

UNITED WAY OF GREATER KANSAS CITY, INC
FORM 990 & 990T
PUBLIC DISCLOSURE COPY
TAX YEAR 2021

Form **8879-TE****IRS e-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning 07/01/2021 and ending 06/30/2022**2021**Department of the Treasury
Internal Revenue Service▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

EIN or SSN

UNITED WAY OF GREATER KANSAS CITY, INC**44-0545812**

Name and title of officer or person subject to tax

CHERYL ADLER, VICE PRESIDENT, FINA**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>44015637.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize FORVIS, LLP to enter my PIN 88218 as my signature

Enter five numbers, but
do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

3/23/2023**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

43372244016

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶

03/24/2023

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2021)JSA
1X3008 3.000

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2021**Open to Public
Inspection****A** For the **2021** calendar year, or tax year beginning

07/01/2021 and ending

06/30/2022

B Check if applicable:

<input type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Terminated
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	Application pending

C Name of organization

UNITED WAY OF GREATER KANSAS CITY, INC

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

801 W 47TH STREET

STE 500

City or town, state or province, country, and ZIP or foreign postal code

KANSAS CITY, MO 64112

F Name and address of principal officer:

CHRISS ROSSON

801 W 47TH STREET, SUITE 500, KANSAS CITY, MO 64112

D Employer identification number

44-0545812

E Telephone number

(913) 371-6742

G Gross receipts \$ 44,197,454.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.UNITEDWAYGKC.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1918**M** State of legal domicile: MO**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: UNITED WAY OF GREATER KANSAS CITY'S MISSION IS TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF GREATER KANSAS CITY.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	37
	4	Number of independent voting members of the governing body (Part VI, line 1b)	36
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	124
	6	Total number of volunteers (estimate if necessary)	1,922
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	NONE
7b	Net unrelated business taxable income from Form 990-T, line 34	NONE	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 32,761,184. Current Year: 43,139,562.
	9	Program service revenue (Part VIII, line 2g)	Prior Year: NONE Current Year: 9,700.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	Prior Year: 1,142,758. Current Year: 899,976.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	Prior Year: 53,061. Current Year: -33,601.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year: 33,957,003. Current Year: 44,015,637.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	Prior Year: NONE Current Year: NONE
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	Prior Year: 6,026,829. Current Year: 5,788,253.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	Prior Year: NONE Current Year: NONE
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,262,869.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	Prior Year: 4,566,682. Current Year: 3,876,200.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	Prior Year: 33,514,088. Current Year: 37,140,827.
19		Revenue less expenses. Subtract line 18 from line 12	Prior Year: 442,915. Current Year: 6,874,810.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 23,611,316. End of Year: 27,299,107.
	21	Total liabilities (Part X, line 26)	Beginning of Current Year: 12,468,624. End of Year: 11,524,512.
	22	Net assets or fund balances. Subtract line 21 from line 20.	Beginning of Current Year: 11,142,692. End of Year: 15,774,595.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MICHAEL J ENGLE		05/15/2023		P00482834
	Firm's name ▶ FORVIS, LLP	Firm's EIN ▶	44-0160260		
	Firm's address ▶ 1201 WALNUT, SUITE 1700 KANSAS CITY, MO 64106-2246	Phone no.	816-221-6300		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**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 \$ 17,536,359. including grants of \$ 14,554,864.) (Revenue \$ 9,700.)
 HUMAN SERVICES - SEE SCHEDULE O

4b (Code:) (Expenses \$ 1,311,940. including grants of \$ 21,247.) (Revenue \$ NONE)
 211 - SEE SCHEDULE O

4c (Code:) (Expenses \$ 1,621,141. including grants of \$ 1,047,536.) (Revenue \$ NONE)
 PROMISE 1000 - SEE SCHEDULE O

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O
 (Expenses \$ 12,748,535. including grants of \$ 11,852,727.) (Revenue \$ NONE)

4e Total program service expenses ► 33,217,975.

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 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2 X	
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	X
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	X
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III.	5	X
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	X
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	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8	X
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	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V.	10 X	
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 X	
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	X
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	X
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	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	X
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	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a X	
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	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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	X
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	X
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	X
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	X
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 X	
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	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a	X
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 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	<input checked="" type="checkbox"/>	
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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		<input checked="" type="checkbox"/>
25b 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>		<input checked="" type="checkbox"/>
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>		<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		<input checked="" type="checkbox"/>
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		<input checked="" type="checkbox"/>
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		<input checked="" type="checkbox"/>
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
35b 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>		
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	<input checked="" type="checkbox"/>	

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	<input type="checkbox"/>	<input type="checkbox"/>
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.	<input type="checkbox"/>	<input type="checkbox"/>
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<input checked="" type="checkbox"/>	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
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 124		
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 X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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	X
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	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
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	X
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 X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
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	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
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	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders 11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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 the instructions and file Form 4720, Schedule N.	15	X
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	X
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI ☒ **X****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 on Schedule O.		
1b Enter the number of voting members included on 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?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
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?		X
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
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 on Schedule O.		X

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?		X
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?	X	
11b Describe on 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	X	
12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
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	X	
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process on 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?		X
16b 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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 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 on Schedule O)

19 Describe on 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 ►
 CHERYL ADLER 801 W 47TH STREET, SUITE 500 KANSAS CITY, MO 64112

913-371-6742

Form 990 (2021)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☒ X**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and 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.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRENT STEWART CEO UNTIL 01/2021	NONE NONE						X	346,707.	NONE	21,239.
(2) MICHELLE HOGERTY COO UNTIL 08/2021	50.00 NONE			X				182,398.	NONE	26,317.
(3) CHRIS ROSSON TRUSTEE/CEO	50.00 NONE	X		X				149,942.	NONE	21,328.
(4) KATHERINE CONTI SVP, DEVELOPMENT	50.00 NONE					X		127,106.	NONE	30,258.
(5) MIKE GOFF CHIEF MARKETING & PHILANTHROPY	50.00 NONE					X		141,520.	NONE	12,144.
(6) JIM MACDONALD CHIEF COMMUNITY INVEST OFFICER	50.00 NONE					X		126,951.	NONE	21,326.
(7) MONICA NIELSEN-PARKER SVP COMMUNITY IMPACT	50.00 NONE					X		108,968.	NONE	NONE
(8) STACYEY DEVLIN MANAGER, DATABASE SYSTEMS	37.50 NONE					X		104,992.	NONE	NONE
(9) ANTHONY KLINE COO STARTING 08/2021	50.00 NONE			X				66,431.	NONE	9,170.
(10) ERIC BAILLARGEON TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(11) MARY BRISTOW TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(12) TOM CARIGNAN TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(13) IRENE CAUDILLO TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(14) RON COKER TRUSTEE/VICE CHAIR	1.00 NONE	X		X				NONE	NONE	NONE

Form 990 (2021)

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			
(15) DOUG COWAN TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(16) DAN CRUMB TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(17) STACEY DANIELS-YOUNG TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(18) STEVE EDWARDS TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(19) PENNY POSTOAK FERGUSON TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(20) SPENCER FIELDS TRUSTEE/TREASURER	1.00 NONE	X		X				NONE	NONE	NONE
(21) ANDREA HENDRICKS TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(22) BILL JOHNSON TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(23) SHANNON JOHNSON TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(24) MICHELLE KAY TRUSTEE/VICE CHAIR/CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(25) CRAIG KUCKELMAN TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total								1,355,015.	NONE	141,782.
c Total from continuation sheets to Part VII, Section A								NONE	NONE	NONE
d Total (add lines 1b and 1c)								1,355,015.	NONE	141,782.

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 **8**

	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>		
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>		
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>		

Section B. Independent Contractors

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

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

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

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			
(26) CAROL LEVERS TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(27) DEREK LOCKE TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(28) MARSHALL LOCKTON TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(29) ALISE MARTINY TRUSTEE/SECRETARY	1.00 NONE	X		X				NONE	NONE	NONE
(30) STEVE MILLS TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(31) LAURIE MINARD TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(32) JOHN MURPHY TRUSTEE/CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(33) CHARLES ONWUCHE TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(34) ROSEMARY PODREBARAC TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(35) ROSANA PRIVITERA BIONDO TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(36) LAURIE ROBERTS TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 ►

	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>		
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>		
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>		

Section B. Independent Contractors

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

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

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

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			
(37) TROY SCHULTE TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(38) JIM SHAY TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(39) GREG SHONDELL TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(40) WILL SOUDER TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(41) GREG SWEAT, M.D. TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(42) J. RANDALL VANCE TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(43) RICK VIAR TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(44) GINGER WILLIAMS TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(45) KEVIN ZIMMERMAN TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 ►

	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>	X	
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>	X	
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>		X

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
SEE SCHEDULE O		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 3

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	82,018.			
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e	13,023,326.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	30,034,218.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 244,294.			
	h	Total. Add lines 1a-1f		43,139,562.			
	Program Service Revenue				Business Code		
2a		IMPACT KIT REVENUE		900099	9,700.	9,700.	
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f			9,700.		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			398,163.		398,163.
	4	Income from investment of tax-exempt bond proceeds .			NONE		
	5	Royalties			NONE		
			(i) Real	(ii) Personal			
	6a	Gross rents	6a				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c	NONE	NONE		
	d	Net rental income or (loss)			NONE		
	7a	Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other		
	b	Less: cost or other basis and sales expenses . .	7b		641,958.		
	c	Gain or (loss)	7c		140,145.		
	d	Net gain or (loss)			501,813.		501,813.
	8a	Gross income from fundraising events (not including \$ 82,018. of contributions reported on line 1c). See Part IV, line 18	8a		4,500.		
	b	Less: direct expenses	8b		41,672.		
	c	Net income or (loss) from fundraising events			-37,172.		-37,172.
	9a	Gross income from gaming activities. See Part IV, line 19	9a		NONE		
	b	Less: direct expenses	9b		NONE		
c	Net income or (loss) from gaming activities			NONE			
10a	Gross sales of inventory, less returns and allowances	10a		NONE			
b	Less: cost of goods sold	10b		NONE			
c	Net income or (loss) from sales of inventory			NONE			
Miscellaneous Revenue				Business Code			
	11a	OTHER MISC INCOME		900099	3,571.		3,571.
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d			3,571.		
12	Total revenue. See instructions			44,015,637.	9,700.	NONE	866,375.

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	17,551,136.	17,551,136.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	9,925,238.	9,925,238.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	584,939.	269,026.	170,795.	145,118.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	3,926,368.	2,435,590.	531,952.	958,826.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	398,720.	239,844.	61,643.	97,233.
9 Other employee benefits	520,789.	337,210.	71,338.	112,241.
10 Payroll taxes	357,437.	207,711.	59,701.	90,025.
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	19,468.		19,468.	
c Accounting	114,959.		114,959.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	27,749.		27,749.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	842,940.	339,378.	223,518.	280,044.
12 Advertising and promotion	79,141.	15,828.		63,313.
13 Office expenses	49,932.	29,349.	7,007.	13,576.
14 Information technology	298,263.	159,506.	49,814.	88,943.
15 Royalties	NONE			
16 Occupancy	461,406.	182,230.	138,407.	140,769.
17 Travel	NONE			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	145,010.	76,188.	29,262.	39,560.
20 Interest	4,835.	2,038.	1,109.	1,688.
21 Payments to affiliates	385,931.	162,708.	88,522.	134,701.
22 Depreciation, depletion, and amortization	136,507.	57,551.	31,311.	47,645.
23 Insurance	51,419.	19,424.	15,864.	16,131.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on 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	1,175,480.	1,175,480.		
b DUES & SUBSCRIPTIONS	64,488.	22,413.	13,658.	28,417.
c _____				
d _____				
e All other expenses _____	18,672.	10,127.	3,906.	4,639.
25 Total functional expenses. Add lines 1 through 24e	37,140,827.	33,217,975.	1,659,983.	2,262,869.
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 X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,703,955.	1	2,693,470.
	2 Savings and temporary cash investments.	NONE	2	1,476,216.
	3 Pledges and grants receivable, net	6,318,608.	3	9,772,129.
	4 Accounts receivable, net	1,535,162.	4	2,223,667.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	5	NONE
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NONE
	7 Notes and loans receivable, net	NONE	7	NONE
	8 Inventories for sale or use	NONE	8	NONE
	9 Prepaid expenses and deferred charges	158,761.	9	112,418.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,501,189.		
	b Less: accumulated depreciation.	10b 1,403,691.		
	11 Investments - publicly traded securities.	848,161.	10c	97,498.
	12 Investments - other securities. See Part IV, line 11.	12,179,697.	11	10,629,067.
	13 Investments - program-related. See Part IV, line 11.	NONE	12	NONE
	14 Intangible assets	NONE	13	NONE
	15 Other assets. See Part IV, line 11	NONE	14	NONE
16 Total assets. Add lines 1 through 15 (must equal line 33)	866,972.	15	294,642.	
	23,611,316.	16	27,299,107.	
Liabilities	17 Accounts payable and accrued expenses.	4,985,849.	17	3,746,051.
	18 Grants payable	7,410,303.	18	7,718,043.
	19 Deferred revenue	NONE	19	NONE
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	72,472.	23	60,418.
	24 Unsecured notes and loans payable to unrelated third parties.	NONE	24	NONE
	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	NONE	25	NONE
	26 Total liabilities. Add lines 17 through 25.	12,468,624.	26	11,524,512.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	6,207,099.	27	7,162,485.
	28 Net assets with donor restrictions.	4,935,593.	28	8,612,110.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	11,142,692.	32	15,774,595.
	33 Total liabilities and net assets/fund balances.	23,611,316.	33	27,299,107.

Form **990** (2021)

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	44,015,637.
2	Total expenses (must equal Part IX, column (A), line 25)	2	37,140,827.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,874,810.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,142,692.
5	Net unrealized gains (losses) on investments	5	-2,142,330.
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 on Schedule O).	9	-100,577.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	15,774,595.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on 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:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 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:
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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 on Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2021)

SCHEDULE A
(Form 990)

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 instructions and the latest information.

OMB No. 1545-0047

2021

**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).)
- 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 **section 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 on 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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990) 2021

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	28,650,391.	25,768,062.	1,584,396.	32,761,184.	43,139,562.	131,903,595.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3 The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4 Total. Add lines 1 through 3.	28,650,391.	25,768,062.	1,584,396.	32,761,184.	43,139,562.	131,903,595.
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).						1,310,877.
6 Public support. Subtract line 5 from line 4						130,592,718.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	28,650,391.	25,768,062.	1,584,396.	32,761,184.	43,139,562.	131,903,595.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	327,548.	316,796.	38,628.	392,158.	398,163.	1,473,293.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	55,174.	4,041.	NONE	46,661.	3,571.	109,447.
11 Total support. Add lines 7 through 10						133,486,335.
12 Gross receipts from related activities, etc. (see instructions)					12	11,826.
13 First 5 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 2021 (line 6, column (f), divided by line 11, column (f))	14	97.83 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	97.43 %
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 5 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

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
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)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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.		
1		
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?		
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).		
3 By reason of the relationship described on line 2, above, 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.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
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 governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described on line 2a, above, 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.		
3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No," provide details in Part VI .		
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.		
2a		
2b		
3a		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
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 (<i>explain in detail in Part VI</i>):			
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 0.015 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 0.035.	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 0.85 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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990) 2021

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

Schedule A (Form 990) 2021

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990 or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

UNITED WAY OF GREATER KANSAS CITY, INC

44-0545812

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

UNITED WAY OF GREATER KANSAS CITY, INC

Employer identification number

44-0545812

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 2,000,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 8,335,677.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 1,540,246.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 1,850,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 1,110,072.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

UNITED WAY OF GREATER KANSAS CITY, INC

Employer identification number

44-0545812

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 	 	\$ 	
 	 	\$ 	
 	 	\$ 	
 	 	\$ 	
 	 	\$ 	
 	 	\$ 	
 	 	\$ 	

Name of organization

UNITED WAY OF GREATER KANSAS CITY, INC

Employer identification number

44-0545812

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF GREATER KANSAS CITY, INC

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 instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) . .		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB 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 FASB 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.

Schedule D (Form 990) 2021

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 make significant use of its collection items (check all that apply):
- a ☐ Public exhibition d ☐ Loan or exchange program
- b ☐ Scholarly research e ☐ Other _____
- c ☐ Preservation for future generations
- 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:
- | | Amount |
|---|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☒ No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on 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 | 11,931,470. | 9,497,411. | 9,509,297. | 9,450,867. | 10,477,067. |
| b Contributions | | 1,025,222. | | | 751,615. |
| c Net investment earnings, gains, and losses | -1,403,188. | 2,366,862. | 491,848. | 80,581. | 581,946. |
| d Grants or scholarships | | | 500,000. | | |
| e Other expenditures for facilities and programs | | 927,626. | | | 2,337,537. |
| f Administrative expenses | 27,749. | 30,399. | 3,734. | 22,151. | 22,224. |
| g End of year balance | 10,500,533. | 11,931,470. | 9,497,411. | 9,509,297. | 9,450,867. |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ 78.7600 %
- b Permanent endowment ▶ 9.9000 %
- c Term endowment ▶ 11.3400 %
- 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 ☒ Yes ☐ No
- (ii) Related organizations ☐ Yes ☒ No
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☒ No
- 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		NONE		NONE
b Buildings		NONE	NONE	NONE
c Leasehold improvements		873,255.	822,759.	50,496.
d Equipment		627,934.	580,932.	47,002.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				97,498.

Schedule D (Form 990) 2021

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 FASB 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	35,579,369.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-2,142,330.
b	Donated services and use of facilities	2b	208,354.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	41,672.
e	Add lines 2a through 2d	2e	-1,892,304.
3	Subtract line 2e from line 1	3	37,471,673.
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	26,356.
b	Other (Describe in Part XIII.)	4b	6,517,608.
c	Add lines 4a and 4b	4c	6,543,964.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	44,015,637.

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	30,947,466.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	208,354.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	41,672.
e	Add lines 2a through 2d	2e	250,026.
3	Subtract line 2e from line 1	3	30,697,440.
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	26,356.
b	Other (Describe in Part XIII.)	4b	6,417,031.
c	Add lines 4a and 4b	4c	6,443,387.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	37,140,827.

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.

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

THE ENDOWMENT FUNDS ARE UTILIZED TO PROVIDE ADDITIONAL SUPPORT FOR
PROGRAMS THAT DO NOT HAVE A SPECIFIC SOURCE OF FUNDING.

SCHEDULE D, PART X, LINE 2

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE
INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED
ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE
FINANCIAL STATEMENTS.

SCHEDULE D, PART XI, LINE 2D

FUNDRAISING EXPENSES	\$ 41,672

	\$ 41,672

SCHEDULE D, PART XI, LINE 4B

CONTRIBUTIONS HELD ON BEHALF OF OTHERS	\$ 5,241,551
BAD DEBT EXPENSE	\$ 1,175,480
CHANGE IN BENEFICIAL INTEREST IN TRUST	\$ 100,577

	\$ 6,517,608

Part XIII Supplemental Information *(continued)*

SCHEDULE D, PART XII, LINE 2D

FUNDRAISING EXPENSES

\$ 41,672

\$ 41,672

SCHEDULE D, PART XII, LINE 4B

CONTRIBUTIONS HELD ON BEHALF OF OTHERS

\$ 5,241,551

BAD DEBT EXPENSE

\$ 1,175,480

\$ 6,417,031

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

UNITED WAY OF GREATER KANSAS CITY, INC

Employer identification number

44-0545812

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Total

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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) Total events
		PURSES FOR PROM (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	86,518.			86,518.
	2 Less: Contributions	82,018.			82,018.
	3 Gross income (line 1 minus line 2)	4,500.			4,500.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	4,986.			4,986.
	6 Rent/facility costs	15,650.			15,650.
	7 Food and beverages	19,690.			19,690.
	8 Entertainment	900.			900.
	9 Other direct expenses	446.			446.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				41,672.
11 Net income summary. Subtract line 10 from line 3, column (d)				-37,172.	

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? ☐ Yes ☐ 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? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a** 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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanation 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).

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" 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

2021

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF GREATER KANSAS CITY, INC

Employer identification number

44-0545812

Part I General Information on Grants and Assistance

- 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
- 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.

1 (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 SCHEDULE I ATTACHMENT			14,744,285.				
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 249
- Enter total number of other organizations listed in the line 1 table NONE

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

Schedule I (Form 990) 2021

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 RENT ASSISTANCE	2,121	8,418,575.			
2 UTILITY ASSISTANCE	2,346	1,485,416.			
3 TRANSPORTATION ASSISTANCE	1,177		21,247.	FMV	LYFT RIDES
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.

SCHEDULE I, PART I, LINE 2

FOR GRANTS MADE TO ORGANIZATIONS: UWGKC 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. IF 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.

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash 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.

FOR GRANTS MADE TO INDIVIDUALS: THESE GRANTS HAVE BEEN MADE AS PART OF
UWGKC'S EVICTION PREVENTION PROGRAM WORK. IN ORDER TO QUALIFY FOR THE
GRANTS, INDIVIDUALS MUST COMPLETE AN APPLICATION AND PROVIDE SUPPORTING
DOCUMENTATION TO DEMONSTRATE THEY MEET THE CRITERA OF THE GRANT.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF GREATER KANSAS CITY, INC

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

44-0545812

Part I Questions Regarding Compensation

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 (such as maid, chauffeur, chef) |

b If any of the boxes on 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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 on lines 5 and 6? If "Yes," describe in Part III.

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CHRIS ROSSON	(i)	149,099.	NONE	843.	NONE	21,328.	171,270.	
1 TRUSTEE/CEO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
MICHELLE HOGERTY	(i)	154,881.	NONE	27,517.	10,298.	16,019.	208,715.	
2 COO UNTIL 08/2021	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
BRENT STEWART	(i)	14,270.	NONE	332,437.	19,500.	1,739.	367,946.	
3 CEO UNTIL 01/2021	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
KATHERINE CONTI	(i)	125,376.	NONE	1,730.	NONE	30,258.	157,364.	
4 SVP, DEVELOPMENT	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
MIKE GOFF	(i)	86,838.	NONE	54,682.	NONE	12,144.	153,664.	
5 CHIEF MARKETING & PHI	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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.

SCHEDULE J, PART I, LINE 4A

BRENT STEWART RECEIVED A SEVERANCE PAYMENT OF \$312,583 AND MIKE GOFF

RECEIVED A SEVERANCE PAYMENT OF \$37,846.

**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 instructions and the latest information.

OMB No. 1545-0047

2021

**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	25	244,294.	AVERAGE PRICE
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 V, Donee Acknowledgement **29**

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

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

Schedule M (Form 990) 2021

JSA

1E1298 1.000

8606QB K922 03/24/2023 12:09:28 V21-7.8F 0057068

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.

SCHEDULE M, PART I, COLUMN B

THIS NUMBER REPRESENTS THE NUMBER OF CONTRIBUTIONS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

UNITED WAY OF GREATER KANSAS CITY, INC

44-0545812

FORM 990, PART III, LINE 4A

UNITED WAY OF GREATER KANSAS CITY FOCUSES HUMAN SERVICE NEEDS OF THE KANSAS CITY METROPOLITAN AREA. THE FIRST OF THESE INVOLVES PROVIDING ANNUAL FINANCIAL SUPPORT TO 100 HIGH-PERFORMING HEALTH AND HUMAN SERVICE NONPROFITS, UNDER OUR IMPACT 100 GRANTMAKING INITIATIVE. WE INVEST IN ORGANIZATIONS ADVANCING THE HEALTH, EDUCATIONAL, AND ECONOMIC WELLBEING OF VULNERABLE POPULATIONS IN THE KANSAS CITY METRO AREA. ORGANIZATIONS ARE SCREENED BASED ON UNIFORM CRITERIA THAT ASSESS THE STRENGTH OF PROGRAMS' METHODOLOGY, CAPACITY, PARTICIPANT OUTCOMES AND FIT WITH UNITED WAY COMMUNITY IMPACT AGENDA. ORGANIZATIONS SELECTED FOR THE IMPACT 100 RECEIVE A ONE-YEAR, UNRESTRICTED GRANT IN SUPPORT OF THE ORGANIZATION'S MISSION.

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. CURRENTLY, UNITED WAY LEADS AN EVICTION PREVENTION INITIATIVE, THROUGH WHICH HOUSEHOLDS FACING EVICTION RECEIVE LEGAL DEFENSE PAIRED WITH FINANCIAL ASSISTANCE. OTHER HOUSEHOLDS AT RISK OF ASSISTANCE, BUT NOT YET FACING LEGAL ACTION, RECEIVE FINANCIAL ASSISTANCE TO PREVENT EVICTION PROCEEDINGS. SINCE THE LAUNCH OF THE INITIATIVE, MORE THAN 3,000 HOUSEHOLDS HAVE BEEN ASSISTED.

FORM 990, PART III, LINE 4B

UNITED WAY 211 IS AN EASY-TO-REMEMBER CENTRAL PHONE NUMBER CONNECTING

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

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Inspection**

Employer identification number

PEOPLE WITH AVAILABLE HEALTH AND HUMAN SERVICES AND VOLUNTEER OPPORTUNITIES. UNITED WAY 211 IS AVAILABLE 24/7/365, AND IS COMPLETELY FREE AND CONFIDENTIAL. TRAINED, PROFESSIONAL COMMUNITY RESOURCE NAVIGATORS WORK WITH CALLERS TO DETERMINE THE MOST APPROPRIATE REFERRAL(S), UTILIZING A COMPREHENSIVE RESOURCE DATABASE. UNITED WAY 211 PROVIDES LANGUAGE TRANSLATION CAPACITY IN 150 LANGUAGES. UNITED WAY OF GREATER KANSAS CITY 211 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 211 MAKES IT POSSIBLE FOR PEOPLE IN NEED OF INFORMATION OR SERVICES TO NAVIGATE THE COMPLEX AND FRAGMENTED HUMAN SERVICES DELIVERY SYSTEM. THE GOAL IS TO EMPOWER INDIVIDUALS TO BECOME THEIR OWN ADVOCATE AND FOSTER SELF-SUFFICIENCY. SHORT-TERM SUCCESS IS MEASURED BY UTILIZATION OF THE SERVICE AND 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 211.

IN THE YEAR ENDED JUNE 30TH, 2022, 211 RESPONDED TO MORE THAN 100,000 REQUESTS FOR ASSISTANCE.

FORM 990, PART III, LINE 4C

PROMISE 1000 - AN INITIATIVE OF UNITED WAY OF GREATER KANSAS CITY,
CHILDREN'S MERCY HOSPITAL AND HEALTH FORWARD FOUNDATION - CONNECTS

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2021

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Inspection**

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FAMILIES WITHIN THE KANSAS CITY REGION TO AGENCIES WITH SPECIAL TRAINING TO PROVIDE IN-HOME SUPPORT. THE PRIMARY POPULATION SERVED IS LOW-INCOME FAMILIES DURING PREGNANCY THROUGH THE FIRST 3 YEARS (WHICH IS ALSO THE FIRST 1,000 DAYS) OF THEIR CHILD'S LIFE IN THE BI-STATE KANSAS CITY METROPOLITAN REGION, WHICH PRIMARILY 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 RESULTS IN: STRENGTHENED FAMILY RESILIENCE TO CHALLENGING LIFE CIRCUMSTANCES; STRONG PARENT-BABY/CHILD BONDING THAT STIMULATE BRAIN DEVELOPMENT AND LEARNING; PARENTS WHO ARE EQUIPPED TO KNOWLEDGE AND SKILLS TO SUPPORT OPTIMAL CHILD DEVELOPMENT; MOTHERS WHO ARE ENGAGED IN THEIR OWN HEALTH CARE; IMPROVED CHILD HEALTH AND WELL-BEING THROUGH ENHANCED RELATIONSHIPS BETWEEN PARENTS AND HEALTHCARE PROVIDERS; FAMILIES WHO ARE ABLE TO CONNECT WITH COMMUNITY RESOURCES AS NEEDED; AND IMPROVED MATERNAL DEPRESSION RATES AND MENTAL HEALTH OUTCOMES THROUGH IN-HOME COGNITIVE BEHAVIORAL THERAPY.

HOME VISITING AGENCIES (HVAS) PARTICIPATING IN PROMISE 1000 SERVE LOW-INCOME FAMILIES WITH CHILDREN PRENATAL THROUGH 36 MONTHS OF AGE WHO ARE AT HIGHEST RISK OF EXPERIENCING ADVERSE CHILDHOOD EXPERIENCES (ACES). IN ADDITION TO MEETING INCOME REQUIREMENTS, 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,

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

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2021

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CHILDHOOD HISTORY OF ABUSE, AND LOW EDUCATION STATUS.

PRESENTATIONS ON PROMISE 1000 COLLECTIVE IMPACT HOME VISITING ARE
REGULARLY OFFERED TO VARIOUS LOCAL AND STATE ENTITIES. PARENTS OR
PROVIDERS CAN MAKE A REFERRAL ONLINE AT PROMISE1000.ORG OR BY PHONE
THROUGH UNITED WAY OF GREAT KANSAS CITY 211. 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.

ANNUALLY, APPROXIMATELY 1,000 FAMILIES ARE SERVED.

FORM 990, PART III, LINE 4D

UNITED WAY OF GREATER KANSAS CITY SERVES AS PARTNER TO VARIOUS CITY AND
COUNTY GOVERNMENTS THROUGHOUT THE KANSAS CITY METROPOLITAN REGION IN THE
IMPLEMENTATION OF THE US TREASURY DEPARTMENT'S EMERGENCY RENTAL
ASSISTANCE PROGRAMS. THIS WORK INCLUDES FOUR COMPONENTS: ADMINISTRATIVE
SUPPORT LEGAL REPRESENTATION COUPLED WITH AN EVICTION PREVENTION FUND;
INFORMATION AND REFERRAL AND SCREENING FOR PROSPECTIVE APPLICATIONS TO
THE PROGRAMS; AND LANDLORD ENGAGEMENT THROUGH WHICH LANDLORDS MAY SEEK
ASSISTANCE ON BEHALF OF ONE OR MORE TENANTS. THE NATION'S EVICTION CRISIS
HAS WORSENERED AS A RESULT OF THE COVID-19 PANDEMIC, CAUSING A GROWING
NUMBER OF HOUSEHOLDS IN THE GREATER KANSAS CITY REGION TO BE A RISK OF
EVICTION. UNITED WAY HAS PARTNERED WITH LOCAL LEGAL AID PROVIDERS TO
IDENTIFY HOUSEHOLDS WITH AN EVICTION THAT HAS BEEN FILED AND PROVIDE THEM
WITH AN ATTORNEY, AND THE FINANCIAL ASSISTANCE NEEDED TO SETTLE THEIR
RENT DEBT. ADDITIONALLY, UNITED WAY HAS COORDINATED SERVICES TO LANDLORDS

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2021

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Inspection**

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WHO SEEK ASSISTANCE ON BEHALF OF TENANTS WHO ARE BEHIND ON RENT PAYMENTS.

FORM 990, PART VI, SECTION B, LINE 11B

INITIAL COMPILATION OF THE INFORMATION FOR THE RETURN IS COMPLETED BY THE
VICE PRESIDENT OF FINANCE FOR TRANSMISSION TO THE ACCOUNTING FIRM FOR
PREPARATION. THE DRAFT RETURN IS REVIEWED BY THE CHIEF OPERATING OFFICER
AND VICE PRESIDENT OF FINANCE, AND THEN PROVIDED TO THE AUDIT COMMITTEE
AND BOARD OF TRUSTEES PRIOR TO FILING THE RETURN.

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.

FORM 990, PART VI, SECTION B, LINE 15A

IN SPRING 2021, THE CEO SELECTION COMMITTEE REVIEWED SALARY DATA FROM
OTHER UNITED WAY ORGANIZATIONS OF SIMILAR SIZE, THE RECENTLY RETIRED CEO
SALARY, AND OBTAINED SALARY RECOMMENDATIONS FROM THE EXTERNAL FIRM WHO
CONDUCTED THE CEO SEARCH TO DETERMINE THE APPROPRIATE LEVEL OF
COMPENSATION FOR THE CEO.

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 THE

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

ORGANIZATION'S ANNUAL AUDIT ARE ALSO AVAILABLE ON THE ORGANIZATION'S
WEBSITE.

FORM 990, PART XI, LINE 9

CHANGE IN BENEFICIAL INTEREST IN TRUST (\$ 100,577)

Name of the organization

Employer identification number

UNITED WAY OF GREATER KANSAS CITY, INC

44-0545812

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

=====

DESCRIPTION -----	GRANTS -----	EXPENSES -----	REVENUE -----
OTHER-EVICTION PREVENTION	11,852,727.	12,748,535.	NONE
	-----	-----	-----
TOTALS	11,852,727.	12,748,535.	NONE
	=====	=====	=====

Name of the organization

Employer identification number

UNITED WAY OF GREATER KANSAS CITY, INC**44-0545812**

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

DIGITAL EVOLUTION GROUP

6601 COLLEGE BLVD. 6TH FLOOR

OVERLAND PARK, KS 66211

MARKETING SERVICES

482,475.

BKD LLP

801 W 47TH STREET

KANSAS CITY, MO 64112

ACCOUNTING SERVICES

110,048.

UPIC SOLUTIONS

334 BEECHWOOD RD, SUITE 500

FORT MITCHELL, KY 41017

IT SERVICES

240,606.

Form **8879-TE****IRS e-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning 07/01/2021 and ending 06/30/2022

▶ Do not send to the IRS. Keep for your records.

▶ Go to www.irs.gov/Form8879TE for the latest information.**2021**Department of the Treasury
Internal Revenue Service

Name of filer

UNITED WAY OF GREATER KANSAS CITY, INC

Name and title of officer or person subject to tax

EIN or SSN

44-0545812CHERYL ADLER, VICE PRESIDENT, FINA**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here	<input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

NONE

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize FORVIS, LLP to enter my PIN 88218 as my signature

Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶ 3/23/2023**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

43372244016

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶ 03/24/2023

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2021)JSA
1X3008 3.000

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2021Department of the Treasury
Internal Revenue ServiceFor calendar year 2021 or other tax year beginning 07/01, 2021, and ending 06/30, 2022▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed.		Print or Type		Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) UNITED WAY OF GREATER KANSAS CITY, INC	D Employer identification number 44-0545812
B Exempt under section <input checked="" type="checkbox"/> 501(C)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A		Number, street, and room or suite no. If a P.O. box, see instructions. 801 WEST 47TH STREET, STE 500		E Group exemption number (see instructions)	
		City or town, state or province, country, and ZIP or foreign postal code KANSAS CITY, MO 64112		F <input type="checkbox"/> Check box if an amended return.	
		C Book value of all assets at end of year ▶ 27299107.			
G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust					
H Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439					
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶ <input type="checkbox"/>					
J Enter the number of attached Schedules A (Form 990-T) ▶					
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation ▶					
L The books are in care of ▶ CHERYL ADLER Telephone number ▶ 913-371-6742 801 W 47TH STREET, SUITE 500 KANSAS CITY, MO 64112					

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions).	1	
2	Reserved	2	
3	Add lines 1 and 2	3	
4	Charitable contributions (see instructions for limitation rules)	4	
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6	Deduction for net operating loss. See instructions.	6	
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	8	
9	Trusts. Section 199A deduction. See instructions.	9	
10	Total deductions. Add lines 8 and 9	10	
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero.	11	NONE

Part II Tax Computation

1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	NONE
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041).	2	
3	Proxy tax. See instructions	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax (trusts only)	5	
6	Tax on noncompliant facility income. See instructions	6	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	NONE

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2021)

Part III Tax and Payments

1 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b Other credits (see instructions)	1b			
c General business credit. Attach Form 3800 (see instructions)	1c			
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d			
e Total credits. Add lines 1a through 1d	1e			
2 Subtract line 1e from Part II, line 7	2			NONE
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3			
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4			NONE
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5			
6 a Payments: A 2020 overpayment credited to 2021	6a			
b 2021 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> 6b	6b			
c Tax deposited with Form 8868	6c			
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d			
e Backup withholding (see instructions)	6e			
f Credit for small employer health insurance premiums (attach Form 8941)	6f			
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other <input type="checkbox"/> Total 6g	6g			
7 Total payments. Add lines 6a through 6g	7			
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached. <input type="checkbox"/> 8	8			
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9			NONE
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid.	10			
11 Enter the amount of line 10 you want: Credited to 2022 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/> 11	11			

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

	Yes	No
1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here <input type="checkbox"/>		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> \$		
4 Enter available pre-2018 NOL carryovers here <input type="checkbox"/> \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code		Available post-2017 NOL carryover
		\$
		\$
		\$
		\$
6 a Did the organization change its method of accounting? (see instructions)		X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1122? If "No," explain in Part V.		

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

SUPPLEMENTAL INFORMATION ATTACHED

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.					
	Signature of officer <input type="checkbox"/>	Date <input type="checkbox"/>	Title <input type="checkbox"/>	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date 05/15/2023	Check <input type="checkbox"/> if self-employed	PTIN P00482834
	Firm's name <input type="checkbox"/> FORVIS, LLP					Firm's EIN <input type="checkbox"/> 44-0160260
	Firm's address <input type="checkbox"/> 1201 WALNUT, SUITE 1700, KANSAS CITY, MO 64106-224					Phone no. 816-221-6300

SUPPLEMENTAL INFORMATION

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PART NUMBER:	PART V
LINE NUMBER:	N/A

EXPLANATION:

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC §512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTES OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.

Electronic Filing Information: PDF attachments Included in this Return

Tax Year: 2021
Name: UNITED WAY OF GREATER
Return No: E8606QB1

Jurisdiction: Federal
No of Attachments: 1

PDF Attachment Description	PDF File Name	File Size
Schedule I Attachment	E8606QB1_FE_Schedule I Attachment.pdf	1,401,432

United Way of Greater Kansas City
44-0545812
Schedule I, Part II Attachment

(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
Ability KC 3011 Baltimore, Kansas City, MO 64108	44-0552045	501(c)(3)	123,021.68				Program Funding
AdHoc Group Against Crime 2701 E 31st St, Kansas City, MO 64128	30-0455147	501(c)(3)	11,265.71				Program Funding
Advice and Aid Pregnancy Center 4601 W 109th St, Ste 302, Leawood, KS 66211	48-1055953	501(c)(3)	10,560.30				Donor Designation Funding
ALS Association Mid-America Chapter 6405 Metcalf Ave, Ste 205, Mission, KS 66202	48-1021611	501(c)(3)	6,145.00				Donor Designation Funding
Alzheimer's Association, Heart of America Chapter 3846 W 75th St, Prairie Village, KS 66208	48-0934474	501(c)(3)	47,874.46				Donor Designation Funding
American Cancer Society High Plains Division 1100 Pennsylvania Ave, Kansas City, MO 64105	13-1788491	501(c)(3)	46,328.00				Program Funding
American Red Cross Greater Kansas City Chapter 6601 Winchester Ave, #110, Kansas City, MO 64133	53-0196605	501(c)(3)	11,126.00				Donor Designation Funding
America's Best Charities 1100 Larkspur Landing Circle, Suite 340, Larkspur, CA 94939	94-3067804	501(c)(3)	11,081.45				Donor Designation Funding
America's Charities 14150 Newbrook Dr., Suite 110, Chantilly, VA 20151	54-1517707	501(c)(3)	8,048.31				Donor Designation Funding
Amethyst Place 2735 Troost Ave, Kansas City, MO 64109	43-1887442	501(c)(3)	18,336.00				Program Funding
Archdiocese of Kansas City, Kansas 12615 Parallel Pkwy, Kansas City, KS 66109	48-0559094	501(c)(3)	5,000.00				Donor Designation Funding
Artists Helping the Homeless 3625 Warwick Blvd, Kansas City, MO 64111	26-2063489	501(c)(3)	25,700.00				Donor Designation Funding
Avenue of Life 500 N. 7th St Fwy, Kansas City, KS 66101	46-2526799	501(c)(3)	601,261.70				Program Funding
Barstow School 11511 State Line Rd, Kansas City, MO 64114	44-0546207	501(c)(3)	7,256.00				Donor Designation Funding
Benilde Hall 3220 E 23rd St., Kansas City, MO 64127	43-1795790	501(c)(3)	10,350.00				Program Funding
Bethel Neighborhood Center PO Box 171637, Kansas City, KS 66117	23-7098818	501(c)(3)	50,726.08				Program Funding
Big Brothers Big Sisters of Greater Kansas City 1709 Walnut Street, Kansas City, MO 64108	43-6068464	501(c)(3)	102,685.88				Program Funding
Bishop Sullivan Center 6435 Truman Rd., Kansas City, MO 64126	43-0993672	501(c)(3)	8,665.03				Donor Designation Funding
Boy Scouts of America Heart of America Council 10210 Holmes Road, Kansas City, MO 64131	44-0545995	501(c)(3)	127,936.61				Program Funding
Boys and Girls Clubs of Greater Kansas City 4001 Blue Pkwy., Ste. 102, Kansas City, MO 64131	43-6072065	501(c)(3)	373,785.43				Program Funding
Boys and Girls Clubs of Olathe 520 S Harrison, Olathe, KS 66061	43-6072065	501(c)(3)	19,441.00				Donor Designation Funding
Boys Hope Girls Hope-Kansas City 7700 Wedd St., Suite 15, Overland Park, KS 66204	51-0182614	501(c)(3)	6,050.00				Donor Designation Funding
Bradens Hope for Childhood Cancer 15954 Murlen #124, Olathe, KS 66062	27-3519273	501(c)(3)	19,341.36				Donor Designation Funding
Camp Fire Heartland Operations 1801 Main, Suite 200, Kansas City, MO 64108	44-0565395	501(c)(3)	32,278.91				Program Funding
Caritas Clinics, Inc. 818 N 7th St, Leavenworth, KS 66048	48-1009910	501(c)(3)	79,830.00				Program Funding
CASA of Johnson and Wyandotte Counties 6950 Squibb Rd., Suite 300, Mission, KS 66202	48-1088233	501(c)(3)	51,887.38				Program Funding
Cass Community Health Foundation 2316 E Meyer Blvd., Kansas City, MO 64132	43-1349495	501(c)(3)	10,000.00				Program Funding
Catholic Charities of Kansas City - St. Joseph 4001 Blue Parkway, Suite 250, Kansas City, MO 64130	43-0887779	501(c)(3)	161,057.00				Program Funding
Catholic Charities of Northeast Kansas 2220 Central Avenue, Kansas City, KS 66102	48-1181305	501(c)(3)	631,885.55				Program Funding
Child Abuse Prevention Association 503 E 23rd Street, Independence, MO 64055	43-1067711	501(c)(3)	193,983.72				Program Funding
Child Protection Center 3101 Broadway, Suite 750, Kansas City, MO 64111	20-4535728	501(c)(3)	16,210.07				Program Funding
Children's Center for the Visually Impaired 3101 Main St., Kansas City, MO 64111	44-0574397	501(c)(3)	65,684.83				Program Funding
Childrens Mercy Foundation 2401 Gillham Rd, Kansas City, MO 64108	43-1564302	501(c)(3)	5,000.00				Donor Designation Funding
Children's Mercy Hospitals and Clinics 2401 Gillham Road, Kansas City, MO 64108	44-0605373	501(c)(3)	558,548.94				Program Funding
Christ Community Evangelical Free Church 10901Lowell Ave, Ste 290, Overland Park, KS 66210	48-1058571	501(c)(3)	5,000.00				Donor Designation Funding

United Way of Greater Kansas City
44-0545812
Schedule I, Part II Attachment

(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
Church of the Nativity 3800 W 119th St, Leawood, KS 66209	53-0196617	501(c)(3)	6,000.00				Donor Designation Funding
City Union Mission 1100 E. 11th Street, Kansas City, MO 64106	44-6005481	501(c)(3)	101,478.94				Donor Designation Funding
City Year Kansas City 415 Delaware St 3rd Floor, Kansas City, MO 64105	22-2882549	501(c)(3)	40,200.00				Program Funding
Citylight Kansas City 4900 NW Gateway Ave, Riverside, MO 64150	83-1265308	501(c)(3)	12,552.00				Donor Designation Funding
Community Action Agency of Greater Kansas City 6323 Manchester Ave., Kansas City, MO 64133	43-1197168	501(c)(3)	20,950.00				Program Funding
Community Assistance Council 10901 Blue Ridge Blvd., Kansas City, MO 64134	23-7439079	501(c)(3)	65,000.00				Program Funding
Community Housing of Wyandotte County 2 S 14th Street, Kansas City, KS 66102	48-0934993	501(c)(3)	132,500.00				Program Funding
Community LINC 4012-14 Troost Ave., Kansas City, MO 64110	43-1506591	501(c)(3)	23,770.00				Program Funding
Community Services League 404 N Noland Rd., Independence, MO 64050	43-0976396	501(c)(3)	212,196.00				Program Funding
Cornerstones of Care 300 E 36th Street, Kansas City, MO 64111	44-0545442	501(c)(3)	172,540.12				Program Funding
Corporation for Supportive Housing 61 Broadway, Ste 2300, New York, NY 10006	4606933565	501(c)(3)	10,000.00				Donor Designation Funding
Creating Healthier Communities PO Box 715153, Philadelphia, PA 19171	13-6167225	501(c)(3)	7,793.00				Donor Designation Funding
Crittenton Children's Center 10918 Elm Ave., Kansas City, MO 64134	44-0545808	501(c)(3)	50,000.00				Program Funding
Cross-Lines Community Outreach, Inc. 736 Shawnee Ave., Kansas City, KS 66105	48-0697177	501(c)(3)	297,209.00				Program Funding
Cultivate Kansas City 300 E 39th St, Kansas City, MO 64111	20-2365320	501(c)(3)	31,095.03				Program Funding
Cure of Ars Catholic Church 9401 Mission Rd, Leawood, KS 66206	48-0651344	501(c)(3)	5,000.00				Donor Designation Funding
DeLaSalle Education Center 3737 Troost, Kansas City, MO 64109	43-0971728	501(c)(3)	34,674.95				Program Funding
Delight Ahead Child and Family Development Center 2411 Steele Rd, Kansas City, KS 66106	80-0247832	501(c)(3)	24,593.00				Program Funding
Della Lamb Community Services 500 Woodland Ave., Kansas City, MO 64106	44-0549931	501(c)(3)	158,117.00				Program Funding
Dollywood Foundation 111 Dollywood Lane, Pigeon Forge, TN 37863	62-1348105	501(c)(3)	46,930.15				Program Funding
Don Bosco Community Centers 580 Cambell St, Kansas City, MO 64106	44-0558260	501(c)(3)	28,763.12				Program Funding
Down Syndrome Guild of Greater KC 5960 Dearborn St, Suite 100, Mission, KS 66202	43-1427760	501(c)(3)	24,993.00				Donor Designation Funding
Drumm Center for Children 3210 S Lee's Summit Road, Independence, MO 64055	44-0569643	501(c)(3)	10,472.00				Program Funding
Duckhorn Outdoor Adventures Fund 1055 Broadway, Suite 130, Kansas City, MO 64105	43-1152398	501(c)(3)	17,341.00				Donor Designation Funding
Early START 2008 E 12th St, Kansas City, MO 64127	44-0646347	501(c)(3)	109,176.00				Program Funding
Easter Seals Midwest 11933 Westline Industrial Drive, St. Louis, MO 63146	43-0979927	501(c)(3)	346,446.00				Program Funding
Economic Opportunity Foundation 1542 Minnesota Ave., Kansas City, KS 66102	48-6120518	501(c)(3)	76,958.00				Program Funding
El Centro, Inc. 650 Minnesota Avenue, Kansas City, KS 66101	36-2904073	501(c)(3)	274,727.70				Program Funding
Epilepsy Foundation of Missouri and Kansas 6400 Prospect, Suite 300B, Kansas City, MO 64132	43-6048869	501(c)(3)	7,229.28				Program Funding
Faith Chapel Assembly of God 15000 Newton Dr, Overland Park, KS 66223	48-0955083	501(c)(3)	27,000.00				Donor Designation Funding
Faith Lutheran Church 1183 Big Bend Rd, Ballwin, MO 63021	75-3108514	501(c)(3)	11,000.00				Donor Designation Funding
Flourish Furnishings P.O. Box 778, Grandview, MO 64030	84-3337394	501(c)(3)	24,335.34				Donor Designation Funding
Food Equality Initiative 11 E 40th Street, Kansas City, MO 64111	47-2377396	501(c)(3)	15,000.00				Program Funding
Foothills Gateway Inc 301 W Skyway Dr, Fort Collins, CO 80525	23-7019672	501(c)(3)	5,200.00				Donor Designation Funding
Foster Adopt Connect, Inc. 18600 E 37th Terr. South, Suite 101, Independence, MO 64057	43-1895965	501(c)(3)	9,179.78				Program Funding

United Way of Greater Kansas City
44-0545812
Schedule I, Part II Attachment

(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
Freedom Fire Urban Ministries PO Box 270061, Kansas City, MO 64127	43-1616418	501(c)(3)	11,520.00				Donor Designation Funding
Friends of Yates, Inc. 1418 Garfield Ave, Kansas City, KS 66104	48-0908425	501(c)(3)	87,000.00				Program Funding
Front Porch Alliance-Kansas City Inc 3201 Michigan Ave, Kansas City, MO 64109	43-1874501	501(c)(3)	45,047.00				Program Funding
Full Employment Council 1740 The Paseo Blvd, Kansas City, MO 64108	43-1377197	501(c)(3)	31,780.00				Program Funding
Generating Income for Tomorrow 6311 N Bales Ave, Kansas City, MO 64119	85-0935933	501(c)(3)	33,423.00				Donor Designation Funding
Genesis School 3800 East 44th Street, Kansas City, MO 64130	43-1196717	501(c)(3)	21,172.00				Program Funding
Girl Scouts of NE Kansas & NW Missouri 8383 Blue Parkway, Kansas City, MO 64133	43-0892926	501(c)(3)	135,055.00				Program Funding
Girls on the Run of Greater Kansas City 211 W 18th St, Kansas City, MO 64108	20-8508128	501(c)(3)	12,565.04				Donor Designation Funding
Giving the Basics 927 S. 7th St., Kansas City, KS 66105	45-3069975	501(c)(3)	40,747.19				Program Funding
Global FC 800 QuikTrip Way, Belton, MO 64012	82-0916117	501(c)(3)	10,000.00				Program Funding
Good Samaritan Center of Excelsior Springs 108 S. Thompson Ave, Excelsior Springs, MO 64024	43-1526962	501(c)(3)	10,052.00				Program Funding
Grace United Community Ministries 801 Benton Blvd., Kansas City, MO 64124	66-0645519	501(c)(3)	30,000.00				Program Funding
Grandview Assistance Program 1121 Main Street, Grandview, MO 64030	43-1607813	501(c)(3)	70,120.00				Program Funding
Greater Kansas City LISC 600 Broadway, Suite 280, Kansas City, MO 64105	13-3030229	501(c)(3)	430,000.00				Program Funding
Greater Kansas City Sports Foundation 2600 Grand Blvd, Suite 100, Kansas City, MO 64108	43-1530518	501(c)(3)	7,516.00				Donor Designation Funding
Growing Futures Early Education Center 8155 Sante Fe Drive, Overland Park, KS 66204	48-0723044	501(c)(3)	78,470.00				Program Funding
Guadalupe Centers, Inc. 1015 Avenida Cesar E. Chavez, Kansas City, MO 64108	44-0610781	501(c)(3)	166,001.16				Program Funding
Happy Bottoms 303 W 79th St, Kansas City, MO 64114	27-2423540	501(c)(3)	36,183.00				Program Funding
Harrisonville Ministerial Alliance PO Box 26, 1405 S Commercial, Harrisonville, MO 64701	43-1800881	501(c)(3)	5,930.00				Program Funding
Hartke Fund Forest Springs Camp Conference Center N8890 Forest Ln, Westboro, WI 54490	39-1249982	501(c)(3)	6,812.00				Donor Designation Funding
Harvesters 3801 Topping Ave., Kansas City, MO 64129	43-1208665	501(c)(3)	171,062.10				Program Funding
Head for the Cure 1607 Oak St, Kansas City, MO 64108	20-8345719	501(c)(3)	7,812.00				Donor Designation Funding
Health Partnership Clinic of Johnson County 407 S Clairborne Rd., Suite 104, Olathe, KS 66062	48-1115529	501(c)(3)	30,000.00				Program Funding
Heartland Center for Jobs and Freedom 4047 Central St, Kansas City, MO 64111	47-4613477	501(c)(3)	88,310.11				Program Funding
Heartland Community Church 12175 S Strang Line Rd., Olathe, KS 66062	48-1022368	501(c)(3)	15,600.00				Donor Designation Funding
HELP Humane 17122 Bel Ray Place, Belton, MO 64012	43-1787083	501(c)(3)	10,060.00				Donor Designation Funding
Helzberg Entrepreneurial Mentoring Prog HEMP KC 2000 Baltimore Ave, Kansas City, MO 64108	43-1836443	501(c)(3)	5,000.00				Donor Designation Funding
High Aspirations 6320 Brookside Plaza, Suite 263, Kansas City, MO 64113	81-0673432	501(c)(3)	19,226.66				Program Funding
Holy Family School of Faith Institute 13240 Craig St, Overland Park, KS 66213	20-3126204	501(c)(3)	36,000.00				Donor Designation Funding
Hope BUILDERS Home Repair 11184 Antioch, #324, Overland Park, KS 66210	48-1248881	501(c)(3)	8,360.00				Donor Designation Funding
Hope Faith Ministries 705 Virginia Ave, Kansas City, MO 64106	02-0727462	501(c)(3)	13,100.00				Donor Designation Funding
Hope Haven of Cass County 200 N. Oakland, Harrisonville, MO 64701	43-1596092	501(c)(3)	14,646.48				Program Funding
Hope House 9908 E. Winner Rd., Independence, MO 64052	43-1265685	501(c)(3)	79,749.62				Program Funding
House of Hope Kansas City 7044 Antioch, Merriam, KS 66204	20-1752186	501(c)(3)	5,000.00				Donor Designation Funding
Housing Authority of Kansas City Missouri 920 Main St, Kansas City, MO 64105	44-6000716	501(c)(3)	151,320.00				Program Funding
Humane Society of Greater Kansas City 5445 Parallel Pkwy, Kansas City, KS 66104	48-0581965	501(c)(3)	7,450.00				Donor Designation Funding

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In the Name of Grace 118 N Conistor Ln, Suite B, Liberty, MO 64068	81-3596043	501(c)(3)	8,670.68				Donor Designation Funding
Inclusion Connections, Inc. Pawsabilities 2073 E Sante Fe, Olathe, KS 66062	46-2754831	501(c)(3)	6,375.00				Donor Designation Funding
Ivanhoe Neighborhood Council 3700 Woodland Ave, Kansas City, MO 64109	43-1843831	501(c)(3)	15,000.00				Program Funding
Jackson County CASA 2544 Holmes Street, Kansas City, MO 64108	43-1401328	501(c)(3)	38,018.94				Program Funding
Jewish Community Center of Greater Kansas City 5801 W 115th St., Suite 101, Overland Park, KS 66211	44-0545992	501(c)(3)	6,317.59				Program Funding
Jewish Family Services 5801 W 115th St., Suite 103, Leawood, KS 66211	44-0545829	501(c)(3)	222,061.44				Program Funding
Jewish Vocational Service 4600 Paseo, Kansas City, MO 64110	44-0545994	501(c)(3)	49,531.17				Program Funding
Johnson County Interfaith Hospitality Network 6315 W 110th St., Overland Park, KS 66211	20-0118693	501(c)(3)	17,060.00				Program Funding
Johnson County Library Foundation PO Box 2933, Shawnee Mission, KS 66201	74-2830491	501(c)(3)	9,500.66				Donor Designation Funding
Joshua Child and Family Development Center 1010 Carondelet Dr, Suite 120, Kansas City, MO 64114	43-1782066	501(c)(3)	8,106.00				Donor Designation Funding
Junior Achievement of Greater Kansas City 4011 Blue Parkway, Kansas City, MO 64130	44-0604809	501(c)(3)	46,175.00				Donor Designation Funding
Juvenile Diabetes Research Foundation (JDRF) 215 W Pershing Rd. Suite 300, Kansas City, MO 64108	23-1907729	501(c)(3)	45,143.37				Donor Designation Funding
K.C.U.R. 4825 Troost Building, Ste 202, Kansas City, MO 64110	43-6003859	501(c)(3)	5,087.00				Donor Designation Funding
Kansas Children's Services League KCCL 6025 Metcalf Lane, Suite 300, Overland Park, KS 66202	48-0543749	501(c)(3)	62,453.00				Program Funding
Kansas City Ballet 500 Pershing Rd, Kansas City, MO 64108	43-6052680	501(c)(3)	5,000.00				Donor Designation Funding
Kansas City Center for Inclusion 3911 Main St, Kansas City, MO 64111	81-1273605	501(c)(3)	6,535.00				Donor Designation Funding
Kansas City Community Gardens 300 E 39th St, Ste LL1D, Kansas City, MO 64111	43-1356677	501(c)(3)	7,800.00				Program Funding
Kansas City Hospice 1500 Meadow Lake Parkway, Kansas City, MO 64114	43-1209344	501(c)(3)	20,703.41				Donor Designation Funding
Kansas City KS Public Schools USD500 2010 N 59th St, Kansas City, KS 66104	48-6031181	501(c)(3)	40,000.00				Program Funding
Kansas City Pet Project 7077 Elmwood Avenue, Kansas City, MO 64132	45-3067615	501(c)(3)	8,565.75				Donor Designation Funding
Kansas City, Kansas School Foundation for Excellence 2010 N 59th St, Kansas City, KS 66109	48-1092627	501(c)(3)	8,042.00				Program Funding
Kansas Legal Services, Inc. 400 State Avenue, Suite 1015, Kansas City, KS 66101	48-0872528	501(c)(3)	44,406.00				Program Funding
Kansas University Endowment PO Box 928, Lawrence, KS 66044	48-0547734	501(c)(3)	7,500.00				Donor Designation Funding
KC CARE Health Center 3515 Broadway, Kansas City, MO 64111	43-0967292	501(c)(3)	53,783.00				Program Funding
KCK Huggers 5033 State Ave, Kansas City, KS 66102	48-1059396	501(c)(3)	20,000.00				Program Funding
KidsSTLC 480 S Rogers Rd., Olathe, KS 66062	48-0774593	501(c)(3)	89,442.00				Program Funding
KVC Health Systems 21350 W 153rd St., Olathe, KS 66061	48-0770308	501(c)(3)	98,826.00				Program Funding
Lakemary Center, Inc. 100 Lake Mary Drive, Paola, KS 66071	48-0732570	501(c)(3)	5,000.00				Donor Designation Funding
Lead to Read, Inc 6022 N Strathbury Ave, Kansas City, MO 64151	82-1256215	501(c)(3)	15,502.37				Donor Designation Funding
Lee's Summit Christian Church 800 NE Tudor Rd, Lee's Summit, MO 64086	44-0642460	501(c)(3)	10,000.00				Donor Designation Funding
Lee's Summit Social Services 108 SE 4th Street, Lee's Summit, MO 64063	43-1604974	501(c)(3)	29,289.99				Program Funding
Legacy Fellowship Inc. 10150 Antioch Rd., Overland Park, KS 66210	27-3218793	501(c)(3)	6,300.00				Donor Designation Funding
Legal Aid of Western Missouri 4001 Blue Pkwy., Ste. 300, Kansas City, MO 64130	43-0824638	501(c)(3)	92,985.34				Program Funding
Leukemia and Lymphoma Society Mid-America Chapter 6811 W 63rd St, Suite 202, Shawnee Mission, KS 66202	13-5644916	501(c)(3)	17,788.39				Donor Designation Funding
Life Mission Church 16111 S Lone Elm Rd, Olathe, KS 66062	77-06447-54	501(c)(3)	22,000.00				Donor Designation Funding

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Life Unlimited, Inc. 320 Armour Road, Suite 101, North Kansas City, MO 64116	43-1237483	501(c)(3)	6,860.77				Program Funding
Literacy Kansas City 3036 Troost Avenue, Kansas City, MO 64189	43-1435729	501(c)(3)	42,542.00				Program Funding
Loaves and Fishes Community Pantry 1871 High Grove Ln., Naperville, IL 60540	36-3786777	501(c)(3)	7,500.00				Donor Designation Funding
Local Workforce Investment Area III, Inc. 8535 Bluejacket, Lenexa, KS 66214	23-0839811	501(c)(3)	60,090.00				Program Funding
Lockton CARES 444 W 47th St, Ste 900, Kansas City, MO 64112	41-2113872	501(c)(3)	10,150.00				Donor Designation Funding
Make A Wish Missouri 13523 Barrett Pkwy Dr, Ste 241, Ballwin, MO 63021	43-1550697	501(c)(3)	10,302.00				Donor Designation Funding
March of Dimes - Greater Kansas City Division 4060 Indian Creek Parkway, Overland Park, KS 66207	13-1846366	501(c)(3)	12,872.00				Donor Designation Funding
Mattie Rhodes Center 148 N Topping Avenue, Kansas City, MO 64123	44-0546343	501(c)(3)	182,064.05				Program Funding
Mental Health America of the Heartland 739 Minnesota Avenue, Kansas City, KS 66101	48-1185409	501(c)(3)	32,280.00				Program Funding
Metro Lutheran Ministry 3031 Holmes, Kansas City, MO 64109	43-0970991	501(c)(3)	385,858.71				Program Funding
Mid America Assistance Coalition One W Armour Blvd., Suite 301, Kansas City, MO 64111	43-1186173	501(c)(3)	25,000.00				Program Funding
Mission Southside Inc 18335 W. 168th Terr, Olathe, KS 66062	27-3655778	501(c)(3)	5,465.36				Donor Designation Funding
MOCSA - Metropolitan Organization to Counter Sexual Assault 3100 Broadway, Suite 400, Kansas City, MO 64111	43-1061620	501(c)(3)	105,081.00				Program Funding
Morse Covenant Church 15431 Quivira Rd, Overland Park, KS 66221	20-1524569	501(c)(3)	10,000.00				Donor Designation Funding
Mother's Refuge 14400 E 42nd St. South, Suite 220, Independence, MO 64055	43-1454628	501(c)(3)	17,077.40				Program Funding
Mt. Carmel Redevelopment Corporation 1130 Troupe, Kansas City, KS 66104	48-1160735	501(c)(3)	77,650.00				Program Funding
n2n Neighbor 2 Neighbor PO Box 32914, Kansas City, MO 64171	26-0346152	501(c)(3)	8,530.00				Donor Designation Funding
National Multiple Sclerosis Society -Mid America Chapter 2020 W 89th St, Ste 100, Leawood, KS 66206	44-0613436	501(c)(3)	10,686.00				Donor Designation Funding
National Parkinson Foundation Heartland Chapter 13451 Briar St, #202, Leawood, KS 66209	48-1171504	501(c)(3)	5,717.99				Donor Designation Funding
Newhouse PO Box 240019, Kansas City, MO 64124	43-0962293	501(c)(3)	46,694.40				Program Funding
Northland Health Care Access PO Box 14414, Parkville, MO 64152	43-1578121	501(c)(3)	16,500.00				Program Funding
Northland Neighborhoods, Inc. 4420 N Chouteau Trfy., Kansas City, MO 64117	43-1746357	501(c)(3)	15,137.32				Program Funding
Northland Shepherd's Center 5601 NE Antioch Road, Ste 12, Gladstone, MO 64119	43-1567162	501(c)(3)	10,400.00				Program Funding
Nurture KC 1111 W. 39th St., Suite 100, Kansas City, MO 64111	43-1897000	501(c)(3)	20,000.00				Program Funding
Olathe Health Charitable Foundation - Cancer Center 20333 W 151st St., Olathe, KS 66061	48-1136010	501(c)(3)	19,341.36				Donor Designation Funding
Operation Breakthrough 3039 Troost, Kansas City, MO 64109	43-0971560	501(c)(3)	187,667.15				Program Funding
Outpacing Melanoma Foundation 11939 Noland St, Overland Park, KS 66213	45-3704195	501(c)(3)	21,015.00				Donor Designation Funding
Parents as Teachers KCKPS 2010 N 59th St, Kansas City, KS 66104	48-6031181	501(c)(3)	79,269.00				Program Funding
PCRF-Palestine Children Relief Fund 1340 Morris Rd, Kent, OH 44240	93-1057665	501(c)(3)	7,500.00				Donor Designation Funding
PC's for People 3210 Michigan Ave, Kansas City, MO 64109	45-3684984	501(c)(3)	30,000.00				Program Funding
Philmont Staff Association 17 Dee Run Rd, Cimarron, NM 87714	23-7360180	501(c)(3)	7,610.00				Donor Designation Funding
Phoenix Family 3908 Washington St., Kansas City, MO 64111	68-0101133	501(c)(3)	31,835.50				Program Funding
PREP-KC - Partnership for Regional Educational Preparation 2300 Main Street Ste 340, Kansas City, MO 64108	26-0524230	501(c)(3)	30,310.00				Program Funding
Project EAGLE Educare of Kansas City 444 Minnesota Avenue, #100, Kansas City, KS 66101	48-1108830	501(c)(3)	59,679.00				Program Funding

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Project1020							
15617 S Shannon Ln, Olathe, KS 66062	83-2224266	501(c)(3)	5,200.00				Donor Designation Funding
Raytown Emergency Assistance Program (REAP)							
9300 E. 75th St., Raytown, MO 64138	43-1294275	501(c)(3)	23,507.00				Program Funding
Reconciliation Services							
3101 Troost Avenue, Kansas City, MO 64109	36-4580402	501(c)(3)	27,568.00				Program Funding
Redeemer Fellowship							
3921 Baltimore Ave., Kansas City, MO 64111	44-0556854	501(c)(3)	9,293.05				Donor Designation Funding
Redemptorist Social Services Center							
207 W Linwood Boulevard, Kansas City, MO 64111	26-0054325	501(c)(3)	22,230.00				Program Funding
ReDiscover							
1555 NE Rice Road, Lee's Summit, MO 64086	23-7169417	501(c)(3)	18,233.00				Program Funding
Refugee Support United Aif Foundation							
305 7th Ave, Ste 1101, New York, NY 10001	20-2217488	501(c)(3)	20,585.00				Donor Designation Funding
Relentless Pursuit Outreach and Recovery Corp							
118 N Conistor Ln, Ste B200, Liberty, MO 64068	84-2663284	501(c)(3)	25,000.00				Donor Designation Funding
reStart							
918 East 9th Street, Kansas City, MO 64106	43-1349378	501(c)(3)	80,269.50				Program Funding
Ronald McDonald House Charities, K.C.							
2502 Cherry, Kansas City, MO 64108	43-1190760	501(c)(3)	44,158.17				Donor Designation Funding
Rose Brooks Center							
PO Box 320599, Kansas City, MO 64132	51-0231573	501(c)(3)	139,809.32				Program Funding
SAFEHOME							
PO Box 4563, Overland Park, KS 66204	48-0917798	501(c)(3)	86,538.58				Program Funding
Salvation Army - Olathe Corps							
420 E. Santa Fe, Olathe, KS 66061	44-0545998	501(c)(3)	21,341.00				Program Funding
Salvation Army Harbor Light Village							
6723 State Ave, Kansas City, KS 66102	44-0545998	501(c)(3)	122,472.56				Program Funding
Samuel U. Rodgers Health Center							
825 Euclid Ave., Kansas City, MO 64124	43-0899356	501(c)(3)	43,265.50				Program Funding
Sant Lukes Hospital Foundation							
901 E 104th St, Ste 100, Kansas City, MO 64131	44-6014699	501(c)(3)	5,000.00				Donor Designation Funding
SAVE, Inc.							
3000 Harrison, Kansas City, MO 64109	43-1465268	501(c)(3)	36,520.00				Program Funding
Sheffield Place							
6604 E 12th Street, Kansas City, MO 64126	43-1532267	501(c)(3)	23,575.00				Program Funding
Shelter KC Kansas City Rescue Mission							
1520 Cherry Street, Kansas City, MO 64108	43-1287029	501(c)(3)	11,482.00				Donor Designation Funding
Shepherd's Center of Kansas City Central							
PO Box 32844, Kansas City, MO 64171	43-0994417	501(c)(3)	10,805.00				Program Funding
Shepherd's Center of KC KS							
757 Armstrong, Kansas City, KS 66101	48-1039483	501(c)(3)	10,000.00				Program Funding
Shepherd's Center of Raytown							
5110 Westridge Circle, #42, Raytown, MO 64133	43-1531153	501(c)(3)	10,300.00				Program Funding
Sherwood Autism Center							
8030 Ward Parkway Plaza, Kansas City, MO 64114	23-7413671	501(c)(3)	30,000.00				Program Funding
Speak Up Inc							
5801 W 115 St, Ste 104, Overland Park, KS 66211	43-6049281	501(c)(3)	8,671.00				Donor Designation Funding
St. Agnes Catholic Church							
5250 Mission Rd., Roeland Park, KS 66205	48-0630274	501(c)(3)	11,666.00				Donor Designation Funding
St. Paul's Emergency Food Pantry							
11 E 40th St, Kansas City, MO 64111	44-0545908	501(c)(3)	5,000.00				Donor Designation Funding
Starlight Theatre Association of Kansas City							
4600 Starlight Rd., Kansas City, MO 64132	44-0552079	501(c)(3)	12,500.00				Donor Designation Funding
Start at Zero							
5508 Troost Ave, Kansas City, MO 64110	47-4246490	501(c)(3)	10,721.38				Program Funding
Sunflower House							
15440 W 65th Street, Shawnee, KS 66217	48-0918698	501(c)(3)	61,068.52				Program Funding
Swope Health Services							
3801 Blue Parkway, Kansas City, MO 64130	43-0957840	501(c)(3)	15,790.00				Program Funding
Synergy Services							
400 E 6th St., Parkville, MO 64152	43-0970674	501(c)(3)	105,415.40				Program Funding
Team Expansion Ministries							
4112 Old Roult Rd, Louisville, KY 40299	31-1043937	501(c)(3)	6,000.00				Donor Designation Funding
Team Smile							
200 Swift St, North Kansas City, MO 64116	75-3250075	501(c)(3)	11,000.00				Program Funding
The Children's Place							
2 E 59th Street, Kansas City, MO 64113	51-0195216	501(c)(3)	72,976.58				Program Funding
The Family Conservancy							
444 Minnesota Avenue, # 200, Kansas City, KS 66101	44-0454800	501(c)(3)	1,031,915.24				Program Funding
The Golden Scoop							
11619 Tomahawk Creek Parkway, Leawood, KS 66211	84-3863269	501(c)(3)	5,000.00				Donor Designation Funding

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The GreenLight Fund 120 St. James Ave, 6th Floor, Boston, MA 02116	20-0407083	501(c)(3)	8,333.00				Program Funding
The Rabbit Hole 919 E 14th St, North Kansas City, MO 64116	47-2324303	501(c)(3)	5,000.00				Donor Designation Funding
The Rockhurst Fund 1100 Rockhurst Rd, Kansas City, MO 64110	44-0545813	501(c)(3)	10,000.00				Donor Designation Funding
The Salvation Army of Kansas & Western Missouri 3637 Broadway, Kansas City, MO 64111	44-0545998	501(c)(3)	150,000.00				Program Funding
The Signatry 7171 W. 95th Street Ste 501, Overland Park, KS 66212	43-1890105	501(c)(3)	90,000.04				Donor Designation Funding
The UMKC Law Foundation 500 E 52nd St, Kansas City, MO 64110	23-7069620	501(c)(3)	12,503.32				Program Funding
The University of Kansas Center for Research, Inc. Mailstop 1039, Kansas City, KS 66160	48-0547734	501(c)(3)	55,000.00				Program Funding
The Village KC 31 W 31st St, Kansas City, MO 64108	85-0906381	501(c)(3)	5,586.00				Donor Designation Funding
The Whole Person 3710 Main Street, Kansas City, MO 64111	43-1157083	501(c)(3)	18,657.50				Program Funding
Thrive Health Connection 5008 Prospect Ave, Kansas City, MO 64130	43-1343144	501(c)(3)	10,000.00				Program Funding
Tri-County Mental Health Services 3100 NE 83rd St., Suite 1001, Kansas City, MO 64119	43-1556416	501(c)(3)	20,685.00				Program Funding
Truman Medical Centers 2310 Holmes St., Suite 735, Kansas City, MO 64108	44-0661018	501(c)(3)	76,097.00				Program Funding
Truman State University Foundation 205 McClain Hall, Kirksville, MO 63501	43-1381504	501(c)(3)	8,000.00				Donor Designation Funding
Turn the Page KC 4049 Pennsylvania Ave., Suite 301, Kansas City, MO 64111	46-0673665	501(c)(3)	140,050.00				Program Funding
Turner Parents as Teachers 800 S 55th St, Kansas City, KS 66106	48-0679018	501(c)(3)	11,346.00				Program Funding
Turner Unified School District 202 Foundation 800 S 55th St, Kansas City, KS 66106	20-3649662	501(c)(3)	33,877.00				Program Funding
United Community Services of Johnson County 9001 W. 110th St., Ste. 100, Overland Park, KS 66210	48-0914699	501(c)(3)	100,880.00				Program Funding
United for Ukraine 701 N Fairfax St, Alexandria, VA 22314	13-1635294	501(c)(3)	399,264.00				Donor Designation Funding
United Methodist Church of the Resurrection 13720 Roe Avenue, Overland Park, KS 66224	48-1107898	501(c)(3)	16,410.00				Donor Designation Funding
United Way for Greater Austin 2000 E Martin Luther King Jr. Blvd, Austin, TX 78702	74-1193439	501(c)(3)	10,000.00				Donor Designation Funding
United Way of Douglas County 1307 Massachusetts St, Lawrence, KS 66044	48-0796320	501(c)(3)	40,956.64				Donor Designation Funding
University Academy Foundation 8080 Ward Parkway, Ste 201, Kansas City, MO 64114	27-1578586	501(c)(3)	6,125.00				Donor Designation Funding
University of Missouri 407 Reynolds Alumni Center, Columbia, MO 65211	26-6440629	501(c)(3)	108,428.00				Program Funding
Urban League of Greater Kansas City 1710 Paseo Blvd., Kansas City, MO 64108	44-0546273	501(c)(3)	63,804.67				Program Funding
Urban Neighborhood Initiative 2300 Main St, Ste 180, Kansas City, MO 64108	45-4879810	501(c)(3)	34,830.00				Program Funding
Vaughn-Trent Community Services, Inc. PO Box 75, Bonner Springs, KS 66012	48-1065385	501(c)(3)	8,699.00				Program Funding
Veronica's Voice PO Box 172472, Kansas City, KS 66117	20-3902846	501(c)(3)	12,205.50				Program Funding
Veterans Community Project 8900 Troost Ave, Kansas City, MO 64131	47-4960735	501(c)(3)	14,582.22				Donor Designation Funding
Vibrant Health 21 N 12th St, Suite 300, Kansas City, KS 66102	48-1151382	501(c)(3)	31,823.00				Program Funding
Wellsville Baptist Church PO Box 555, Wellsville, KS 66092	48-0764639	501(c)(3)	16,000.00				Donor Designation Funding
West Central Missouri Community Action Agency 106 W 4th St., Appleton City, MO 64724	43-0838410	501(c)(3)	15,000.00				Program Funding
Westside Church of the Nazarene 1700 W Santa Fe St, Olathe, KS 66062	48-0930202	501(c)(3)	9,048.00				Donor Designation Funding
Women's Employment Network 920 Main Street, Suite 100, Kansas City, MO 64105	43-1508734	501(c)(3)	5,520.40				Donor Designation Funding
Wonderscope Children's Museum 433 E Red Bridge Rd, Kansas City, MO 64131	48-1068613	501(c)(3)	5,000.00				Donor Designation Funding
Working Families' Friend 1021 Pennsylvania, Kansas City, MO 64105	65-1169138	501(c)(3)	157,330.00				Program Funding

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Wyandotte Economic Development Council 727 Minnesota Ave, Kansas City, KS 66101	48-1103126	501(c)(3)	11,333.00				Program Funding
YMCA of Greater Kansas City 3100 Broadway, Suite 1020, Kansas City, MO 64111	44-0546002	501(c)(3)	207,185.00				Program Funding
Youth Volunteer Corps 1025 Jefferson, Kansas City, MO 64105	43-1597582	501(c)(3)	46,330.16				Program Funding