1

● 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

[illegible]

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								822,083	0	248,569

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 5**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BKD LLP, 1201 WALNUT STREET KANSAS CITY, MO 64105	accounting services	107,042

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

Part VIII Statement of Revenue

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

Contributions, Gifts, Grants
and Other Similar Amounts

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a	Federated campaigns . . .	1a				
b	Membership dues . . .	1b				
c	Fundraising events . . .	1c	640,495			
d	Related organizations	1d				
e	Government grants (contributions)	1e	375,570			
f	All other contributions, gifts, grants, and similar amounts not included above	1f	27,634,326			
g	Noncash contributions included in lines 1a - 1f \$ 172,645					
h Total.	Add lines 1a-1f ▶		28,650,391			

Program Service Revenue

2a		Business Code				
b						
c						
d						
e						
f	All other program service revenue		0			
9 Total.	Add lines 2a-2f ▶		0			

Other Revenue

3	Investment income (including dividends, interest, and other similar amounts) ▶		327,548			327,548
4	Income from investment of tax-exempt bond proceeds ▶		0			
5	Royalties ▶		0			
6a	Gross rents	(i) Real (ii) Personal				
b	Less rental expenses					
c	Rental income or (loss)	0 0				
d	Net rental income or (loss) ▶		0			
7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	2,331,356			
b	Less cost or other basis and sales expenses		2,152,815			
c	Gain or (loss)		178,541			
d	Net gain or (loss) ▶		178,541			178,541
8a	Gross income from fundraising events (not including \$ 640,495 of contributions reported on line 1c) See Part IV, line 18 a	85,500				
b	Less direct expenses b	261,629				
c	Net income or (loss) from fundraising events ▶		-176,129			-176,129
9a	Gross income from gaming activities See Part IV, line 19 a	0				
b	Less direct expenses b	0				
c	Net income or (loss) from gaming activities ▶		0			
10a	Gross sales of inventory, less returns and allowances a	0				
b	Less cost of goods sold b	0				
c	Net income or (loss) from sales of inventory ▶		0			
Miscellaneous Revenue		Business Code				
11a	Other Misc Income	900099	55,174			55,174
b						
c						
d	All other revenue					
e Total.	Add lines 11a-11d ▶		55,174			
12 Total revenue.	See Instructions ▶		29,035,525			385,134

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	19,593,556	19,593,556		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	629,688	254,288	188,907	186,493
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	3,810,437	1,967,411	736,371	1,106,655
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	854,621	379,256	204,761	270,604
9 Other employee benefits	634,148	313,573	124,711	195,864
10 Payroll taxes	318,332	163,062	60,064	95,206
11 Fees for services (non-employees)				
a Management	0			
b Legal	59,108	17,193	13,209	28,706
c Accounting	77,419	27,092	23,627	26,700
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees	22,224	7,777	6,782	7,665
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,501,401	1,211,450	127,654	162,297
12 Advertising and promotion	278,910	36,455		242,455
13 Office expenses	194,288	64,858	43,578	85,852
14 Information technology	365,856	133,525	78,336	153,995
15 Royalties	0			
16 Occupancy	527,841	222,994	142,581	162,266
17 Travel	119,020	58,290	20,482	40,248
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	190,076	112,677	7,913	69,486
20 Interest	2,599	1,018	611	970
21 Payments to affiliates	285,410	111,759	67,086	106,565
22 Depreciation, depletion, and amortization	179,478	70,280	42,185	67,013
23 Insurance	61,772	21,873	18,731	21,168
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 BAD DEBT EXPENSE	1,104,163	1,104,163	0	0
b Dues & Subscriptions	246,215	69,695	49,751	126,769
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	31,056,562	25,942,245	1,957,340	3,156,977
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		3,131,122	1	4,177,947	
	2	Savings and temporary cash investments		4,418,785	2	2,919,241	
	3	Pledges and grants receivable, net		11,331,758	3	11,119,256	
	4	Accounts receivable, net		207,016	4	472,273	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		0	6	0	
	7	Notes and loans receivable, net		0	7	400,000	
	8	Inventories for sale or use		0	8	0	
	9	Prepaid expenses and deferred charges		103,008	9	176,618	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	2,678,173			
	b	Less: accumulated depreciation	10b	1,750,909	910,999	10c	927,264
	11	Investments—publicly traded securities		9,735,433	11	9,567,350	
	12	Investments—other securities. See Part IV, line 11		0	12	0	
	13	Investments—program-related. See Part IV, line 11		400,000	13	0	
	14	Intangible assets		0	14	0	
	15	Other assets. See Part IV, line 11		527,301	15	586,778	
16	Total assets. Add lines 1 through 15 (must equal line 34)		30,765,422	16	30,346,727		
Liabilities	17	Accounts payable and accrued expenses		2,915,772	17	4,074,095	
	18	Grants payable		14,110,284	18	14,501,413	
	19	Deferred revenue		0	19	0	
	20	Tax-exempt bond liabilities		0	20	0	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties		166,004	23	141,592	
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		0	25	0	
	26	Total liabilities. Add lines 17 through 25		17,192,060	26	18,717,100	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		9,674,862	27	7,905,018	
	28	Temporarily restricted net assets		2,122,347	28	1,927,389	
	29	Permanently restricted net assets		1,776,153	29	1,797,220	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
33	Total net assets or fund balances		13,573,362	33	11,629,627		
34	Total liabilities and net assets/fund balances		30,765,422	34	30,346,727		

Part XI Reconciliation of Net AssetsCheck 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	29,035,525
2	Total expenses (must equal Part IX, column (A), line 25)	2	31,056,562
3	Revenue less expenses Subtract line 2 from line 1	3	-2,021,037
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,573,362
5	Net unrealized gains (losses) on investments	5	171,932
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	-94,630
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	11,629,627

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

Additional Data

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

Form 990 (2018)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

Form 990, Part III, Line 4b: <u>SEE SCHEDULE O</u>
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Form 990, Part III, Line 4c: <u>SEE SCHEDULE O</u>
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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CRAIG L ANDERSON TRUSTEE	1 0 0 0	X						0	0	0
DAVID A ANDERSON TRUSTEE	1 0 0 0	X						0	0	0
MOLLY BIWER TRUSTEE	1 0 0 0	X						0	0	0
SONCI BLECKINGER TRUSTEE	1 0 0 0	X						0	0	0
DOUG BOESSEN TRUSTEE	1 0 0 0	X						0	0	0
ROBERT BRATCHER TRUSTEE	1 0 0 0	X						0	0	0
RON COKER TRUSTEE	1 0 0 0	X						0	0	0
DOUG COWAN TRUSTEE	1 0 0 0	X						0	0	0
EVELYN CRAIG TRUSTEE	1 0 0 0	X						0	0	0
STACEY DANIELS-YOUNG TRUSTEE	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PATRICK DUKE DUJAKOVICH TRUSTEE/SECRETARY	1 0 0 0	X		X				0	0	0
STEVE EDWARDS TRUSTEE	1 0 0 0	X						0	0	0
PENNY POSTOAK FERGUSON TRUSTEE	1 0 0 0	X						0	0	0
SPENCER FIELDS TRUSTEE	1 0 0 0	X						0	0	0
ESTHER GEORGE TRUSTEE	1 0 0 0	X						0	0	0
MARIA JENKS TRUSTEE	1 0 0 0	X						0	0	0
RAY KOWALIK TRUSTEE	1 0 0 0	X						0	0	0
DEREK LOCKE TRUSTEE	1 0 0 0	X						0	0	0
KEVIN LOCKETT TRUSTEE/TREASURER	1 0 0 0	X		X				0	0	0
MARSHALL LOCKTON TRUSTEE	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ALISE MARTINY TRUSTEE	1 0 0 0	X						0	0	0
JOHN MURPHY TRUSTEE	1 0 0 0	X						0	0	0
DEAN NEWTON TRUSTEE	1 0 0 0	X						0	0	0
TODD PLEIMANN TRUSTEE	1 0 0 0	X						0	0	0
JULIE QUIRIN TRUSTEE/VICE CHAIR	1 0 0 0	X						0	0	0
LAURIE ROBERTS TRUSTEE	1 0 0 0	X						0	0	0
CICI ROJAS TRUSTEE	1 0 0 0	X						0	0	0
ROB SMITH TRUSTEE	1 0 0 0	X						0	0	0
WILL SOUDER TRUSTEE	1 0 0 0	X						0	0	0
BRENT STEWART TRUSTEE/CEO	50 0 0 0	X		X				290,689	0	63,107

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

United Way of Greater Kansas City Inc

Employer identification number

44-0545812

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	34,954,087	33,673,577	31,292,611	26,301,159	28,650,391	154,871,825
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	34,954,087	33,673,577	31,292,611	26,301,159	28,650,391	154,871,825
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)						1,020,512
6	Public support. Subtract line 5 from line 4						153,851,313

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4	34,954,087	33,673,577	31,292,611	26,301,159	28,650,391	154,871,825
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	224,875	237,461	262,964	284,671	327,548	1,337,519
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	22,189	9,599	55,174	86,962
11	Total support. Add lines 7 through 10						156,296,306
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14 98.436 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15 97.522 %
16a	33 1/3% support test—2018. 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 ▶ <input checked="" type="checkbox"/>	
b	33 1/3% support test—2017. 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 ▶ <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	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))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
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 Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
<div><div>1</div><div><input type="checkbox"/></div><div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div></div>			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><div><input type="checkbox"/></div><div>Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).</div></div>		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

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

Part VI

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

Facts And Circumstances Test

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

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

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

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

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

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

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

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	▶ \$
3	Volunteer hours for political campaign activities (see instructions)	

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		1,581
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			1,581
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493073004120

SCHEDULE D

(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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

United Way of Greater Kansas City Inc

Employer identification number

44-0545812

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

(a) Donor advised funds

(b) Funds and other accounts

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

Yes

No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Yes

No

Part II

Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐

Preservation of land for public use (e g , recreation or education)

☐

Protection of natural habitat

☐

Preservation of open space

☐

Preservation of an historically important land area

☐

Preservation of a certified historic structure

2

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

2a

Total number of conservation easements

2b

Total acreage restricted by conservation easements

2c

Number of conservation easements on a certified historic structure included in (a)

2d

Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

Held at the End of the Year

3

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

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes

No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes

No

9

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

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

1b

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

► \$

2

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

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2018

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☒ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☒ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back	
1a	Beginning of year balance	10,477,067	9,850,148	9,069,634	9,116,178	7,047,355
b	Contributions	751,615				1,587,537
c	Net investment earnings, gains, and losses	581,946	648,731	800,075	-28,159	499,532
d	Grants or scholarships					
e	Other expenditures for facilities and programs	2,337,537				
f	Administrative expenses	22,224	21,812	19,561	18,385	18,246
g	End of year balance	9,450,867	10,477,067	9,850,148	9,069,634	9,116,178

2

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

a

Board designated or quasi-endowment

79 860 %

b

Permanent endowment

10 580 %

c

Temporarily restricted endowment

9 560 %

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

3a

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

(i)

unrelated organizations

3a(i)

Yes

No

(ii)

related organizations

3a(ii)

No

3b

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land			
b	Buildings	459,710	179,341	280,369
c	Leasehold improvements			
d	Equipment	2,027,447	1,571,568	455,879
e	Other	191,016		191,016
Total.	Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))			927,264

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (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, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶		

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	22,656,540
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	171,932
b	Donated services and use of facilities	2b	193,863
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	283,825
e	Add lines 2a through 2d	2e	649,620
3	Subtract line 2e from line 1	3	22,006,920
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	22,224
b	Other (Describe in Part XIII)	4b	7,006,381
c	Add lines 4a and 4b	4c	7,028,605
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	29,035,525

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

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

1	Total expenses and losses per audited financial statements	1	24,483,451
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	193,863
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	261,631
e	Add lines 2a through 2d	2e	455,494
3	Subtract line 2e from line 1	3	24,027,957
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	22,224
b	Other (Describe in Part XIII)	4b	7,006,381
c	Add lines 4a and 4b	4c	7,028,605
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	31,056,562

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	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	THE ENDOWMENT FUNDS ARE UTILIZED TO PROVIDE ADDITIONAL SUPPORT FOR PROGRAMS THAT DO NOT HAVE A SPECIFIC SOURCE OF FUNDING

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740 BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART XI, LINE 2D	Fundraising Expenses \$261,631 Change in Trust \$ 22,194 ----- \$283,825

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART XI, LINE 4B	CONTRIBUTIONS HELD ON BEHALF OF OTHERS \$5,902,218 BAD DEBT EXPENSE \$1,104,163 ----- \$7,006,381

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART XII, LINE 2D	Fundraising Expenses \$261,631

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART XII, LINE 4B	CONTRIBUTIONS HELD ON BEHALF OF OTHERS \$5,902,218 BAD DEBT EXPENSE \$1,104,163 ----- \$7,006,381

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d)
		CENTENNIAL (event type)	(event type)	0 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	725,995			725,995
	2 Less Contributions	640,495			640,495
	3 Gross income (line 1 minus line 2)	85,500			85,500
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	113,908			113,908
	7 Food and beverages	76,986			76,986
	8 Entertainment	58,517			58,517
	9 Other direct expenses	12,218			12,218
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				261,629
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-176,129

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
13 Indicate the percentage of gaming activity conducted in					
a The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;">13a</td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;">13b</td><td style="text-align: center;">%</td></tr></table>	13a	%	13b	%
13a	%				
13b	%				
b An outside facility					

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference

Explanation

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
United Way of Greater Kansas City Inc

Employer identification number

44-0545812

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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 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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 247

3 Enter total number of other organizations listed in the line 1 table 0

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	(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)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	UNITED WAY OF GREATER KANSAS CITY CONDUCTS AN ANNUAL REVIEW OF GRANTEE PROGRAMS AND AGENCIES. THIS REVIEW INCLUDES THE SUBMISSION OF REPORTS THAT INCLUDE YEAR-END UNITS OF SERVICE, PROGRAM OUTCOMES AND FINANCIAL DATA. IN ADDITION, UWGKC'S FUNDING AGREEMENT WITH EACH RECIPIENT AGENCY REQUIRES COMPLIANCE WITH 28 STANDARDS OF ACCOUNTABILITY. WHEN AGENCIES FIRST SEEK UWGKC FUNDING, THEY MUST DEMONSTRATE COMPLIANCE WITH THE STANDARDS BY COMPLETING A SELF-ASSESSMENT QUESTIONNAIRE AND PARTICIPATE IN AN ON-SITE INTERVIEW WITH UNITED WAY REPRESENTATIVES. CERTIFICATION AND COMMUNITY IMPACT BOARD COMMITTEES HAVE RESPONSIBILITY FOR OVERSIGHT OF THIS PROCESS. WHEN SIGNIFICANT PROBLEMS OR CONCERNS ARE IDENTIFIED, A MECHANISM IS IN PLACE FOR ADDITIONAL MEETINGS AND/OR REPORTING, AS NEEDED, TO MONITOR THE VIABILITY OF FUNDED PROGRAMS AND ORGANIZATIONS.

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Ability KC 3011 Baltimore Ave Kansas City, MO 64108	44-0552045	501(C)(3)	205,459				Program Funding
AdHoc Group Against Crime 2701 E 31st St Kansas City, MO 64128	30-0455147	501(C)(3)	7,119				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Advice & Aid Pregnancy Center 4601 W 109th St Ste 302 Leawood, KS 66211	48-1055953	501(C)(3)	8,106				Donor Designation Funding
All About Autism 13725 Metcalf Ave Suite 301 Overland Park, KS 66223	47-2746003	501(C)(3)	19,718				Donor Designation Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Alphapointe 7501 Prospect Ave Kansas City, MO 64132	44-0552486	501(C)(3)	35,875				Program Funding
Alzheimer's Association Heart of America Chapter 3846 W 75th St Prairie Village, KS 66208	48-0934474	501(C)(3)	7,936				Donor Designation Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Cancer Society - Kansas City 1100 Pennsylvania Ave Kansas City, MO 64105	13-1788491	501(C)(3)	139,892				Program Funding
American Heart Association Greater Kansas City Di 6800 W 93rd St Overland Park, KS 66212	13-5613797	501(C)(3)	29,166				Donor Designation Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Red Cross Greater Kansas City Chapter #25 6601 Winchester Ave 110 Kansas City, MO 64133	53-0196605	501(C)(3)	455,621				Program Funding
American Stroke Foundation 6405 Metcalf Ave Ste214 Overland Park, KS 66202	74-2804603	501(C)(3)	48,665				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
America's Best Charities 1100 Larkspur Landing Circle Suite Larkspur, CA 94939	94-3067804	501(C)(3)	63,891				Donor Designation Funding
America's Charities 14150 Newbrook Dr Ste 110 Chantilly, VA 20151	54-1517707	501(C)(3)	22,340				Donor Designation Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Amethyst Place 2735 Troost Ave Kansas City, MO 64109	43-1887442	501(C)(3)	28,388				Program Funding
Angel Flight Central Inc 10 NW Richards Road Kansas City, MO 64116	43-1699607	501(C)(3)	11,346				Donor Designation Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Avenue of Life 500 N 7th St Tfwy Kansas City, KS 66101	46-2526799	501(C)(3)	5,953				Donor Designation Funding
Band of Angels Corp 11890 W 135th St Overland Park, KS 66221	46-1617742	501(C)(3)	7,212				Donor Designation Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Belton School District #124 110 W Walnut Belton, MO 64012	44-6001808	501(C)(3)	11,500				Program Funding
Benilde Hall 3220 E 23rd St Kansas City, MO 64127	43-1795790	501(C)(3)	23,688				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Big Brothers Big Sisters of Greater Kansas City 1709 Walnut St Kansas City, MO 64108	43-6068464	501(C)(3)	223,322				Program Funding
Bishop Sullivan Center 6435 Truman Rd Kansas City, MO 64126	43-0993672	501(C)(3)	14,429				Donor Designation Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Blue Springs R-IV Schools 1801 NW Vesper Blue Springs, MO 64015	44-6004932	501(C)(3)	14,000				Program Funding
Boy Scouts of America Heart of America Council 10210 Holmes Rd Kansas City, MO 64131	44-0545995	501(C)(3)	385,297				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Boys & Girls Club of Olathe 520 S Harrison Olathe, KS 66061	43-6072065	501(C)(3)	14,862				Donor Designation Funding
Boys & Girls Clubs of Greater Kansas City 4001 Blue Pkwy Ste 102 Kansas City, MO 64131	43-6072065	501(C)(3)	584,828				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Bradens Hope for Childhood Cancer 15954 Murlen 124 Olathe, KS 66062	27-3519273	501(C)(3)	43,922				Donor Designation Funding
Brain Injury Association Of Kansas and Greater Kan 6701 W 64th Suite 120 Overland Park, KS 66202	48-0941609	501(C)(3)	8,898				Donor Designation Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Bright Futures Fund PO Box 419037 Kansas City, MO 64141	53-0196617	501(C)(3)	5,137				Donor Designation Funding
Budget & Financial Management Assistance 218 Delaware Suite 301 Kansas City, MO 64105	43-1747260	501(C)(3)	20,275				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Camp Fire Heartland Operations 1801 Main St Ste 200 Kansas City, MO 64108	13-1623921	501(C)(3)	71,186				Program Funding
Cancer Action 10520 Barkley St Suite 100 Overland Park, KS 66212	48-0650257	501(C)(3)	64,457				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CASA of Johnson and Wyandotte Counties 6950 Squibb Rd Ste 300 Mission, KS 66202	48-1088233	501(C)(3)	57,084				Program Funding
Cass County Council on Aging PO Box 133 Harrisonville, MO 64701	43-1188021	501(C)(3)	12,309				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cass County Dental Clinic 2316 E Meyer Blvd Kansas City, MO 64132	43-1349495	501(C)(3)	20,475				Program Funding
Catholic Charities - Archdiocese of Galveston-Hous 2900 Louisiana St Houston, TX 77006	74-1109733	501(C)(3)	6,442				Donor Designation Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Catholic Charities of Kansas City - St Joseph 4001 Blue Parkway Suite 250 Kansas City, MO 64130	43-0887779	501(C)(3)	322,920				Program Funding
Catholic Charities of Northeast Kansas 9720 W 87th St Overland Park, KS 66212	48-1181305	501(C)(3)	412,448				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center for Conflict Resolution 6285 Paseo Blvd Kansas City, MO 64110	43-1890891	501(C)(3)	38,863				Program Funding
Center for Practical Bioethics 1111 Main St Suite 500 Kansas City, MO 64105	48-0985815	501(C)(3)	16,264				Donor Designation Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center School District #58 8701 Holmes Rd Kansas City, MO 64131	44-6002102	501(C)(3)	7,000				Program Funding
Central Texas Dachshund Resuce 7544 FM 1960 Road East 71 Humble, TX 77346	04-3733491	501(C)(3)	7,000				Donor Designation Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Child Abuse Prevention Association 503 E 23rd St Independence, MO 64055	43-1067711	501(C)(3)	147,817				Program Funding
Child Protection Center 3101 Broadway Suite 750 Kansas City, MO 64111	20-4535728	501(C)(3)	23,739				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Children's Center for the Visually Impaired 3101 Main St Kansas City, MO 64111	44-0574397	501(C)(3)	110,862				Program Funding
Children's Mercy Hospitals and Clinics 2401 Gillham Rd Kansas City, MO 64108	44-0605373	501(C)(3)	710,882				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Children's Therapeutic Learning Center aka - Ch 3101 Main St Kansas City, MO 64111	44-0616374	501(C)(3)	7,266				Donor Designation Funding
City Union Mission 1100 E 11th Street Kansas City, MO 64106	44-6005481	501(C)(3)	28,158				Donor Designation Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
City Year Kansas City 415 Delaware St 3rd Floor Kansas City, MO 64105	22-2882549	501(C)(3)	33,113				Donor Designation Funding
Clay County Clothes Closet 3939 N Cleveland Kansas City, MO 64117	43-6057988	501(C)(3)	7,927				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Community Action Agency of Greater Kansas City 6323 Manchester Ave Kansas City, MO 64133	43-1197168	501(C)(3)	37,895				Program Funding
Community Health Charities PO Box 75153 Baltimore, MD 21275	13-6167225	501(C)(3)	331,834				Donor Designation Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Community LINC 4012-14 Troost Ave Kansas City, MO 64110	43-1506591	501(C)(3)	47,447				Program Funding
Community Living Opportunities P O Box 14395 Lenexa, KS 66285	48-0896520	501(C)(3)	7,981				Donor Designation Funding

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Community Services League 404 N Noland Rd Independence, MO 64050	43-0976396	501(C)(3)	224,689				Program Funding
Comprehensive Mental Health Services 17844 E 23rd St Independence, MO 64057	43-0949079	501(C)(3)	44,858				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Connecting for Good 3210 Michigan Ave Kansas City, MO 64109	45-3684984	501(C)(3)	75,000				Program Funding
Cornerstones of Care 300 E 36th St Kansas City, MO 64111	43-1689138	501(C)(3)	491,070				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Crittenton Children's Center 10918 Elm Ave Kansas City, MO 64134	44-0545808	501(C)(3)	122,688				Program Funding
Cross - Lines Community Outreach 736 Shawnee Ave Kansas City, KS 66105	48-0697177	501(C)(3)	5,590				Donor Designation Funding

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Cultivate Kansas City 300 E 39th St Kansas City, MO 64111	20-2365320	501(C)(3)	21,059				Program Funding
DeLaSalle Education Center 3737 Troost Kansas City, MO 64109	43-0971728	501(C)(3)	80,830				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Della Lamb Community Services 500 Woodland Ave Kansas City, MO 64106	44-0549931	501(C)(3)	258,357				Program Funding
Don Bosco Community Centers 580 Cambell St Kansas City, MO 64106	44-0558260	501(C)(3)	49,838				Program Funding

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Drumm Center for Children 3210 Lees Summit Rd Independence, MO 64055	44-0569643	501(C)(3)	22,289				Program Funding
Easter Seals Midwest 13545 Barrett Parkway Drive Ballwin, MO 63021	43-0979927	501(C)(3)	60,526				Program Funding

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El Centro 650 Minnesota Ave Kansas City, KS 66101	36-2904073	501(C)(3)	39,130				Program Funding
Empower Missouri 308 E High St Ste 100 Jefferson City, MO 65101	44-0547548	501(C)(3)	25,015				Program Funding

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Epilepsy Foundation of Missouri and Kansas 6400 Prospect Suite 300B Kansas City, MO 64132	43-6048869	501(C)(3)	26,155				Program Funding
Episcopal Community Services 11 E 40th Street Kansas City, MO 64111	43-1525298	501(C)(3)	45,000				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
First Call AlcoholDrug Prevention & Recovery 9091 Stateline Road Kansas City, MO 64114	44-0641486	501(C)(3)	98,803				Program Funding
Fort Osage R-1 School District 2101 North Twyman Road Independence, MO 64058	44-6004930	501(C)(3)	11,000				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Foster Adopt Connect Inc 18600 E 37th Terr South Suite 101 Independence, MO 64057	43-1895965	501(C)(3)	29,014				Program Funding
Front Porch Alliance 3210 Michigan Ave Kansas City, MO 64109	43-1874501	501(C)(3)	16,632				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Full Employment Council 1740 The Paseo Blvd Kansas City, MO 64108	43-1377197	501(C)(3)	52,564				Program Funding
Genesis School 3800 E 44th St Kansas City, MO 64130	43-1196717	501(C)(3)	47,346				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Girl Scouts of NE Kansas & NW Missouri 8383 Blue Pkwy Kansas City, MO 64133	43-0892926	501(C)(3)	237,384				Program Funding
Girls on the Run of Greater Kansas City 211 W 18th St Kansas City, MO 64108	20-8508128	501(C)(3)	7,343				Donor Designation Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Good Samaritan Center of Excelsior Springs 108 S Thompson Ave Excelsior Springs, MO 64024	43-1526962	501(C)(3)	19,044				Program Funding
Grace United Community Ministries 801 Benton Blvd Kansas City, MO 64124	66-0645519	501(C)(3)	86,036				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Grandview Assistance Program 1121 Main St Grandview, MO 64030	43-1607813	501(C)(3)	49,665				Program Funding
Grandview School District #4 13015 10th Street Grandview, MO 64030	44-6002754	501(C)(3)	10,000				Program Funding

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Greater Kansas City Housing Information Center 3200 Wayne Ave Kansas City, MO 64109	43-1427341	501(C)(3)	20,388				Program Funding
Greater Kansas City LISC 600 Broadway Suite 280 Kansas City, MO 64105	13-3030229	501(C)(3)	337,500				Program Funding

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Greater Kansas City Sports Foundation - for WIN fo 2600 Grand Blvd Suite 100 Kansas City, MO 64108	43-1530518	501(C)(3)	14,205				Donor Designation Funding
Green Works in Kansas City 4334 McGee St Kansas City, MO 64111	32-0195433	501(C)(3)	22,243				Program Funding

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Growing Futures Early Education Center 8155 Sante Fe Dr Overland Park, KS 66204	48-0723044	501(C)(3)	131,871				Program Funding
Guadalupe Centers Inc 1015 Avenida Cesar E Chavez Kansas City, MO 64108	44-0610781	501(C)(3)	279,458				Program Funding

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Habitat for Humanity Inc 1423 E Linwood Blvd Kansas City, MO 64109	43-1175749	501(C)(3)	5,410				Donor Designation Funding
HappyBottoms 303 W 79th St Kansas City, MO 64114	27-2423540	501(C)(3)	6,650				Donor Designation Funding PROGRAM FUNDING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Harrisonville Ministerial Alliance PO Box 262 1405 S Commercial Harrisonville, MO 64701	43-1800881	501(C)(3)	13,702				Program Funding
Harvesters 3801 Topping Ave Kansas City, MO 64129	43-1208665	501(C)(3)	250,938				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Head for the Cure 1607 Oak St Kansas City, MO 64108	20-8345719	501(C)(3)	7,533				Donor Designation Funding
Health Partnership Clinic of Johnson County 407 S Clairborne Rd Suite 104 Olathe, KS 66062	48-1115529	501(C)(3)	67,666				Program Funding

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Hickman Mills C-1 School District 5401 E 103rd St Kansas City, MO 64137	44-6002906	501(C)(3)	6,500				Program Funding
High Aspirations 6320 Brookside Plaza Suite 263 Kansas City, MO 64113	81-0673432	501(C)(3)	18,178				Program Funding

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Hillcrest Covenant Church 8801 Nall Ave Prairie Village, KS 66207	48-0683612	501(C)(3)	16,072				Donor Designation Funding
Hispanic Economic Development Corporation 2130 Jefferson St Kansas City, MO 64108	43-1654693	501(C)(3)	20,029				Program Funding

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Holy Family School of Faith Institute 13240 Craig St Overland Park, KS 66213	20-3126204	501(C)(3)	19,250				Donor Designation Funding
Hope Faith Ministries 705 Virginia Ave Kansas City, MO 64106	02-0727462	501(C)(3)	10,444				Donor Designation Funding

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Hope Haven of Cass County 200 N Oakland Harrisonville, MO 64701	43-1596092	501(C)(3)	20,075				Program Funding
Hope House 9908 E Winner Rd Independence, MO 64052	43-1265685	501(C)(3)	177,162				Program Funding

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HOPEwrx - Hillside Opening Possibilities for Ever 900 NE Vivion Rd Kansas City, MO 64118	26-4706755	501(C)(3)	11,162				Program Funding
In the Name of Grace 118 N Conistor Ln Suite B Liberty, MO 64068	81-3596043	501(C)(3)	14,354				Donor Designation Funding

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Independence Meals on Wheels 409 N Liberty St Independence, MO 64050	43-1083396	501(C)(3)	22,989				Program Funding
Independence School District 201 N Forest Ave Independence, MO 64050	44-6003031	501(C)(3)	6,500				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Ivanhoe Neighborhood Council 3700 Woodland Ave Kansas City, MO 64109	43-1843831	501(C)(3)	24,130				Program Funding
Jackson County CASA 2544 Holmes Street Kansas City, MO 64108	43-1401328	501(C)(3)	64,476				Program Funding

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Jewish Community Center of Greater Kansas City 5801 W 115th St Suite 101 Overland Park, KS 66211	44-0545992	501(C)(3)	103,926				Program Funding
Jewish Community Foundation - Speak Up 5801 W 115 St Ste 104 Overland Park, KS 66211	43-6049281	501(C)(3)	6,993				Donor Designation Funding

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Jewish Family Services 5801 W 115th St Suite 103 Leawood, KS 66211	44-0545829	501(C)(3)	268,105				Program Funding
Jewish Vocational Service 4600 Paseo Kansas City, MO 64110	44-0545994	501(C)(3)	75,361				Program Funding

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Johnson County Christmas Bureau PO Box 14786 Lenexa, KS 66285	48-0884400	501(C)(3)	13,750				Program Funding
Johnson County Interfaith Hospitality Network 6315 W 110th St Overland Park, KS 66211	20-0118693	501(C)(3)	15,254				Program Funding

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Joshua Child & Family Development Center 400 E Bannister Suite A Kansas City, MO 64131	43-1782066	501(C)(3)	7,419				Donor Designation Funding
Junior Achievement of Greater Kansas City 4011 Blue Parkway Kansas City, MO 64130	44-0604809	501(C)(3)	29,424				Donor Designation Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Juvenile Diabetes Research Foundation 215 W Pershing Rd Ste 300 Kansas City, MO 64108	23-1907729	501(C)(3)	16,170				Donor Designation Funding
Kanbe's Markets 4747 Troost Ave Ste 207 Kansas City, MO 64110	81-1505292	501(C)(3)	8,300				Program Funding

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Kansas Children's Service League 6025 Metcalf Lane Suite 300 Overland Park, KS 66202	48-0543749	501(C)(3)	47,544				Program Funding
Kansas City CARE Clinic 3515 Broadway Kansas City, MO 64111	43-0967292	501(C)(3)	25,000				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Kansas City Community Gardens 6917 Kensington Ave Kansas City, MO 64132	43-1356677	501(C)(3)	54,272				Program Funding
Kansas City Fire Historical Society PO Box 11042 Kansas City, MO 64119	43-1502787	501(C)(3)	6,756				Donor Designation Funding

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Kansas City Friends of Alvin Ailey 1714 East 18th St Kansas City, MO 64108	43-1412078	501(C)(3)	11,447				Donor Designation Funding
Kansas City Hospice 1500 Meadow Lake Parkway 2nd Floor Kansas City, MO 64114	43-1209344	501(C)(3)	5,310				Donor Designation Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Kansas City Public Library 14 West 10th Street Kansas City, MO 64105	43-1497955	501(C)(3)	7,881				Program Funding
Kansas City Repertory Theatre 4949 Cherry Kansas City, MO 64110	43-1168979	501(C)(3)	11,416				Donor Designation Funding

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Kansas City Rescue Mission 1520 Cherry Street Kansas City, MO 64108	43-1287029	501(C)(3)	15,730				Donor Designation Funding
Kansas Legal Services 400 State Ave Suite 1015 Kansas City, KS 66101	48-0872528	501(C)(3)	20,695				Program Funding

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Kansas University Endowment Assn for Cancer Nurse 3901 Rainbow Blvd - MS 3012 Kansas City, KS 66160	48-0547734	501(C)(3)	5,137				Donor Designation Funding
KC CARE Health Center 3515 Broadway Kansas City, MO 64111	43-0967292	501(C)(3)	154,131				Program Funding

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KCPT-Public Television Channel 19 125 E 31st St Kansas City, MO 64108	23-7114952	501(C)(3)	9,954				Donor Designation Funding
KidsTLC aka - TLC For Children and Famlies 480 S Rogers Rd Olathe, KS 66062	48-0774593	501(C)(3)	169,017				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KVC Health Systems 21350 W 153rd St Olathe, KS 66061	48-0770308	501(C)(3)	94,015				Program Funding
Lakemary Center Inc 100 Lake Mary Drive Paola, KS 66071	48-0732570	501(C)(3)	7,500				Donor Designation Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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LEARN Science and Math Club 11810 E 63rd Terr Kansas City, MO 64133	26-1217263	501(C)(3)	5,317				Program Funding
Lee's Summit CARES 1555 NE Rice Rd Lees Summit, MO 64086	43-1301288	501(C)(3)	13,914				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Lee's Summit Christian Church 800 NE Tudor Rd Lees Summit, MO 64086	44-0642460	501(C)(3)	8,750				Donor Designation Funding
Lee's Summit Social Services 108 SE 4th St Lees Summit, MO 64063	43-1604974	501(C)(3)	69,580				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Legal Aid of Western Missouri 4001 Blue Pkwy Ste 300 Kansas City, MO 64130	43-0824638	501(C)(3)	208,439				Program Funding
LevelUp Kids Inc 5416 NE Antioch Road Kansas City, MO 64119	20-3664224	501(C)(3)	21,850				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Life Unlimited Inc 320 Armour Road Ste 101 North Kansas City, MO 64116	43-1237483	501(C)(3)	21,948				Program Funding
Literacy Kansas City 3036 Troost Avenue Kansas City, MO 64109	43-1435729	501(C)(3)	71,460				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Living Word Lutheran Church 400 NW Vesper St Blue Springs, MO 64014	27-0579844	501(C)(3)	5,088				Donor Designation Funding
Loaves and Fishes Community Pantry 1871 High Grove Ln Naperville, IL 60540	36-3786777	501(C)(3)	6,688				Donor Designation Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Local 42 Community Assistance 6320 Manchester Ave Ste 42 Kansas City, MO 64133	43-1655412	501(C)(3)	27,036				Donor Designation Funding
MARC c/o 801 West 47th Street Kansas City, MO 64112	43-0976432	501(C)(3)	20,000				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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March of Dimes - Greater Kansas City Division PO Box 673667 Marietta, GA 30006	13-1846366	501(C)(3)	12,538				Donor Designation Funding
Mattie Rhodes Center 148 N Topping Ave Kansas City, MO 64123	44-0546343	501(C)(3)	243,057				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MCC Foundation 3200 Broadway St Kansas City, MO 64111	51-0181875	501(C)(3)	6,388				Donor Designation Funding
Mental Health America of the Heartland 739 Minnesota Ave Kansas City, KS 66101	48-1185409	501(C)(3)	58,401				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Metro Lutheran Ministry 3031 Holmes St Kansas City, MO 64109	43-0970991	501(C)(3)	190,168				Program Funding
Mid America Assistance Coalition One W Armour Blvd Suite 301 Kansas City, MO 64111	43-1186173	501(C)(3)	41,177				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Mid-America Regional Council Metropolitan Council 600 Broadway Suite 300 Kansas City, MO 64105	20-1824454	501(C)(3)	42,750				Program Funding
MINDDRIVE 2615 Holmes Rd Kansas City, MO 64108	27-3644498	501(C)(3)	23,414				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Mission Southside Inc 18335 W 168th Terr Olathe, KS 66062	27-3655778	501(C)(3)	9,049				Donor Designation Funding
Missouri Environmental Fund PO Box 11226 Saint Louis, MO 63105	43-1679971	501(C)(3)	17,066				Donor Designation Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MOCSA - Metropolitan Organization to Counter Sexua 3100 Broadway Suite 400 Kansas City, MO 64111	43-1061620	501(C)(3)	168,103				Program Funding
Morse Covenant Church 15431 Quivira Rd Overland Park, KS 66221	20-1524569	501(C)(3)	5,250				Donor Designation Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Mother's Refuge 14400 E 42nd St South Suite 220 Independence, MO 64055	43-1454628	501(C)(3)	22,056				Program Funding
Myasthenia Gravis Association 2340 E Meyer Blvd Ste 300A Kansas City, MO 64132	43-1699850	501(C)(3)	25,939				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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New Horizon Ranch Inc 1526 Vermont Rd Rantoul, KS 66079	37-1529096	501(C)(3)	15,102				Donor Designation Funding
Newhouse PO Box 240019 Kansas City, MO 64124	43-0962293	501(C)(3)	45,057				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Niles Home For Children 1911 E 23rd St Kansas City, MO 64127	44-0565392	501(C)(3)	6,934				Donor Designation Funding
Nonprofit Connect 125 E 31st St Suite 100 Kansas City, MO 64108	43-1121678	501(C)(3)	22,219				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Northeast Community Center 544 Wabash Kansas City, MO 64124	44-0546275	501(C)(3)	30,035				Program Funding
Northland Early Education Center 8630 N Oak Trafficway Kansas City, MO 64155	43-1217498	501(C)(3)	22,209				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Northland Health Care Access PO Box 14414 Parkville, MO 64152	43-1578121	501(C)(3)	26,358				Program Funding
Northland Neighborhoods Inc 4420 N Chouteau Trfy Kansas City, MO 64117	43-1746357	501(C)(3)	26,632				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Northland Shepherd's Center 5601 NE Antioch Rd Gladstone, MO 64119	43-1567162	501(C)(3)	26,328				Program Funding
Northwest Communities Development Corporation 217 S Cedar Independence, MO 64053	43-1822719	501(C)(3)	20,014				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Nuture KC 1111 W 39th St Suite 100 Kansas City, MO 64111	43-1897000	501(C)(3)	41,590				Program Funding
Olathe Health Charitable Foundation - Cancer Cente 20333 W 151st St Olathe, KS 66061	48-1136010	501(C)(3)	14,862				Donor Designation Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Open Options Inc 3100 Broadway Suite 330 Kansas City, MO 64111	43-1143622	501(C)(3)	24,261				Program Funding
Operation Breakthrough 3039 Troost Ave Kansas City, MO 64109	43-0971560	501(C)(3)	270,427				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Outpacing Melanoma Foundation 11939 Noland St Overland Park, KS 66213	45-3704195	501(C)(3)	5,533				Donor Designation Funding
Parents as Teachers - Kansas City Kansas School Sy 2010 N 59th St Kansas City, KS 66104	48-6031181	501(C)(3)	56,624				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Parents as Teachers - Turner School System 800 South 55th Street Kansas City, KS 66106	48-0679018	501(C)(3)	30,888				Program Funding
Phoenix Family 3908 Washington St Kansas City, MO 64111	68-0101133	501(C)(3)	28,841				Program Funding

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Planned Parenthood Great Plains 4401 W 109th St Ste 200 Overland Park, KS 66211	44-0565390	501(C)(3)	7,406				Donor Designation Funding
Platte Senior Services 11724 NW Plaza Cir Suite 700 Kansas City, MO 64153	43-1255220	501(C)(3)	24,080				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PREP-KC - Partnership for Regional Educational Pre 2300 Main Street Ste 340 Kansas City, MO 64108	26-0524230	501(C)(3)	49,419				Program Funding
Rachel House Pregnancy Resources Center 1260 NE Windsor Dr Lees Summit, MO 64086	43-1808105	501(C)(3)	5,056				Donor Designation Funding

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Rainbow Center 900 NW Woods Chapel Rd Blue Springs, MO 64015	48-0861861	501(C)(3)	25,147				Program Funding
Raytown Emergency Assistance Program 9300 E 75th St Raytown, MO 64138	43-1294275	501(C)(3)	41,777				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Raytown Quality Schools 6608 Raytown Road Raytown, MO 64133	44-6004129	501(C)(3)	11,000				Program Funding
Reconciliation Services 3101 Troost Avenue Kansas City, MO 64109	36-4580402	501(C)(3)	43,832				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Redeemer Fellowship 3921 Baltimore Ave Kansas City, MO 64111	44-0556854	501(C)(3)	9,875				Donor Designation Funding
Redemptorist Social Services Center 207 W Linwood Blvd Kansas City, MO 64111	26-0054325	501(C)(3)	41,703				Program Funding

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ReDiscover 1555 NE Rice Rd Lees Summit, MO 64086	23-7169417	501(C)(3)	48,792				Program Funding
reStart 918 E 9th St Kansas City, MO 64106	43-1349378	501(C)(3)	113,469				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Ronald McDonald House Charities KC 2502 Cherry Kansas City, MO 64108	43-1190760	501(C)(3)	12,232				Donor Designation Funding
Rose Brooks Center PO Box 320599 Kansas City, MO 64132	51-0231573	501(C)(3)	224,842				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SAFEHOME PO Box 4563 Overland Park, KS 66204	48-0917798	501(C)(3)	124,753				Program Funding
Salvation Army - Olathe Corps 420 E Santa Fe Olathe, KS 66061	44-0545998	501(C)(3)	21,250				Donor Designation Funding

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Salvation Army Harbor Light Village 6723 State Ave Kansas City, KS 66102	44-0545998	501(C)(3)	5,433				Donor Designation Funding
Samuel U Rodgers Health Center 825 Euclid Ave Kansas City, MO 64124	43-0899356	501(C)(3)	153,528				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SAVE Inc 3000 Harrison Kansas City, MO 64109	43-1465268	501(C)(3)	23,429				Program Funding
Shawnee Mission Education Foundation 8200 W 71st St Overland Park, KS 66204	74-2823938	501(C)(3)	7,401				Donor Designation Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Sheffield Place 6604 E 12th St Kansas City, MO 64126	43-1532267	501(C)(3)	24,530				Program Funding
Shepherd's Center of Kansas City Central PO Box 32844 Kansas City, MO 64171	43-0994417	501(C)(3)	21,471				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Shepherd's Center of Raytown 5110 Westridge Circle 42 Raytown, MO 64133	43-1531153	501(C)(3)	20,855				Program Funding
Sherwood Autism Center 8030 Ward Parkway Plaza Kansas City, MO 64114	23-7413671	501(C)(3)	64,219				Program Funding

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Skills to Succeed 413 E Santa Fe Olathe, KS 66061	48-1105609	501(C)(3)	7,749				Program Funding
Social Impact Technology and Engineering 4825 Troost Ave 108 Kansas City, MO 64110	46-4761989	501(C)(3)	11,792				Donor Designation Funding

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Sprint Foundation - 1Million Project 6160 Sprint Pkwy MS Overland Park, KS 66251	48-1062018	501(C)(3)	7,825				Donor Designation Funding
St Paul's Emergency Food Pantry 11 E 40th Street Kansas City, MO 64111	44-0545908	501(C)(3)	5,240				Donor Designation Funding

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Start at Zero 5508 Troost Kansas City, MO 64110	47-4246490	501(C)(3)	9,300				Program Funding
Sunflower House 15440 W 65th St Shawnee, KS 66217	48-0918698	501(C)(3)	59,338				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Swope Health Services 3801 Blue Pkwy Kansas City, MO 64130	43-0957840	501(C)(3)	22,165				Program Funding
Synergy Services 400 E 6th St Parkville, MO 64152	43-0970674	501(C)(3)	193,497				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Team Expansion Ministries 4112 Old Routt Rd Louisville, KY 40299	31-1043937	501(C)(3)	5,271				Donor Designation Funding
The Children's Place 2 E 59th St Kansas City, MO 64113	51-0195216	501(C)(3)	103,193				Program Funding

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The Ephesus Foundation 6222 McGee St Kansas City, MO 64113	26-3164244	501(C)(3)	7,500				Donor Designation Funding
The Family Conservancy 444 Minnesota Ave Suite 200 Kansas City, KS 66101	44-0454800	501(C)(3)	498,415				Program Funding

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The Light House P O Box 22553 Kansas City, MO 64113	43-1569525	501(C)(3)	7,543				Donor Designation Funding
The Literacy Lab 1003 K Street NW 5th Floor Washington, DC 20001	27-1777117	501(C)(3)	24,750				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Rockhurst Fund Rockhurst University 1100 Rockhurst Rd Kansas City, MO 64110	44-0545813	501(C)(3)	8,566				Donor Designation Funding
The Salvation Army of Kansas & Western Missouri 3637 Broadway Kansas City, MO 64111	44-0545998	501(C)(3)	384,175				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Signatry 7171 W 95th Street Ste 501 Overland Park, KS 66212	43-1890105	501(C)(3)	23,776				Donor Designation Funding
The Whole Person 3710 Main St Kansas City, MO 64111	43-1157083	501(C)(3)	36,846				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Thrive Health Connection 5008 Prospect Ave Kansas City, MO 64130	43-1343144	501(C)(3)	53,873				Program Funding
TNC Community 12404 E Highway 40 Independence, MO 64055	44-0608429	501(C)(3)	35,196				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Tri-County Mental Health Services 3100 NE 83rd St Suite 1001 Kansas City, MO 64119	43-1556416	501(C)(3)	49,043				Program Funding
Truman Medical Centers 2310 Holmes St Suite 735 Kansas City, MO 64108	44-0661018	501(C)(3)	177,220				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Turn the Page KC 4049 Pennsylvania Ave Suite 301 Kansas City, MO 64111	46-0673665	501(C)(3)	56,829				Program Funding
United Community Services of Johnson County 12351 W 96th Terr Suite 200 Lenexa, KS 66215	48-0914699	501(C)(3)	157,233				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Inner City Services 2008 E 12th St Kansas City, MO 64108	44-0646347	501(C)(3)	169,962				Program Funding
United Methodist Church of the Resurrection 13720 Roe Avenue Overland Park, KS 66224	48-1107898	501(C)(3)	9,721				Donor Designation Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Negro College Fund- Kansas City PO Box 8803 Saint Louis, MO 63101	13-1624241	501(C)(3)	5,580				Donor Designation Funding
United Way of Douglas County 2518 Ridge Court Suite 200 Lawrence, KS 66046	48-0796320	501(C)(3)	25,493				Donor Designation Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Way of Greater Houston 50 Waugh Drive Houston, TX 77007	74-1167964	501(C)(3)	19,596				Donor Designation Funding
United Way of Greater St Joseph PO Box 188 St Joseph, MO 64502	44-0547802	501(C)(3)	9,193				Donor Designation Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Way of Wyandotte County Inc PO Box 171042 Kansas City, KS 66117	48-0636601	501(C)(3)	14,752				Donor Designation Funding
University of Kansas Health System 2330 Shawnee Mission Parkway Suite Westwood, KS 66205	23-7414917	501(C)(3)	12,261				Donor Designation Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Kansas Medical Center 3901 Rainbow Blvd Kansas City, KS 66160	48-1124839	501(C)(3)	16,512				Program Funding
Urban League of Greater Kansas City 1710 Paseo Blvd Kansas City, MO 64108	44-0546273	501(C)(3)	102,854				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Urban Neighborhood Initiative 2300 Main St Ste 180 Kansas City, MO 64108	45-4879810	501(C)(3)	63,578				Program Funding
Urban Ranger Corps 5908 Swope Parkway Kansas City, MO 64130	20-1117569	501(C)(3)	25,045				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Veronica's Voice PO Box 172472 Kansas City, KS 66117	20-3902846	501(C)(3)	19,289				Program Funding
Village Presbyterian Church Food Pantry 6641 Mission Rd Prairie Village, KS 66208	48-0559097	501(C)(3)	5,943				Donor Designation Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Vineyard Community Church 8301 Lamar Ave Overland Park, KS 66207	48-1061919	501(C)(3)	6,538				Donor Designation Funding
West Central Missouri Community Action Agency 106 W 4th St Appleton City, MO 64724	43-0838410	501(C)(3)	31,182				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Westside Church of the Nazarene 1700 W Santa Fe St Olathe, KS 66062	48-0930202	501(C)(3)	6,528				Donor Designation Funding
Whatsoever Community Center 1201 Ewing Ave Kansas City, MO 64126	44-0545274	501(C)(3)	82,309				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Women's Employment Network 920 Main St Suite 100 Kansas City, MO 64105	43-1508734	501(C)(3)	9,205				Donor Designation Funding
Working Families' Friend 1021 Pennsylvania Ave Kansas City, MO 64105	65-1169138	501(C)(3)	274,156				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA of Greater Kansas City 3100 Broadway Suite 1020 Kansas City, MO 64111	44-0546002	501(C)(3)	541,988				Program Funding
Youth Ambassadors Inc 5809 Michigan Ave Kansas City, MO 64130	45-5220294	501(C)(3)	20,750				Program Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Youth Volunteer Corps 1025 Jefferson Kansas City, MO 64105	43-1597582	501(C)(3)	39,887				Program Funding

Schedule J (Form 990)	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Go to www.irs.gov/Form990 for instructions and the latest information.</div>	OMB No 1545-0047
		2018
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization United Way of Greater Kansas City Inc	Employer identification number 44-0545812
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Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.		1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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.

Schedule 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
SCHEDULE J, PART II	OTHER REPORTABLE COMPENSATION INCLUDES THE PERSONAL USE OF A COMPANY AUTOMOBILE BY OUR CEO, BRENT STEWART. DEFERRED COMPENSATION INCLUDES THE EMPLOYER'S CONTRIBUTION TO THE 403(B) RETIREMENT PLAN.



SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
United Way of Greater Kansas City Inc

Employer identification number
44-0545812

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	20	172,645	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29

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

29

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

Yes

No

30a

No

b If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

Yes

31

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

No

32a

No

b If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II**Supplemental Information.**

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

United Way of Greater Kansas City Inc

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

44-0545812

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	UNITED WAY OF GREATER KANSAS CITY FOCUSES ON HUMAN SERVICE NEEDS OF THE KANSAS CITY METROPOLITAN AREA. THE FIRST OF THESE INVOLVES PROVIDING ANNUAL FINANCIAL SUPPORT TO PROGRAMS DELIVERING HEALTH AND HUMAN SERVICE OUTCOMES FOR INDIVIDUALS AND FAMILIES IN THREE KEY AREAS: HEALTH, EDUCATION, AND FINANCIAL STABILITY. UNITED WAY PROVIDES SUPPORT TO MORE THAN 200 PROGRAMS IN 190 AREA HEALTH AND HUMAN SERVICE AGENCIES. PROGRAMS ARE SCREENED BASED ON UNIFORM CRITERIA THAT ASSESS THE STRENGTH OF PROGRAMS' METHODOLOGY, CAPACITY, PARTICIPANT OUTCOMES AND FIT WITH UNITED WAY COMMUNITY IMPACT AGENDA. THROUGH A SECOND APPROACH, UNITED WAY ENGAGES HUMAN SERVICE PROVIDERS AND OTHER COMMUNITY PARTNERS (INCLUDING GOVERNMENT, FOUNDATIONS, PLANNING AGENCIES, AND OTHERS) IN COLLABORATIVE WORK AIMED AT CHANGING COMMUNITY CONDITIONS THAT RESULT IN HEALTH AND HUMAN SERVICES NEEDS. THIS WORK IS ORGANIZED UNDER THE THREE PRIORITY OUTCOMES IDENTIFIED ABOVE AND USES A TOOLBOX OF STRATEGIES AIMED AT SPECIFIC TARGET ISSUES. THE TOOLBOX APPROACH INVOLVES PUBLIC POLICY ADVOCACY, DIRECT SERVICE PROGRAMMING, SYSTEMS CHANGE WORK, AND DONOR AND VOLUNTEER ENGAGEMENT. UNITED WAY HAS IDENTIFIED A SPECIFIC COMMUNITY CHANGE OUTCOME AND TARGET POPULATION IN EACH AREA. THEY ARE AS FOLLOWS: HEALTH: IMPROVE ACCESS TO HEALTH CARE SERVICE: PHYSICAL, MENTAL AND DENTAL. PROMOTE WELLNESS AND HEALTHY LIVING. OFFER SUPPORT TO VICTIMS OF ABUSE/NEGLECT AND VIOLENCE TO HELP THEM REGAIN A HEALTHY AND PRODUCTIVE LIFE. HELP PEOPLE AVOID OR OVERCOME SUBSTANCE ABUSE AND ADDICTION. SUPPORT SENIORS AND PEOPLE WITH DISABILITIES TO LIVE AS INDEPENDENTLY AS POSSIBLE. EDUCATION: PROVIDE CHILDREN AND YOUTH, AND THEIR FAMILIES WITH DEVELOPMENTALLY APPROPRIATE LEARNING OPPORTUNITIES. PROVIDE ENHANCED ACADEMIC AND SOCIAL SUPPORT FOR STRUGGLING STUDENTS. PROVIDE CHILDREN AND YOUTH WITH EXTRA STRUCTURE AND PERSONAL INTERACTION WITH CARING ADULTS. OFFER EDUCATION AND SKILLS TRAINING TO PREVENT TRAUMA FROM VIOLENCE AND ABUSE/NEGLECT. FINANCIAL STABILITY: PROMOTE FINANCIAL STABILITY FOR THE WORKING POOR, FAMILIES WITH CHILDREN AND AT-RISK YOUNG ADULTS. PROVIDE ESSENTIAL, LIFE-SUSTAINING BASIC NEEDS, SUCH AS FINANCIAL AID, FOOD AND CLOTHING TO INDIVIDUALS AND FAMILIES DURING CRISES. PROVIDE ACCESS TO SHELTER AND TRANSITIONAL HOUSING, AND SUPPORT TO ACHIEVE AND MAINTAIN PERMANENT HOUSING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B	<p>UNITED WAY 2-1-1 IS AN EASY-TO-REMEMBER CENTRAL PHONE NUMBER CONNECTING PEOPLE WITH AVAILABLE HEALTH AND HUMAN SERVICES AND VOLUNTEER OPPORTUNITIES. UNITED WAY 2-1-1 IS AVAILABLE 24/7/365, AND IS COMPLETELY FREE AND CONFIDENTIAL. TRAINED, PROFESSIONAL CALL SPECIALISTS WORK WITH CALLERS TO DETERMINE THE MOST APPROPRIATE REFERRAL(S), UTILIZING A COMPREHENSIVE RESOURCE DATABASE. UNITED WAY 2-1-1 PROVIDES LANGUAGE TRANSLATION CAPACITY IN 150 LANGUAGES. UNITED WAY OF GREATER KANSAS CITY 2-1-1 SERVES RESIDENTS OF 16 COUNTIES IN MISSOURI (ANDREW, BATES, BUCHANAN, CALDWELL, CASS, CLAY, CLINTON, DEKALB, HENRY, JACKSON, JOHNSON, LAFAYETTE, PETTIS, PLATTE, SALINE, RAY) AND 7 COUNTIES IN KANSAS (DONAPHAN, FRANKLIN, JOHNSON, LEAVENWORTH, LINN, MIAMI, WYANDOTTE). UNITED WAY 2-1-1 MAKES IT POSSIBLE FOR PEOPLE IN NEED OF INFORMATION OR SERVICES TO NAVIGATE THE COMPLEX AND FRAGMENTED HUMAN SERVICES DELIVERY SYSTEM. THE ULTIMATE GOAL IS TO EMPOWER INDIVIDUALS TO BECOME THEIR OWN ADVOCATE AND FOSTER SELF-SUFFICIENCY. SHORT-TERM SUCCESS IS MEASURED BY UTILIZATION OF THE SERVICE, ENGAGEMENT INDICATORS SUCH AS CALL VOLUME, NEEDS PRESENTED, AND UNMET NEEDS. IN ADDITION, FOLLOW-UP CALLS ARE CONDUCTED ON A TARGETED PERCENTAGE OF CALLS TO DETERMINE SATISFACTION WITH THE SERVICE, WHETHER THE CALLER RECEIVED ASSISTANCE AS A RESULT OF THE REFERRAL(S), AND HOW THE CALLER HEARD OF UNITED WAY 2-1-1. For the Year ENDED APRIL 30, 2019, CALL VOLUME REACHED 106,988 CALLS and 322 emails. INCREASINGLY, UNITED WAY 2-1-1 IS UTILIZED AS A RESOURCE IN COLLABORATIVE EFFORTS THAT ADDRESS HEALTH AND HUMAN SERVICE NEEDS OF THE COMMUNITY. FOR EXAMPLE, KC CASH, A COALITION OF VOLUNTEER INCOME TAX ASSISTANCE (VITA) PROVIDERS FOR LOW-INCOME FAMILIES, UTILIZED UNITED WAY 2-1-1 AS A CENTRALIZED INFORMATION RESOURCE FOR VITA SITES THROUGHOUT THE COMMUNITY. THE NUMBER IS PUBLICIZED WHEN TAX SEASON BEGINS AND 2-1-1 CALL SPECIALISTS HELP CALLERS DETERMINE IF THEY ARE ELIGIBLE FOR ASSISTANCE AND HELP THEM TO FIND THE VITA SITE CLOSEST TO THE HOME.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C	<p>Promise 1000 an initiative of United Way of Greater Kansas City, Children's Mercy Hospital and the Health Care Foundation of Greater Kansas City connects families within the Kansas City region to agencies with special training to provide in-home support. The primary population served is families during pregnancy through the first 3 years (which is also the first 1,000 days) of life in the bi-state Kansas City metropolitan region, which includes Wyandotte and Johnson counties in Kansas and Jackson, Platte, and Clay in Missouri. Promise 1000 serves parents who may not already have the support they need in place. Experienced home visitors partner with Promise 1000 families by providing support that can result in strengthening families by addressing life's challenges, encouraging parent-child interactions that stimulate brain development and learning, increasing knowledge of child growth and development, providing tips on positive parenting practices, helping mothers engage in their own health care, supporting child health and well-being by developing positive relationships between parents and doctors, linking families to beneficial community resources, and connecting families to in-home services including therapeutic supports for maternal depression. Home Visiting Agencies (HVAs) participating in Promise 1000 serve families with children prenatal through 36 months of age who are at highest risk of experiencing Adverse Childhood Experiences (ACEs). Eligibility criteria include risk factors that are associated with ACEs including single mothers, low income, current or previous issues related to substance abuse, teen parents, mental health issues, domestic violence, first time parents, childhood history of abuse, and low education status. Presentations on Promise 1000 Collaborative Home Visiting are regularly offered to various local and state entities. Parents or Providers can make a referral online at Promise 1000.org or by phone through United Way OF GREATER KANSAS CITY. Referrals can be matched with an agency of choice or matched based on eligibility factors, such as pregnancy status, age of child, location of family, and needs. For the Year ended April 30, 2019, 667 children were served.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	SONCI BLECKINGER & DOUG COWAN HAVE AN EMPLOYEE/EMPLOYER BUSINESS RELATIONSHIP BRENT STEWART & ESTHER GEORGE HAVE AN EMPLOYEE/EMPLOYER BUSINESS RELATIONSHIP

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	IN NOVEMBER, 2016, THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWED SALARY DATA FROM OTHER UNITED WAY ORGANIZATIONS OF SIMILAR SIZE AS WELL AS NON-PROFIT ORGANIZATIONS IN THE KANSAS CITY AREA TO DETERMINE THE APPROPRIATE LEVEL OF COMPENSATION FOR THE CEO

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	MINIMUM PENSION LIABILITY ADJUSTMENT (\$116,824) Change in Trust \$ 22,194 ----- (\$ 94,630)