

## Public Disclosure Copy

This public disclosure copy is being provided to the organization pursuant to Section 6104(e).

Tax-exempt organizations are required to make a copy of the annual information return, e.g., Forms 990, 990-EZ, 990-PF, as well as Forms 990-T and 4720, if applicable, available for public inspection and to provide copies of such forms to individuals or organizations that request copies. The public inspection requirement applies to all required schedules and attachments of the annual information return. Most commonly, the public inspection copy redacts contributor information such as name and address from public record. The public inspection rules apply to annual information returns filed for the last three years. Failure to comply with disclosure requirements can result in an enforcement action by the IRS.

### Where Must Information Be Provided?

Generally, an organization must make its documents available for public inspection at any location where it has three or more employees. If the only services provided at the site are in furtherance of exempt purposes and the site does not serve as an office for management staff, the documents are not required to be made available there. As an alternative to providing copies, an organization may provide access to these forms through the organization's website. The website must provide instructions for downloading the document(s). The information on the website must be in such a format that it may be accessed, downloaded, viewed, or printed in the same format as the actual documents. An organization would need to make the web address available to the general public.

### How Quickly Must Organizations Reply?

Requests for copies can be made in person or in writing. When requests are made in person, the copies must generally be provided on the same business day. There are provisions for delays due to unusual circumstances. However, in no event may the period of delay exceed five business days. Unusual circumstances include times when those staff that are capable of fulfilling a request are absent. Requested copies generally must be mailed within 30 days from the date of the receipt of the written request. However, if the organization requires advance payment of a reasonable fee for copying and postage, it may provide the copies within 30 days from the date it receives payment rather than the date of the original request.

For more information about the IRS' public disclosure requirements, please visit:

*<https://www.irs.gov/charities-non-profits/exempt-organization-public-disclosure-and-availability-requirements>*

Please contact your Forvis Mazars advisor if you have questions about these rules.

# IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning 07/01, 2023, and ending 06/30, 20 24

# 2023

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer UNITED WAY OF GREATER KANSAS CITY, INC EIN or SSN 44-0545812

Name and title of officer or person subject to tax ANN GAFFIGAN, COO

## 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.

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> <u>35,643,944</u>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c)	<b>5b</b> _____
<b>6a</b> Form 990-T check here <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4)	<b>6b</b> _____
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1)	<b>7b</b> _____
<b>8a</b> Form 5227 check here <input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D)	<b>8b</b> _____
<b>9a</b> Form 5330 check here <input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19)	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here <input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22)	<b>10b</b> _____

## 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 2023 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 MAZARS, LLP ERO firm name to enter my PIN 

4	5	8	1	2
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 as my signature  
**Enter five numbers, but do not enter all zeros**

on the tax year 2023 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 2023 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 Ann Gaffigan ✓ Date 3/18/2025 ✓

## 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.

4	3	3	2	1	1	6	0	2	6	0
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**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2023 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 [Signature] Date 3/18/2025

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

PUBLIC DISCLOSURE COPY

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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

A For the 2023 calendar year, or tax year beginning 07/01, 2023, and ending 06/30, 2024

B Check if applicable: C Name of organization UNITED WAY OF GREATER KANSAS CITY, INC D Employer identification number 44-0545812 E Telephone number (913) 371-6742 G Gross receipts \$ 37,390,202 H(a) Is this a group return for subordinates? H(b) Are all subordinates included? H(c) Group exemption number I Tax-exempt status: J Website: WWW.UNITEDWAYGKC.ORG K Form of organization: L Year of formation: 1918 M State of legal domicile: MO

Part I Summary

Table with 22 rows and 4 columns. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-7a Activities & Governance summary 7b Net unrelated business taxable income 8-12 Revenue summary 13-19 Expenses summary 20-22 Net Assets or Fund Balances summary

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 ANN GAFFIGAN, COO Date: Print/Type preparer's name MICHAEL ENGLE Preparer's signature Date 05/15/2024 Check if self-employed PTIN P00482834 Firm's name FORVIS MAZARS, 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

# Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

## Part I — Identification

Type or Print  File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. <b>UNITED WAY OF GREATER KANSAS CITY, INC</b>	Taxpayer identification number (TIN) <b>44-0545812</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>4801 MAIN STREET, STE 425</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>KANSAS CITY, MO 64112</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . **0 1**

### Application Is For

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

## Part II — Automatic Extension of Time To File for Exempt Organizations (see instructions)

• The books are in the care of ► **CHERYL ADLER, 4801 MAIN ST, SUITE 425, KANSAS CITY, MO 64112**

Telephone No. ► **(913) 371-6742** Fax No. ► \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box . . . . . ►

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box . . . . . ►  . If it is for part of the group, check this box . . . . . ►  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until 05/15, 20 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

►  calendar year 20 \_\_\_\_ or

►  tax year beginning 07/01, 20 23, and ending 06/30, 20 24.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.



Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

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 [X] 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 [X] 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 \$ 18,215,163 including grants of \$ 13,466,892 ) (Revenue \$ 9,100 ) UNITED WAY OF GREATER KANSAS CITY OPERATES TWO SIGNATURE GRANTMAKING INITIATIVES THAT FOCUS ON THE 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 ADMINISTERS A CAPACITY-BUILDING GRANT PROGRAM THAT (CONTINUED ON SCHEDULE O)

4b (Code: ) (Expenses \$ 6,043,705 including grants of \$ 5,953,500 ) (Revenue \$ 0 ) UNITED WAY PLAYS AN IMPORTANT HUMAN SERVICE ECOYSTEM ROLE BY ADDRESSING THE ECONOMIC EFFECTS OF POVERTY AND RACIAL & ETHNIC DISPARITIES THROUGH THE ADMINISTRATION OF DIRECT FINANCIAL ASSISTANCE THROUGH A RANGE OF COLLABORATIVE INTERVENTIONS. SUMMARIZED BELOW ARE KEY EXAMPLES OF THIS WORK IN THE KANSAS CITY REGION. EVICTION PREVENTION FUND - UNITED WAY OF GREATER KANSAS CITY SERVES AS PARTNER TO VARIOUS CITY AND COUNTY GOVERNMENTS THROUGHOUT THE KANSAS CITY METROPOLITAN REGION IN THE DEPLOYMENT OF FINANCIAL ASSISTANCE, PAIRED WITH LEGAL DEFENSE PROVIDED BY NONPROFIT LEGAL SERVICE PROVIDERS, AIMED AT PREVENTING EVICTION. OVER THE PAST THREE YEARS, THIS WORK HAS INVOLVED THE BRAIDING OF FEDERAL COVID RELIEF FUNDS, PHILANTHROPIC FUNDS, AND STATE GRANTS. IN 2024, MORE THAN 1,561 HOUSEHOLDS AVOIDED EVICTION (CONTINUED ON SCHEDULE O)

4c (Code: ) (Expenses \$ 1,904,696 including grants of \$ 45,808 ) (Revenue \$ 0 ) UNITED WAY 211 IS AN EASY-TO-REMEMBER CENTRAL PHONE NUMBER CONNECTING 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 (CONTINUED ON SCHEDULE O)

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

4e Total program service expenses 26,163,564



**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</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? <i>If "Yes," complete Schedule D, Part VII . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I. See instructions . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>22</b> 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>	✓	
<b>23</b> 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>	✓	
<b>24a</b> 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>		✓
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>		✓
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		✓
<b>26</b> 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>		✓
<b>27</b> 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>		✓
<b>28</b> 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).		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		✓
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		✓
<b>c</b> 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>		✓
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	✓	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
<b>32</b> 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>		✓
<b>33</b> 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>		✓
<b>34</b> 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>		✓
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
<b>37</b> 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>		✓
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	✓	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	240	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	✓	



<b>Part V</b> <b>Statements Regarding Other IRS Filings and Tax Compliance</b> <i>(continued)</i>		Yes	No		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	105		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>			
<b>4a</b>	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)?	<b>4a</b>			✓
<b>b</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).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	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?	<b>6a</b>			✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	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?	<b>7a</b>		✓	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		✓	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</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	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>			
<b>15</b>	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.	<b>15</b>			✓
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			✓
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person, 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.	<b>17</b>			

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent . . . . .		
<b>2</b>	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? . . . . .		<input checked="" type="checkbox"/>
<b>3</b>	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? . . . . .		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<input checked="" type="checkbox"/>	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders? . . . . .		<input checked="" type="checkbox"/>
<b>7a</b>	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? . . . . .		<input checked="" type="checkbox"/>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>9</b>	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 . . . . .		<input checked="" type="checkbox"/>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		<input checked="" type="checkbox"/>
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<input checked="" type="checkbox"/>	
<b>11b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<input checked="" type="checkbox"/>	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<input checked="" type="checkbox"/>	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . . . .	<input checked="" type="checkbox"/>	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	<input checked="" type="checkbox"/>	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	<input checked="" type="checkbox"/>	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .	<input checked="" type="checkbox"/>	
<b>15b</b>	Other officers or key employees of the organization . . . . .		<input checked="" type="checkbox"/>
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		<input checked="" type="checkbox"/>
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed NONE
- 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, 4801 MAIN ST, SUITE 425, KANSAS CITY, MO 64112, (913) 371-6742

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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, box 6 of 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) CHRIS ROSSON TRUSTEE/CEO	50.0 0.0			✓				435,029	0	64,328
(2) ANN GAFFIGAN COO	50.0 0.0			✓				200,387	0	31,065
(3) PRECIOUS STARGELL-CUSHMAN CHIEF IMPACT OFFICER	50.0 0.0					✓		143,588	0	5,431
(4) JAMES MACDONALD VP, COMMUNITY IMPACT	37.5 0.0					✓		142,929	0	49,189
(5) JESSICA BLUBAUGH CHIEF PHILANTHROPY OFFICER	37.5 0.0					✓		136,799	0	23,166
(6) NORA FREYMAN CHIEF MARKETING OFFICER	37.5 0.0					✓		123,611	0	23,171
(7) CHRISTINA RAPP VP, OPERATIONS	37.5 0.0					✓		120,918	0	14,928
(8) BILL JOHNSON TRUSTEE/TREASURER	1.0 0.0	✓		✓				0	0	0
(9) GREG SWEAT, M.D. TRUSTEE/VICE CHAIR	1.0 0.0	✓		✓				0	0	0
(10) J RANDALL VANCE TRUSTEE/CHAIR-AUDIT COMMITTEE	1.0 0.0	✓		✓				0	0	0
(11) LAURIE ROBERTS TRUSTEE/BOARD CHAIR	1.0 0.0	✓		✓				0	0	0
(12) PATRICK DUJAKOVICH TRUSTEE/SECRETARY	1.0 0.0	✓		✓				0	0	0
(13) RON COKER TRUSTEE/IMMEDIATE PAST CHAIR	1.0 0.0	✓		✓				0	0	0
(14) STEVE MILLS TRUSTEE/CHAIR-COMMUNITY IMPACT COMMITTEE	1.0 0.0	✓		✓				0	0	0

**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/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			
(15) AMY HATCH ----- TRUSTEE	1.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(16) ART SILVA ----- TRUSTEE	1.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(17) CAROL LEVERS ----- TRUSTEE	1.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(18) DAN CRUMB ----- TRUSTEE	1.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(19) DANA JERMAIN ----- TRUSTEE	1.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(20) DIA COVINGTON ----- TRUSTEE	1.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(21) DRED SCOTT ----- TRUSTEE	1.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(22) ED ELDER ----- TRUSTEE	1.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(23) GINGER WILLIAMS ----- TRUSTEE	1.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(24) GREG SHONDELL ----- TRUSTEE	1.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE STATEMENT)										
<b>1b Subtotal</b> . . . . .								1,303,261	0	211,278
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								0	0	0
<b>d Total (add lines 1b and 1c)</b> . . . . .								1,303,261	0	211,278

**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 9

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> 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> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>5</b> 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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**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
UPIC SOLUTIONS, 334 BEECHWOOD RD, SUITE 500, FORT MITCHELL, KY 41017	IT SERVICES	145,466
FORVIS, LLP, 1201 WALNUT STREET, SUITE 1700, KANSAS CITY, MO 64106	ACCOUNTING SERVICES	137,266
MORGAN HUNTER SOLUTIONS, 7600 W 110TH ST, SHAWNEE MISSION, KS 66210	TEMP WORKERS	119,538

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

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .					
	<b>1b</b>	Membership dues . . . . .					
	<b>1c</b>	Fundraising events . . . . .	106,757				
	<b>1d</b>	Related organizations . . . . .					
	<b>1e</b>	Government grants (contributions)	3,892,877				
	<b>1f</b>	All other contributions, gifts, grants, and similar amounts not included above	31,017,149				
	<b>1g</b>	Noncash contributions included in lines 1a-1f . . . . .	\$ 234,653				
	<b>1h</b>	<b>Total.</b> Add lines 1a-1f . . . . .	35,016,783				
	<b>Program Service Revenue</b>	<b>2a</b>	IMPACT KIT REVENUE ----- Business Code 900099	9,100	9,100		
<b>b</b>		-----					
<b>c</b>		-----					
<b>d</b>		-----					
<b>e</b>		-----					
<b>f</b>		All other program service revenue . .	0	0	0	0	
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .	9,100				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .	506,287			506,287	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties . . . . .					
	<b>6a</b>	Gross rents . . . . .	(i) Real				
			(ii) Personal				
	<b>6b</b>	Less: rental expenses					
	<b>6c</b>	Rental income or (loss)	0	0			
	<b>d</b>	Net rental income or (loss) . . . . .					
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	1,842,992			
			(ii) Other				
	<b>7b</b>	Less: cost or other basis and sales expenses . . . . .	1,669,239	5,852			
	<b>7c</b>	Gain or (loss) . . . . .	173,753	(5,852)			
	<b>d</b>	Net gain or (loss) . . . . .	167,901			167,901	
	<b>8a</b>	Gross income from fundraising events (not including \$ 106,757 of contributions reported on line 1c). See Part IV, line 18 . . . . .		5,921			
				55,585			
<b>b</b>	Less: direct expenses . . . . .						
<b>c</b>	Net income or (loss) from fundraising events . . . . .	(49,664)			(49,664)		
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .						
<b>b</b>	Less: direct expenses . . . . .						
<b>c</b>	Net income or (loss) from gaming activities . . . . .						
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .		3,761				
			15,582				
<b>b</b>	Less: cost of goods sold . . . . .						
<b>c</b>	Net income or (loss) from sales of inventory . . . . .	(11,821)			(11,821)		
<b>Miscellaneous Revenue</b>	<b>11a</b>	OTHER MISC ----- Business Code 900099	5,358			5,358	
	<b>b</b>	-----					
	<b>c</b>	-----					
	<b>d</b>	All other revenue . . . . .	0	0	0	0	
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .	5,358				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .	35,643,944	9,100	0	618,061		

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	13,635,610	13,635,610		
<b>2</b>	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	5,830,590	5,830,590		
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b>	Benefits paid to or for members . . . . .	0	0		
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	772,450	304,415	234,565	233,470
<b>6</b>	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages . . . . .	4,965,396	2,871,772	689,865	1,403,759
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	601,570	318,080	87,208	196,282
<b>9</b>	Other employee benefits . . . . .	559,225	333,185	80,302	145,738
<b>10</b>	Payroll taxes . . . . .	405,167	225,966	62,658	116,543
<b>11</b>	Fees for services (nonemployees):				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .	41,988		41,988	
<b>c</b>	Accounting . . . . .	135,556		135,556	
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising services. See Part IV, line 17				
<b>f</b>	Investment management fees . . . . .	21,360		21,360	
<b>g</b>	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	397,574	162,861	82,698	152,015
<b>12</b>	Advertising and promotion . . . . .	1,171,527	527,967		643,560
<b>13</b>	Office expenses . . . . .	58,894	25,945	10,997	21,952
<b>14</b>	Information technology . . . . .	359,269	199,735	68,694	90,840
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	476,573	186,805	131,768	158,000
<b>17</b>	Travel . . . . .	8,078	2,644	1,460	3,974
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b>	Conferences, conventions, and meetings . . . . .	459,246	157,359	26,351	275,536
<b>20</b>	Interest . . . . .	12,197		12,197	
<b>21</b>	Payments to affiliates . . . . .	231,856	91,580	49,795	90,481
<b>22</b>	Depreciation, depletion, and amortization . . . . .	226,487	89,459	48,642	88,386
<b>23</b>	Insurance . . . . .	46,334	18,148	12,817	15,369
<b>24</b>	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.)				
<b>a</b>	<u>BAD DEBT EXPENSE</u>	1,130,822	1,130,822		
<b>b</b>	<u>DUES &amp; SUBSCRIPTIONS</u>	82,418	49,342	13,110	19,966
<b>c</b>	<u>OTHER</u>	4,735	1,279	1,805	1,651
<b>d</b>	-----				
<b>e</b>	All other expenses -----	0	0	0	0
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	31,634,922	26,163,564	1,813,836	3,657,522
<b>26</b>	<b>Joint costs.</b> 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 Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	5,860,210	<b>1</b>	1,314,583
	<b>2</b> Savings and temporary cash investments . . . . .	2,239,009	<b>2</b>	3,843,335
	<b>3</b> Pledges and grants receivable, net . . . . .	7,890,567	<b>3</b>	6,839,381
	<b>4</b> Accounts receivable, net . . . . .	908,905	<b>4</b>	6,806,943
	<b>5</b> 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 . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	216,345	<b>9</b>	290,483
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	3,102,983		
	<b>b</b> Less: accumulated depreciation . . . . .	204,413	<b>10c</b>	2,898,570
	<b>11</b> Investments—publicly traded securities . . . . .	11,592,210	<b>11</b>	12,932,061
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	239,240	<b>15</b>	3,450,630
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	29,134,696	<b>16</b>	38,375,986	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	3,023,685	<b>17</b>	3,033,429
	<b>18</b> Grants payable . . . . .	6,912,039	<b>18</b>	6,629,592
	<b>19</b> Deferred revenue . . . . .	652,805	<b>19</b>	1,193,838
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>	
	<b>22</b> 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 . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	
	<b>25</b> 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 . . . . .	220,338	<b>25</b>	4,231,011
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	10,808,867	<b>26</b>	15,087,870
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	10,750,809	<b>27</b>	12,586,854
	<b>28</b> Net assets with donor restrictions . . . . .	7,575,020	<b>28</b>	10,701,262
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	18,325,829	<b>32</b>	23,288,116
<b>33</b> Total liabilities and net assets/fund balances . . . . .	29,134,696	<b>33</b>	38,375,986	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	35,643,944
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	31,634,922
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	4,009,022
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	18,325,829
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	954,058
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	(793)
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	23,288,116

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
<b>c</b> 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.	<input checked="" type="checkbox"/>	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	<input checked="" type="checkbox"/>	
<b>b</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.	<input checked="" type="checkbox"/>	

**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 (Check all that apply)						(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			
(25) IRENE CAUDILLO ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(26) KEVIN ZIMMERMAN ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(27) LAURIE MINARD ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(28) MARIO AZAR ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(29) MARK MORELAND ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(30) MARSHALL LOCKTON ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(31) MARY BRISTOW ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(32) MICHELLE KAY ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(33) MIKE PERRY ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(34) PENNY POSTOAK FERGUSON ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(35) RICK VIAR ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(36) ROSEMARY PODREBARAC ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(37) SHANNON JOHNSON ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(38) SHAWN LONG ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(39) SHELLIE CLAUSEN ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(40) TOM CARIGNAN ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(41) TROY SCHULTE ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

<b>Name of the organization</b> UNITED WAY OF GREATER KANSAS CITY, INC	<b>Employer identification number</b> 44-0545812
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**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)(vii)**. (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<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% 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)						
<b>Total</b>						

**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	1,584,396	32,761,184	43,139,562	28,678,566	35,016,783	141,180,491
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	1,584,396	32,761,184	43,139,562	28,678,566	35,016,783	141,180,491
<b>5</b> 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) . . . . .						4,993,522
<b>6 Public support.</b> Subtract line 5 from line 4						136,186,969

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 . . . . .	1,584,396	32,761,184	43,139,562	28,678,566	35,016,783	141,180,491
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	38,628	392,158	398,163	411,296	506,287	1,746,532
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	0	46,661	3,571	0	5,358	55,590
<b>11 Total support.</b> Add lines 7 through 10						142,982,613
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	37,005
<b>13 First 5 years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	95.25 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 . . . . .	<b>15</b>	96.77 %
<b>16a 33 1/3% support test—2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2022.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2023.</b> 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 <b>stop here</b> . 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>b 10%-facts-and-circumstances test—2022.</b> 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 <b>stop here</b> . 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>18 Private foundation.</b> 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</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						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (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** . . . .

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%

**19a 33 1/3% support tests—2023.** 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—2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . .

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



**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
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.		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
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.		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
4c	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 <b>Part VI</b> 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 <b>Part VI</b> , 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).		
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> 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 <b>Part VI</b> .		
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 <b>Part VI</b> .		
9b	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 <b>Part VI</b> .		
9c	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 <b>Part VI</b> .		
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.		
10b	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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> 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 <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> 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.	Yes	No
<b>2a</b>		
<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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 <b>Part VI</b> .		
<b>3a</b>		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>		

**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.

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C—Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<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).		

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

Section D—Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018 . . . . .			
<b>b</b> From 2019 . . . . .			
<b>c</b> From 2020 . . . . .			
<b>d</b> From 2021 . . . . .			
<b>e</b> From 2022 . . . . .			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019 . . . . .			
<b>b</b> Excess from 2020 . . . . .			
<b>c</b> Excess from 2021 . . . . .			
<b>d</b> Excess from 2022 . . . . .			
<b>e</b> Excess from 2023 . . . . .			



**Part VI**

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

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	(1) OTHER MISC		46,661	3,571		5,358	55,590
	Total	0	46,661	3,571	0	5,358	55,590



Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization UNITED WAY OF GREATER KANSAS CITY, INC

Employer identification number 44-0545812

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ [checked] 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

- [checked] 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 <b>UNITED WAY OF GREATER KANSAS CITY, INC</b>	Employer identification number <b>44-0545812</b>
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**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	----- ----- -----	\$ 2,058,777	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 2,000,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 1,226,629	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 1,157,108	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 980,088	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ 1,145,341	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>UNITED WAY OF GREATER KANSAS CITY, INC</b>	Employer identification number <b>44-0545812</b>
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**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) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----

Name of organization <b>UNITED WAY OF GREATER KANSAS CITY, INC</b>	Employer identification number <b>44-0545812</b>
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**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
----- ----- -----	----- ----- -----

(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
----- ----- -----	----- ----- -----

(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
----- ----- -----	----- ----- -----

(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
----- ----- -----	----- ----- -----

**SCHEDULE C  
(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

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

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

Name of organization <b>UNITED WAY OF GREATER KANSAS CITY, INC</b>	Employer identification number <b>44-0545812</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions . . . . . \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities. See instructions . . . . . \_\_\_\_\_

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

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

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

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

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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
not over \$500,000,	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000,	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		✓	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	✓		
<b>c</b> Media advertisements?		✓	
<b>d</b> Mailings to members, legislators, or the public?		✓	
<b>e</b> Publications, or published or broadcast statements?		✓	
<b>f</b> Grants to other organizations for lobbying purposes?	✓		12,000
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	✓		2,346
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
<b>i</b> Other activities?		✓	
<b>j</b> Total. Add lines 1c through 1i			14,346
<b>2a</b> Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		✓	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

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

SEE NEXT PAGE

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Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1B -	LOBBYING ACTIVITIES INCLUDED STAFF TIME FOR MEETINGS WITH LEGISLATORS.
SCHEDULE C, PART II-B, LINE 1F -	LOBBYING ACTIVITIES INCLUDES GRANT TO OTHER ORGANIZATIONS FOR LOBBYING PURPOSES INCLUDING PAYING A PROFESSIONAL LOBBYIST FOR COORDINATED EFFORTS.
SCHEDULE C, PART II-B, LINE 1G -	LOBBYING ACTIVITIES INCLUDED TRAVEL FOR MEETINGS WITH LEGISLATORS.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

2023

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

Part II Conservation Easements

Form with multiple sections for conservation easement details, including a table for 'Held at the End of the Tax Year' with rows 2a-2d.

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

Form with sections 1a, 1b, 2 for reporting on art and historical treasures, including revenue and asset amounts.

**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
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange program
- e**  Other \_\_\_\_\_

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

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

**Part IV Escrow and Custodial Arrangements**

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

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

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

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

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

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

**Part V Endowment Funds**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	11,472,772	10,500,533	11,931,470	9,497,411	9,509,297
<b>b</b> Contributions				1,025,222	
<b>c</b> Net investment earnings, gains, and losses	1,436,630	997,597	(1,403,188)	2,366,862	491,848
<b>d</b> Grants or scholarships					500,000
<b>e</b> Other expenditures for facilities and programs				927,626	
<b>f</b> Administrative expenses	28,228	25,358	27,749	30,399	3,734
<b>g</b> End of year balance	12,881,174	11,472,772	10,500,533	11,931,470	9,497,411

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

- a** Board designated or quasi-endowment 78.57 %
- b** Permanent endowment 8.07 %
- c** Term endowment 13.36 %

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:

	Yes	No
<b>(i)</b> Unrelated organizations?	✓	
<b>(ii)</b> Related organizations?		✓
<b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		

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

**Part VI Land, Buildings, and Equipment**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		2,775,714	189,136	2,586,578
<b>d</b> Equipment		271,095	15,277	255,818
<b>e</b> Other		56,174	0	56,174
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				2,898,570

**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) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . . . .		

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, col. (B)) . . . . .		

**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) OTHER ASSETS	119,554
(2) ROU ASSETS	3,331,076
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)) . . . . .	3,450,630

**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) LEASE LIABILITIES	4,231,011
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) . . . . .	4,231,011

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 XIII**

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

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	<b>(a) Description</b>	<b>(b) Amount</b>
	FUNDRAISING EXPENSES	55,585
	COST OF SALES	15,582
	LOSS ON DISPOSAL OF ASSETS	5,852
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	<b>(a) Description</b>	<b>(b) Amount</b>
	CONTRIBUTIONS ON BEHALF OF OTHERS	5,634,316
	BAD DEBT EXPENSE	1,130,822
	CHANGE IN BENEFICIAL INTEREST IN TRUST	793
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	<b>(a) Description</b>	<b>(b) Amount</b>
	FUNDRAISING EXPENSES	55,585
	COST OF SALES	15,582
	LOSS ON DISPOSAL OF ASSETS	5,852
SCHEDULE D, PART XII, LINE 4(B) - OTHER EXPENSES	<b>(a) Description</b>	<b>(b) Amount</b>
	CONTRIBUTIONS HELD ON BEHALF OF OTHERS	5,634,316
	BAD DEBT EXPENSE	1,130,822

**Part XIII**

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	THE ENDOWMENT FUNDS ARE UTILIZED TO PROVIDE OPERATING SUPPORT AND 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.





**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
		<u>PURSES FOR PROMISE</u> (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	112,678			112,678
	<b>2</b> Less: Contributions . . . . .	106,757			106,757
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	5,921	0	0	5,921
Direct Expenses	<b>4</b> Cash prizes . . . . .				0
	<b>5</b> Noncash prizes . . . . .	9,440			9,440
	<b>6</b> Rent/facility costs . . . . .	8,065			8,065
	<b>7</b> Food and beverages . . . . .	17,070			17,070
	<b>8</b> Entertainment . . . . .	11,257			11,257
	<b>9</b> Other direct expenses . . . . .	9,753			9,753
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . .					(49,664)

**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	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				
	<b>8</b> 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: \_\_\_\_\_

\_\_\_\_\_



**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

UNITED WAY OF GREATER KANSAS CITY, INC

Employer identification number

44-0545812

**Part I General Information on Grants and Assistance**

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> ST. AGNES CATHOLIC CHURCH 5250 MISSION RD, ROELAND PARK, KS 66205-1661	48-0630274	501(C)(3)	5,023				DONOR DESIGNATIONS
<b>(2)</b> BISHOP MIEGE HIGH SCHOOL FOUNDATION 5041 REINHARDT DR, ROELAND PARK, KS 66205	43-1615938	501(C)(3)	5,023				DONOR DESIGNATIONS
<b>(3)</b> CITY YEAR KANSAS CITY 2301 MCGEE ST, KANSAS CITY, MO 64108	22-2882549	501(C)(3)	5,155				DONOR DESIGNATIONS
<b>(4)</b> AMERICAN LEGION BOYS STATE MISSOURI, INC PO BOX 667, WARRENSBURG, MO 64093	23-7362431	501(C)(3)	5,200				DONOR DESIGNATIONS
<b>(5)</b> (SEE STATEMENT)	84-2663284	501(C)(3)	5,250				DONOR DESIGNATIONS
<b>(6)</b> NET MINISTRIES 110 CRUSADER AVE W, SAINT PAUL, MN 55118	41-1637054	501(C)(3)	5,400				DONOR DESIGNATIONS
<b>(7)</b> KANSAS CITY PET PROJECT 7077 ELMWOOD AVE, KANSAS CITY, MO 64132	45-3067615	501(C)(3)	5,443				DONOR DESIGNATIONS
<b>(8)</b> THE HALO FOUNDATION 1600 GENESSEE ST, KANSAS CITY, MO 64102	20-1794209	501(C)(3)	5,520				DONOR DESIGNATIONS
<b>(9)</b> HOPE BUILDERS HOME REPAIR 11184 ANTIOCH RD, OVERLAND PARK, KS 66210	48-1248881	501(C)(3)	5,542				DONOR DESIGNATIONS
<b>(10)</b> CHRIST PREPARATORY ACADEMY INC 15700 W 87TH ST PKWY, LENEXA, KS 66219	43-1795679	501(C)(3)	5,720				DONOR DESIGNATIONS
<b>(11)</b> MANHATTAN CHURCH OF THE NAZARENE 3031 KIMBALL AVE, MANHATTAN, KS 66502	48-6189503	501(C)(3)	5,720				DONOR DESIGNATIONS
<b>(12)</b> (SEE STATEMENT)							

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 292

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

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

Cat. No. 50055P

Schedule I (Form 990) 2023



## Part II

## Grants and Other Assistance to Governments and Organizations in the United States (continued)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) MEADE CHURCH OF THE NAZARENE 510 S FOWLER ST, MEADE, KS 67864	48-6189524	501(C)(3)	5,720				DONOR DESIGNATIONS
(13) AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE, DALLAS, TX 75231-5129	13-5613797	501(C)(3)	5,795				DONOR DESIGNATIONS
(14) UZAZI VILLAGE 4232 TROOST AVE, KANSAS CITY, MO 64110-1240	46-0589830	501(C)(3)	5,810				DONOR DESIGNATIONS
(15) ALEXANDRA'S HOUSE 638 W 39TH TER, KANSAS CITY, MO 64111-2914	43-1781842	501(C)(3)	5,814				DONOR DESIGNATIONS
(16) ALS ASSOCIATION, KEITH WORTHINGTON AMYOTROPHIC LATERAL SCLEROSIS - MIDWEST 6405 METCALF AVE, SUITE 205, MISSION, KS 66202-4086	48-1021611	501(C)(3)	5,814				DONOR DESIGNATIONS
(17) FRIENDS N FAMILY FOR THE YOUTH 13711 WOODLAND RANCH DRIVE, LONE JACK, MO 64086	45-4782206	501(C)(3)	5,825				DONOR DESIGNATIONS
(18) SUSAN G KOMEN KS AND WESTERN MO PO BOX 801889, DALLAS, TX 75380	75-2844634	501(C)(3)	5,911				DONOR DESIGNATIONS
(19) RALLY FOR MIZZOU UNIVERSITY OF MISSOURI FOUNDATION 407 REYNOLDS ALUMNI CTR, COLUMBIA, MO 65211-2100	43-6003859	501(C)(3)	6,000				DONOR DESIGNATIONS
(20) BAGS OF FUN KANSAS CITY GABBY KRAUSE FOUNDATION 9201 WARD PKWY, SUITE 101, KANSAS CITY, MO 64114-3309	47-0946567	501(C)(3)	6,000				DONOR DESIGNATIONS
(21) NOAHS HOPE - HOPE 4 BRIDGET FOUNDATION PO BOX 546, DOWNERS GROVE, IL 60515	47-2609776	501(C)(3)	6,000				DONOR DESIGNATIONS
(22) BASEHOR - LINWOOD EDUCATION FOUNDATION 2008 N 155TH ST, BASEHOR, KS 66007-9701	48-1234934	501(C)(3)	6,000				DONOR DESIGNATIONS
(23) HUMANE SOCIETY OF GREATER KANSAS CITY 5445 PARALLEL PKWY, KANSAS CITY, KS 66104-3047	48-0581965	501(C)(3)	6,502				DONOR DESIGNATIONS
(24) HARTKE FUND FOREST SPRINGS CAMP CONFERENCE CENTER N8890 FOREST LN, WESTBORO, WI 54490-9430	39-1249982	501(C)(3)	6,812				DONOR DESIGNATIONS
(25) ANGEL CLOTHING FOUNDATION 112 S CLAIRBORNE RD, OLATHE, KS 66062	92-2803465	501(C)(3)	6,991				DONOR DESIGNATIONS
(26) RESTORATION HOUSE OF GREATER KANSAS CITY REHOPE 25713 S STATE ROUTE K, HARRISONVILLE, MO 64701-9183	27-4837279	501(C)(3)	7,500				DONOR DESIGNATIONS

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(27) GETHSEMANE LUTHERAN CHURCH-LEE'S SUMMIT 1025 SW WARD RD, LEES SUMMIT, MO 64081-2556	43-1121258	501(C)(3)	7,500				DONOR DESIGNATIONS
(28) GRACE UNITED COMMUNITY MINISTRIES 801 BENTON BLVD, KANSAS CITY, MO 64124-2531	66-0645519	501(C)(3)	7,500				DONOR DESIGNATIONS
(29) FOX4 LOVE FUND FOR CHILDREN 3030 SUMMIT ST, KANSAS CITY, MO 64108-3312	43-1298128	501(C)(3)	7,555				DONOR DESIGNATIONS
(30) CULTURE HOUSE 14808 W 117TH ST, OLATHE, KS 66062-9304	43-1739762	501(C)(3)	7,555				DONOR DESIGNATIONS
(31) IN THE NAME OF GRACE 118 N CONISTOR LN, SUITE B, LIBERTY, MO 64068-1909	81-3596043	501(C)(3)	7,555				DONOR DESIGNATIONS
(32) VARIETY CHILDREN'S CHARITY OF GREATER KANSAS CITY 4050 PENNSYLVANIA AVE, SUITE 115-77, KANSAS CITY, MO 64111-3024	23-7431670	501(C)(3)	7,611				DONOR DESIGNATIONS
(33) GOODLIFE INNOVATIONS 11627 W 79TH ST, OVERLAND PARK, KS 66214-1488	38-4048144	501(C)(3)	8,275				DONOR DESIGNATIONS
(34) INCLUSION CONNECTIONS, INC. PAWSABILITIES 2073 E SANTA FE ST, OLATHE, KS 66062-1608	46-2754831	501(C)(3)	8,295				DONOR DESIGNATIONS
(35) UNITED WAY OF GREATER ST. JOSEPH PO BOX 188, ST. JOSEPH, MO 64502	44-0547802	501(C)(3)	8,300				DONOR DESIGNATIONS
(36) UNITED WAY F THE OZARKS 320 N JEFFERSON, SPRINGFIELD, MO 65806	44-0552047	501(C)(3)	8,538				PROGRAM FUNDNG
(37) LEUKEMIA & LYMPHOMA SOCIETY - NEW JERSEY CHAPTER 3 INTERNATIONAL DR, SUITE 200, RYE BROOK, NY 10573	13-5644916	501(C)(3)	8,723				DONOR DESIGNATIONS
(38) NATIONAL MULTIPLE SCLEROSIS SOCIETY - MID AMERICA CHAPTER 2020 W 89TH ST, SUITE 100, LEAWOOD, KS 66206-1942	44-0613436	501(C)(3)	8,856				DONOR DESIGNATIONS
(39) PLANNED PARENTHOOD FOUNDATION 123 WILLIAM ST, FL 10, NEW YORK, NY 10038-3844	13-1644147	501(C)(3)	9,058				DONOR DESIGNATIONS
(40) JOHNSON COUNTY LIBRARY FOUNDATION PO BOX 2933, SHAWNEE MISSION, KS 66201	74-2830491	501(C)(3)	9,200				DONOR DESIGNATIONS
(41) KANSAS CITY HOSPICE 9001 STATE LINE RD, SUITE 300, KANSAS CITY, MO 64114-3212	43-1209344	501(C)(3)	9,460				DONOR DESIGNATIONS
(42) SOLES4SOULS 319 MARTINGALE DRIVE, OLD HICKORY, TN 37138	20-4023482	501(C)(3)	10,000				DONOR DESIGNATIONS



(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(43) ARTISTS HELPING THE HOMELESS 12307 STATE LINE ROAD, KANSAS CITY, MO 64145-1148	26-2063489	501(C)(3)	10,000				PROGRAM FUNDNG
(44) BOYS GROW CORPORATION 9301 E 147TH ST, KANSAS CITY, MO 64149	27-2647539	501(C)(3)	10,000				PROGRAM FUNDNG
(45) KEARNEY ENRICHMENT COUNCIL 106 S JEFFERSON, KEARNEY, MO 64060	27-4998652	501(C)(3)	10,000				PROGRAM FUNDNG
(46) TEAM EXPANSION MINISTRIES 4112 OLD ROUTT RD, LOUISVILLE, KY 40299-4926	31-1043937	501(C)(3)	10,000				DONOR DESIGNATIONS
(47) VIVENT HEALTH 5008 PROSPECT AVE, MILWAUKEE, WI 53203	39-1534049	501(C)(3)	10,000				PROGRAM FUNDNG
(48) ASSISTANCE LEAGUE OF KANSAS CITY 6101 N CHESTNUT AVE, KANSAS CITY, MO 64119-1892	43-1307672	501(C)(3)	10,000				PROGRAM FUNDNG
(49) TRUMAN STATE UNIVERSITY FOUNDATION 100 E NORMAL AVE, 205 MCCLAIN HALL, KIRKSVILLE, MO 63501	43-1381504	501(C)(3)	10,000				DONOR DESIGNATIONS
(50) SHEPHERD'S CENTER OF RAYTOWN 5110 WESTRIDGE CIR, #42, KANSAS CITY, MO 64133-7201	43-1531153	501(C)(3)	10,000				PROGRAM FUNDNG
(51) KANSAS CITY BALLET 500 W PERSHING RD, KANSAS CITY, MO 64108-2430	43-6052680	501(C)(3)	10,000				DONOR DESIGNATIONS
(52) LEE'S SUMMIT CHRISTIAN CHURCH 800 NE TUDOR RD, LEES SUMMIT, MO 64086-5549	44-0642460	501(C)(3)	10,000				DONOR DESIGNATIONS
(53) CHANDLER/TURNER SCHOLARSHIP FUND 9014 BARNETT AVENUE, KANSAS CITY, MO 64112	46-2760522	501(C)(3)	10,000				PROGRAM FUNDNG
(54) SPARKWHEEL 1919 DELAWARE ST, LAWRENCE, KS 66046	48-1175467	501(C)(3)	10,000				PROGRAM FUNDNG
(55) UNITED STATES CONFERENCE OF CATHOLIC BISHOPS P.O. BOX 419037, KANSAS CITY, MO 64141	53-0196617	501(C)(3)	10,000				DONOR DESIGNATIONS
(56) KANSAS CITY WOMEN IN TECHNOLOGY INC. 701 E 71ST TER, KANSAS CITY, MO 64131	81-2192272	501(C)(3)	10,000				PROGRAM FUNDNG
(57) PHARMACY OF GRACE 721 N 31ST ST, KANSAS CITY, KS 66102	82-5372375	501(C)(3)	10,000				PROGRAM FUNDNG
(58) HOLD EM UP 4 CARE 2916 E 81ST ST, KANSAS CITY, MO 64132	84-2067956	501(C)(3)	10,000				PROGRAM FUNDNG
(59) WORLD BUILDERS ACADEMY 7500 NW 80TH TERR, KANSAS CITY, MO 64152	84-2118009	501(C)(3)	10,000				PROGRAM FUNDNG
(60) LARNELL INNER CIRCLE SUICIDE PREVENTION 3523 SEMINOLE DR, LAWRENCE, KS 66047	85-2901439	501(C)(3)	10,000				PROGRAM FUNDNG

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(61) NEXT PAIGE FOUNDATION 5930 TROOST AVE, KANSAS CITY, MO 64110	87-2435865	501(C)(3)	10,000				PROGRAM FUNDNG
(62) FATHERS ASSISTING MOTHERS 4741 CENTRAL ST, SUITE 606, KANSAS CITY, MO 64112	92-1036569	501(C)(3)	10,000				PROGRAM FUNDNG
(63) FULL THROTTLE FOUNDATION KC, INC. 2824 S 44TH ST, KANSAS CITY, KS 66106	92-1581711	501(C)(3)	10,000				PROGRAM FUNDNG
(64) KC METRO HOMESCHOOL WELLNESS 1415 N 62ND ST, KANSAS CITY, KS 66102	92-2157244	501(C)(3)	10,000				PROGRAM FUNDNG
(65) SOCIAL AND ENVIRONMENTAL ENTREPRENEURS 23564 CALABASAS RD, CALABASAS, CA 91302	95-4116679	501(C)(3)	10,000				PROGRAM FUNDNG
(66) BARSTOW SCHOOL 11511 STATE LINE RD, KANSAS CITY, MO 64114-5501	44-0546207	501(C)(3)	10,050				DONOR DESIGNATIONS
(67) WAYSIDE WAIFS, INC. 3901 MARTHA TRUMAN RD, KANSAS CITY, MO 64137-2808	44-0605374	501(C)(3)	10,414				DONOR DESIGNATIONS
(68) KANBE'S MARKETS 3119 TERRACE ST, KANSAS CITY, MO 64111-3633	81-1505292	501(C)(3)	10,500				PROGRAM FUNDING AND DESIGNAGTIONS
(69) GREATER KANSAS CITY COMMUNITY FOUNDATION 1055 BROADWAY BLVD, SUITE 1300, KANSAS CITY, MO 64105	43-1152398	501(C)(3)	10,502				DONOR DESIGNATIONS
(70) SHEPHERD'S CENTER OF KANSAS CITY, KS 736 ARMSTRONG AVE, KANSAS CITY, KS 66101	48-1039483	501(C)(3)	10,890				PROGRAM FUNDING AND DESIGNAGTIONS
(71) CASS COMMUNITY HEALTH FOUNDATION 2316 E MEYER BLVD, KANSAS CITY, MO 64132-1136	43-1349495	501(C)(3)	10,980				PROGRAM FUNDING AND DESIGNAGTIONS
(72) ARCHDIOCESE OF KANSAS CITY KANSAS 12615 PARALLEL PKWY, KANSAS CITY, KS 66109-3718	48-0559094	501(C)(3)	11,000				DONOR DESIGNATIONS
(73) MAKE A WISH MISSOURI 13523 BARRETT PARKWAY DR, SUITE 241, BALLWIN, MO 63021-3802	43-1550697	501(C)(3)	11,085				DONOR DESIGNATIONS
(74) MUFFIN C/O OLATHE SCHOOL FOUNDATION MOTHERS UNITED FOR FAMILIES IN NEED 300 E LOULA ST, OLATHE, KS 66061-5404	48-1190090	501(C)(3)	11,120				DONOR DESIGNATIONS
(75) NORTHLAND SHEPHERD'S CENTER 5601 NE ANTIOCH RD, SUITE 124, KANSAS CITY, MO 64119-2375	43-1567162	501(C)(3)	11,130				PROGRAM FUNDING AND DESIGNAGTIONS
(76) GOODWILL OF WESTERN MISSOURI AND EASTERN KANSAS 800 E 18TH ST, KANSAS CITY, MO 64108-1514	43-1125281	501(C)(3)	11,352				PROGRAM FUNDING AND DESIGNAGTIONS

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(77) HEAD FOR THE CURE 1607 OAK ST, KANSAS CITY, MO 64108-1426	20-8345719	501(C)(3)	11,365				DONOR DESIGNATIONS
(78) KANSAS CITY CENTER FOR INCLUSION PO BOX 10173, KANSAS CITY, MO 64171-0173	81-1273605	501(C)(3)	11,517				DONOR DESIGNATIONS
(79) UNITED WAY OF GREATER ST. LOUIS, INC. 910 N 11TH ST, SAINT LOUIS, MO 63101-1018	43-0714167	501(C)(3)	12,000				PROGRAM FUNDNG
(80) VAUGHN-TRENT COMMUNITY SERVICES, INC. 300 OAK ST, SUITE B, BONNER SPRINGS, KS 66012-1004	48-1065385	501(C)(3)	12,256				PROGRAM FUNDING AND DESIGNAGTIONS
(81) FAITH LUTHERAN CHURCH 1183 BIG BEND RD, BALLWIN, MO 63021-7603	75-3108514	501(C)(3)	12,500				DONOR DESIGNATIONS
(82) TURN THE PAGE KC 107 W 9TH ST, SUITE 211, KANSAS CITY, MO 64105	46-0673665	501(C)(3)	12,550				PROGRAM FUNDING AND DESIGNAGTIONS
(83) WELLSVILLE BAPTIST CHURCH PO BOX 555, WELLSVILLE, KS 66092	48-0764639	501(C)(3)	12,800				DONOR DESIGNATIONS
(84) LEGACY ENDOWMENT, INC. 10150 ANTIOCH RD, OVERLAND PARK, KS 66212-4285	20-4626278	501(C)(3)	13,500				DONOR DESIGNATIONS
(85) CITY UNION MISSION 1100 E 11TH ST, KANSAS CITY, MO 64106-3028	44-6005481	501(C)(3)	13,516				DONOR DESIGNATIONS
(86) HELP HUMANE 17122 BEL RAY PL, BELTON, MO 64012-5331	43-1787083	501(C)(3)	13,544				DONOR DESIGNATIONS
(87) GREATER KANSAS CITY SPORTS FOUNDATION (INCLUDES) WIN FOR KC 1100 WALNUT STREET, SUITE 3450B, KANSAS CITY, MO 64106	43-1530518	501(C)(3)	13,760				DONOR DESIGNATIONS
(88) HIGH ASPIRATIONS 6320 BROOKSIDE PLZ, KANSAS CITY, MO 64113-1709	81-0673432	501(C)(3)	13,771				DONOR DESIGNATIONS
(89) BETHESDA MENNONITE CHURCH 930 16TH ST, HENDERSON, NE 68371	47-6028426	501(C)(3)	14,000				DONOR DESIGNATIONS
(90) PROFESSIONAL WOMEN OF COLOR 7226 PROSPECT, SUITE P, KANSAS CITY, MO 64132	88-3762858	501(C)(3)	14,000				PROGRAM FUNDNG
(91) FAITH AND LEARNING INTERNATIONAL NFP 209 E LIBERTY DR, WHEATON, IL 60187	20-0743864	501(C)(3)	14,120				DONOR DESIGNATIONS
(92) GIRLS ON THE RUN OF GREATER KANSAS CITY 211 W 18TH ST, KANSAS CITY, MO 64108-1204	20-8508128	501(C)(3)	14,143				DONOR DESIGNATIONS
(93) MID AMERICA ASSISTANCE COALITION 1 W ARMOUR BLVD, SUITE 301, KANSAS CITY, MO 64111-2087	43-1186173	501(C)(3)	14,500				PROGRAM FUNDING AND DESIGNAGTIONS

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(94) LIFE UNLIMITED, INC. 320 ARMOUR RD, SUITE 101, KANSAS CITY, MO 64116-3544	43-1237483	501(C)(3)	14,658				DONOR DESIGNATIONS
(95) HAPPYBOTTOMS 303 W 79TH ST, KANSAS CITY, MO 64114	27-2423540	501(C)(3)	14,792				PROGRAM FUNDING AND DESIGNATIONS
(96) ADVICE AND AID PREGNANCY CENTER PO BOX 7123, OVERLAND PARK, KS 66207-0123	48-1055953	501(C)(3)	14,800				DONOR DESIGNATIONS
(97) REDEMPTORIST SOCIAL SERVICES CENTER 207 W LINWOOD BLVD, KANSAS CITY, MO 64111-1327	26-0054325	501(C)(3)	15,000				PROGRAM FUNDNG
(98) IN THE WORD MINISTRIES INSTITUTE 11936 WEST 119TH ST, SUITE 107, OVERLAND PARK, KS 66213	26-2018656	501(C)(3)	15,000				PROGRAM FUNDNG
(99) BRIDGE LEADERSHIP ACADEMY 10521 BLUE RIDGE BLVD, KANSAS CITY, MO 64134-1918	27-0688717	501(C)(3)	15,000				PROGRAM FUNDNG
(100) COMMUNITY ACTION AGENCY OF GREATER KANSAS CITY 6323 MANCHESTER AVE, KANSAS CITY, MO 64133	43-1197168	501(C)(3)	15,000				PROGRAM FUNDNG
(101) NORTHLAND HEALTH CARE ACCESS PO BOX 14414, KANSAS CITY, MO 64152-7414	43-1578121	501(C)(3)	15,000				PROGRAM FUNDNG
(102) SISTERS IN CHRIST PO BOX 9414, RAYTOWN, MO 64133	43-1799360	501(C)(3)	15,000				PROGRAM FUNDNG
(103) JOURNEY TO NEW LIFE 3120 TROOST AVE, KANSAS CITY, MO 64109	46-3435417	501(C)(3)	15,000				PROGRAM FUNDNG
(104) CHWC, INC. 2 S 14TH ST, KANSAS CITY, KS 66102	48-0934993	501(C)(3)	15,000				PROGRAM FUNDNG
(105) GROWTH MINISTRIES, INC. 15842 W 154TH ST, OLATHE, KS 66062	81-3440951	501(C)(3)	15,000				PROGRAM FUNDNG
(106) MARLENE'S KALEIDOSCOPE PO BOX 14425, KANSAS CITY, MO 64151	82-4729400	501(C)(3)	15,000				PROGRAM FUNDNG
(107) ONE COMMUNITY JIUJITSU 2203 PARALLEL AVE, KANSAS CITY, KS 66104-4705	84-4725841	501(C)(3)	15,000				PROGRAM FUNDNG
(108) RYOGOKU SOCCER ACADEMY 606 GLADSTONE BLVD, KANSAS CITY, MO 64124	85-3677537	501(C)(3)	15,000				PROGRAM FUNDNG
(109) NEW HOPE CENTER KC 4300 INDEPENDENCE AVE, KANSAS CITY, MO 64124	86-3470412	501(C)(3)	15,000				PROGRAM FUNDNG
(110) VETERAN'S COMMUNITY PROJECT 8900 TROOST AVE, KANSAS CITY, MO 64131-3053	47-4960735	501(C)(3)	15,177				DONOR DESIGNATIONS
(111) CHILDREN'S MIRACLE NETWORK PO BOX 3245, KANSAS CITY, KS 66103-0245	48-0547734	501(C)(3)	15,500				DONOR DESIGNATIONS

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(112) SHEPHERD'S CENTER OF KANSAS CITY CENTRAL 9200 WARD PKWY, KANSAS CITY, MO 64114	43-0994417	501(C)(3)	15,696				PROGRAM FUNDING AND DESIGNAGTIONS
(113) FLOURISH FURNISHINGS PO BOX 778, GRANDVIEW, MO 64030-0778	84-3337394	501(C)(3)	15,777				PROGRAM FUNDING AND DESIGNAGTIONS
(114) VERONICA'S VOICE, C/O RESTORATION HOUSE OF GREATER KANSAS CITY 7502 NEBRASKA AVE, KANSAS CITY, KS 66112-2467	20-3902846	501(C)(3)	16,294				DONOR DESIGNATIONS
(115) HOPE FAITH MINISTRIES PO BOX 10281, KANSAS CITY, MO 64171-0281	02-0727462	501(C)(3)	16,300				DONOR DESIGNATIONS
(116) CHRISTIAN FAMILY SERVICES OF THE MIDWEST 10100 W 87TH ST, SUITE 111, OVERLAND PARK, KS 66212-4628	48-0940229	501(C)(3)	16,487				PROGRAM FUNDING AND DESIGNAGTIONS
(117) CHRIST COMMUNITY EVANGELICAL FREE CHURCH 10901 LOWELL AVE, SUITE 290, OVERLAND PARK, KS 66210-2469	48-1058571	501(C)(3)	16,500				DONOR DESIGNATIONS
(118) STARLIGHT THEATRE ASSOCIATION OF KANSAS CITY 4600 STARLIGHT RD, KANSAS CITY, MO 64132-2032	44-0552079	501(C)(3)	17,600				DONOR DESIGNATIONS
(119) COREY'S NETWORK PO BOX 18454, RAYTOWN, MO 64133	47-0995899	501(C)(3)	18,000				PROGRAM FUNDNG
(120) WESTSIDE FAMILY CHURCH 8500 WOODSONIA DR, LENEXA, KS 66227-3137	48-0849830	501(C)(3)	18,000				DONOR DESIGNATIONS
(121) NATIONAL CONGRESS OF BLACK WOMEN INC. 3125 GILLHAM PLAZA, KANSAS CITY, MO 64109	93-2587519	501(C)(3)	18,000				PROGRAM FUNDNG
(122) SHELTER KC - WOMENS CENTER 2611 E 11TH ST, KANSAS CITY, MO 64127-1315	43-1287029	501(C)(3)	18,273				DONOR DESIGNATIONS
(123) SWOPE HEALTH SERVICES 3801 DR. MARTIN LUTHER KING JR. BLV, KANSAS CITY, MO 64130-2807	43-0957840	501(C)(3)	18,580				PROGRAM FUNDING AND DESIGNAGTIONS
(124) BRADENS HOPE FOR CHILDHOOD CANCER 15954 S MUR LEN RD, SUITE 124, OLATHE, KS 66062-8300	27-3519273	501(C)(3)	19,181				DONOR DESIGNATIONS
(125) BLUE KC'S CARING PROGRAM FOR CHILDREN 2301 MAIN ST, KANSAS CITY, MO 64108-2429	43-1599792	501(C)(3)	19,274				DONOR DESIGNATIONS
(126) OUTPACING MELANOMA FOUNDATION 8883 MCCOY ST, LENEXA, KS 66227-8104	45-3704195	501(C)(3)	19,699				DONOR DESIGNATIONS

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(127) WYANDOT BEHAVIORAL HEALTH NETWORK 757 ARMSTRONG AVE, KANSAS CITY, KS 66101	45-4624912	501(C)(3)	19,994				PROGRAM FUNDING AND DESIGNATIONS
(128) HOLY FAMILY SCHOOL OF FAITH INSTITUTE 13240 CRAIG ST, OVERLAND PARK, KS 66213-1401	20-3126204	501(C)(3)	20,000				DONOR DESIGNATIONS
(129) REACHING OUT FROM WITHIN INC 630 MINNESOTA AVE, KANSAS CITY, KS 66101	26-2736145	501(C)(3)	20,000				PROGRAM FUNDNG
(130) RIVER OF REFUGE 5155 RAYTOWN RD, KANSAS CITY, MO 64133	27-0280023	501(C)(3)	20,000				PROGRAM FUNDNG
(131) COMMUNITIES CREATING OPPORTUNITY 3227 BROOKLYN AVE, KANSAS CITY, MO 64109	43-1127845	501(C)(3)	20,000				PROGRAM FUNDNG
(132) GRANDVIEW EDUCATION FOUNDATION PO BOX 546, GRANDVIEW, MO 64030-0546	43-1787476	501(C)(3)	20,000				DONOR DESIGNATIONS
(133) LIBERTY UNITED METHODIST CHURCH 1001 SUNSET AVENUE, LIBERTY, MO 64068	44-0647242	501(C)(3)	20,000				DONOR DESIGNATIONS
(134) MADE MEN, INC. 1542 MINNESOTA AVE, KANSAS CITY, KS 66102	46-0547099	501(C)(3)	20,000				PROGRAM FUNDNG
(135) URBAN TECHNOLOGY EMPOWERED COMMUNITIES 31 W 31 ST, KANSAS CITY, MO 64108	82-2593896	501(C)(3)	20,000				PROGRAM FUNDNG
(136) SYSTEMS OF CARE INITIATIVE PO BOX 126, TECUMSEH, KS 66542	83-1996707	501(C)(3)	20,000				PROGRAM FUNDNG
(137) MARLBOROUGH COMMUNITY LAND TRUST P.O. BOX 8132, KANSAS CITY, MO 64112	84-2444519	501(C)(3)	20,000				PROGRAM FUNDNG
(138) KC UNITED YOUTH 2400 N 20TH ST, KANSAS CITY, MO 64104	84-4766613	501(C)(3)	20,000				PROGRAM FUNDNG
(139) THE SOUL OF SANTA DO GOOD FOUNDATION 1722 E 17TH TER, SUITE 315, KANSAS CITY, MO 64108-1644	85-0575728	501(C)(3)	20,000				PROGRAM FUNDNG
(140) BE GREAT TOGETHER PO BOX 30141, KANSAS CITY, MO 64112	85-2533202	501(C)(3)	20,000				PROGRAM FUNDNG
(141) FOUNTAIN OF LIFE PO BOX 26445, OVERLAND PARK, KS 66225	88-3154252	501(C)(3)	20,000				PROGRAM FUNDNG
(142) WOMEN'S EMPLOYMENT NETWORK 4328 MADISON AVE, KANSAS CITY, MO 64111	43-1508734	501(C)(3)	20,060				PROGRAM FUNDING AND DESIGNATIONS
(143) HOPE COMMUNITY CHURCH OF GREATER KANSAS CITY 8200 STATE LINE RD, LEAWOOD, KS 66206	44-0647351	501(C)(3)	20,670				DONOR DESIGNATIONS

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(144) PHOENIX FAMILY 3908 WASHINGTON ST, KANSAS CITY, MO 64111-2925	68-0101133	501(C)(3)	20,760				PROGRAM FUNDING AND DESIGNAGTIONS
(145) THE LIGHT KC 10001 W 88TH ST, OVERLAND PARK, KS 66212-4683	48-0974253	501(C)(3)	20,800				DONOR DESIGNATIONS
(146) HEARTLAND COMMUNITY CHURCH 12175 S STRANG LINE RD, OLATHE, KS 66062-5220	48-1022368	501(C)(3)	20,800				DONOR DESIGNATIONS
(147) BISHOP SULLIVAN CENTER 6435 E TRUMAN RD, KANSAS CITY, MO 64126-2635	43-0993672	501(C)(3)	20,828				PROGRAM FUNDING AND DESIGNAGTIONS
(148) CHURCH OF THE RESURRECTION 13720 ROE BLVD, OVERLAND PARK, KS 66224	48-1107898	501(C)(3)	21,129				DONOR DESIGNATIONS
(149) COLLABORATIVE RESPONSE PO BOX 322, LEES SUMMIT, MO 64063	45-3184448	501(C)(3)	22,000				PROGRAM FUNDNG
(150) HABITAT FOR HUMANITY OF KANSAS CITY 1423 E LINWOOD BLVD, KANSAS CITY, MO 64109-1914	43-1175749	501(C)(3)	22,414				PROGRAM FUNDING AND DESIGNAGTIONS
(151) MISSION SOUTHSIDE INC 18335 W 168TH TER, OLATHE, KS 66062-9508	27-3655778	501(C)(3)	22,576				DONOR DESIGNATIONS
(152) GIRL SCOUTS OF NE KANSAS AND NW MISSOURI 10561 BARKLEY ST, SUITE 101, OVERLAND PARK, KS 66212-1836	43-0892926	501(C)(3)	22,977				DONOR DESIGNATIONS
(153) MIDTOWN BAPTIST TEMPLE 3953 WALNUT ST, KANSAS CITY, MO 64111	26-1173788	501(C)(3)	23,010				DONOR DESIGNATIONS
(154) RAYTOWN EMERGENCY ASSISTANCE PROGRAM (REAP) 9300 E 75TH ST, RAYTOWN, MO 64138-1603	43-1294275	501(C)(3)	23,084				DONOR DESIGNATIONS
(155) AMERICAN CANCER SOCIETY - ATLANTA 270 PEACHTREE ST, PO BOX 1685, SUITE 1300, ATLANTA, GA 30301	13-1788491	501(C)(3)	23,191				DONOR DESIGNATIONS
(156) MOTHER'S REFUGE 14400 E 42ND ST S, SUITE 220, INDEPENDENCE, MO 64055	43-1454628	501(C)(3)	23,460				PROGRAM FUNDING AND DESIGNAGTIONS
(157) ELEVATE METRO KC P.O. BOX 4477, OVERLAND PARK, KS 66204	83-3698822	501(C)(3)	23,700				PROGRAM FUNDING AND DESIGNAGTIONS
(158) COLONIAL PRESBYTERIAN CHURCH 9500 WORNALL RD, KANSAS CITY, MO 64114	44-0595113	501(C)(3)	24,000				DONOR DESIGNATIONS
(159) LIVING HOPE CHURCH OF THE NAZARENE 18550 W 175TH ST, OLATHE, KS 66062	48-1190411	501(C)(3)	24,000				DONOR DESIGNATIONS
(160) BEACON MENTAL HEALTH 3100 NE 83RD ST., SUITE 1001, KANSAS CITY, MO 64119	43-1556416	501(C)(3)	24,270				PROGRAM FUNDING AND DESIGNAGTIONS



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(161) LIFE MISSION CHURCH 16111 S LONE ELM RD, OLATHE, KS 66062-9236	48-1114921	501(C)(3)	24,300				DONOR DESIGNATIONS
(162) URBAN NEIGHBORHOOD INITIATIVE 2300 MAIN ST, SUITE 180, KANSAS CITY, MO 64108-2472	45-4879810	501(C)(3)	24,438				PROGRAM FUNDING AND DESIGNAGTIONS
(163) LEVELUP KIDS, INC. MILES OF SMILES 5416 NE ANTIOCH RD, KANSAS CITY, MO 64119	20-3664224	501(C)(3)	25,000				PROGRAM FUNDNG
(164) PREP-KC - PARTNERSHIP FOR REGIONAL EDUCATIONAL PREPARATION 2300 MAIN ST, SUITE 340, KANSAS CITY, MO 64108-2414	26-0524230	501(C)(3)	25,000				PROGRAM FUNDNG
(165) WEST CENTRAL MISSOURI COMMUNITY ACTION AGENCY 112 W. 4TH ST., APPLETON CITY, MO 64724	43-0838410	501(C)(3)	25,000				PROGRAM FUNDNG
(166) GENESIS SCHOOL 3800 E 44TH ST, KANSAS CITY, MO 64130-2168	43-1196717	501(C)(3)	25,000				DONOR DESIGNATIONS
(167) CALVARY COMMUNITY OUTREACH NETWORK 2940 HOLMES ST, KANSAS CITY, MO 64109-1432	43-1686109	501(C)(3)	25,000				PROGRAM FUNDNG
(168) POETRY FOR PERSONAL POWER INC PO BOX 300440, KANSAS CITY, MO 64130	46-2612596	501(C)(3)	25,000				PROGRAM FUNDNG
(169) PROVIDENCE SCHOOL OF ARTS 7203 PASEO BLVD, KANSAS CITY, MO 64132-1704	46-4640664	501(C)(3)	25,000				PROGRAM FUNDNG
(170) CENTER OF GRACE 520 S HARRISON, OLATHE, KS 66061	48-1251324	501(C)(3)	25,000				PROGRAM FUNDNG
(171) KANSAS CITY DREAM CENTER PO BOX 23061, OVERLAND PARK, KS 66283	83-0934680	501(C)(3)	25,000				PROGRAM FUNDNG
(172) SEEING YOURSELF IN SCIENCE 5714 NE TIMBER HILLS DR, LEES SUMMIT, MO 64064	83-2645050	501(C)(3)	25,000				PROGRAM FUNDNG
(173) THE NIA PROJECT PO BOXX 300731, KANSAS CITY, MO 64130	84-2271746	501(C)(3)	25,000				PROGRAM FUNDNG
(174) BROTHERS LIBERATING OUR COMMUNITIES 3737 TROOST, KANSAS CITY, MO 64109	86-1682869	501(C)(3)	25,000				PROGRAM FUNDNG
(175) WELCOME WELLNESS HEALTH EDUCATION RESOURCE CENTER 704 TREVIS AVE, BELTON, MO 64012	88-3353781	501(C)(3)	25,000				PROGRAM FUNDNG
(176) ART AS MENTORSHIP 300 GLADSTONE BLVD, SUITE 102, KANSAS CITY, MO 64124	82-0925535	501(C)(3)	25,200				PROGRAM FUNDING AND DESIGNAGTIONS
(177) GIVING HOPE AND HELP PO BOX 2446, LEES SUMMIT, MO 64063	47-2005923	501(C)(3)	25,660				PROGRAM FUNDING AND DESIGNAGTIONS
(178) CHILD ABUSE PREVENTION ASSOCIATION 503 E 23RD ST S, INDEPENDENCE, MO 64055-1502	43-1067711	501(C)(3)	25,870				PROGRAM FUNDING AND DESIGNAGTIONS

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(179) YOUTH AMBASSADORS INC 3130 TROOST, KANSAS CITY, MO 64130-3349	45-5220294	501(C)(3)	26,935				PROGRAM FUNDING AND DESIGNAGTIONS
(180) PRINCE OF PEACE CATHOLIC COMMUNITY 16000 W 143RD, OLATHE, KS 66062	48-1024125	501(C)(3)	28,000				DONOR DESIGNATIONS
(181) FIRST CALL ALCOHOL/DRUG PREVENTION AND RECOVERY 9091 STATE LINE ROAD, KANSAS CITY, MO 64114	44-0641486	501(C)(3)	28,675				PROGRAM FUNDING AND DESIGNAGTIONS
(182) DOWN SYNDROME INNOVATIONS (GUILD OF GREATER KC) 5916 DEARBORN ST, MISSION, KS 66202	43-1427760	501(C)(3)	28,900				PROGRAM FUNDING AND DESIGNAGTIONS
(183) CULTIVATE KANSAS CITY 300 E 39TH ST, KANSAS CITY, MO 64111-1531	20-2365320	501(C)(3)	28,980				DONOR DESIGNATIONS
(184) COMMUNITY LINC 4014 TROOST AVE, KANSAS CITY, MO 64110-1234	43-1506591	501(C)(3)	29,288				PROGRAM FUNDING AND DESIGNAGTIONS
(185) HOPE HAVEN OF CASS COUNTY 200 N OAKLAND ST, HARRISONVILLE, MO 64701	43-1596092	501(C)(3)	29,361				PROGRAM FUNDING AND DESIGNAGTIONS
(186) SAVE, INC. PO BOX 45301, KANSAS CITY, MO 64171-8301	43-1465268	501(C)(3)	29,895				DONOR DESIGNATIONS
(187) INSTITUE FOR NONPROFIT NEWS 8549 WILSHIRE BLVD, #2294, BEVERLY HILLS, CA 90211-3104	27-2614911	501(C)(3)	30,000				PROGRAM FUNDNG
(188) THE GEM THEATER CULTURAL AND PERFORMING ARTS CENTER, INC 2033 VINE ST, KANSAS CITY, MO 64108	43-1558517	501(C)(3)	30,000				PROGRAM FUNDNG
(189) CARING FOR KIDS NETWORK 9500 WORNALL RD, KANSAS CITY, MO 64114	46-3289600	501(C)(3)	30,000				PROGRAM FUNDNG
(190) THE HELP KC 31 W 31 ST, KANSAS CITY, MO 64108	47-1855675	501(C)(3)	30,000				PROGRAM FUNDNG
(191) BLACK ARCHIVES OF MID AMERICA 17228 17TH TERR, KANSAS CITY, MO 64108	51-0191768	501(C)(3)	30,000				PROGRAM FUNDNG
(192) CHINMAYA MISSION KANSAS CITY 15711 CEDAR ST, OVERLAND PARK, KS 66224-3572	82-5118078	501(C)(3)	30,000				DONOR DESIGNATIONS
(193) TRANSITION ACADEMY 6320 BROOKSIDE PLZ, SUITE 503, KANSAS CITY, MO 64113	84-2533606	501(C)(3)	30,000				PROGRAM FUNDNG
(194) GREEN ACRES URBAN FARM AND RESEARCH PROJECT 3216 E 21ST ST, KANSAS CITY, MO 64127	85-2861082	501(C)(3)	30,000				PROGRAM FUNDNG
(195) HEALING HOUSE 4505 SAINT JOHN AVE, KANSAS CITY, MO 64123	20-1877757	501(C)(3)	30,055				PROGRAM FUNDING AND DESIGNAGTIONS

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(196) UNITED WAY OF KAW VALLEY LAWRENCE 1527 SW FAIRLAWN RD, TOPEKA, KS 66604-2411	48-0561978	501(C)(3)	30,471				DONOR DESIGNATIONS
(197) DRUMM CENTER FOR CHILDREN 3210 S LEES SUMMIT RD, INDEPENDENCE, MO 64055-1998	44-0569643	501(C)(3)	30,473				PROGRAM FUNDING AND DESIGNAGTIONS
(198) KVC NILES 1911 E 23RD ST, KANSAS CITY, MO 64127-3701	48-0770308	501(C)(3)	30,809				DONOR DESIGNATIONS
(199) LENEXA BAPTIST CHURCH 15320 W 87TH ST PKWY, LENEXA, KS 66219	48-1088165	501(C)(3)	30,820				DONOR DESIGNATIONS
(200) JEWISH VOCATIONAL SERVICE 4600 PASEO BLVD, KANSAS CITY, MO 64110	44-0545994	501(C)(3)	31,425				PROGRAM FUNDING AND DESIGNAGTIONS
(201) BLUFORD HEALTHCARE LEADERSHIP INSTITUTE 7900 LEES SUMMIT RD, KANSAS CITY, MO 64139-1236	46-3328194	501(C)(3)	32,000				PROGRAM FUNDING AND DESIGNAGTIONS
(202) BOY SCOUTS KANSAS CITY HEART OF AMERICA COUNCIL 10210 HOLMES RD, KANSAS CITY, MO 64131-4212	44-0545995	501(C)(3)	33,975				DONOR DESIGNATIONS
(203) ALZHEIMER'S ASSOCIATION, HEART OF AMERICA CHAPTER 3846 W 75TH ST, PRAIRIE VILLAGE, KS 66208-4126	48-0934474	501(C)(3)	34,510				DONOR DESIGNATIONS
(204) PRINCIPALS CONNECT 17 JANSSEN PLACE, KANSAS CITY, MO 64109	82-1747205	501(C)(3)	35,000				PROGRAM FUNDNG
(205) AMETHYST PLACE 2735 TROOST AVE, KANSAS CITY, MO 64109	43-1887442	501(C)(3)	36,195				PROGRAM FUNDING AND DESIGNAGTIONS
(206) LITERACY KANSAS CITY 3036 TROOST AVE, KANSAS CITY, MO 64109	43-1435729	501(C)(3)	39,514				PROGRAM FUNDING AND DESIGNAGTIONS
(207) KOREAN AMERICAN SOCIETY OF GREATER KANSAS CITY 10609 FLOYD ST, OVERLAND PARK, KS 66212	51-0187493	501(C)(3)	40,000				PROGRAM FUNDNG
(208) BIG BROTHERS BIG SISTERS OF GREATER KANSAS CITY 1709 WALNUT ST, KANSAS CITY, MO 64108-1315	43-6068464	501(C)(3)	40,035				DONOR DESIGNATIONS
(209) KANSAS LEGAL SERVICES, INC. 400 STATE AVE, SUITE 1015, KANSAS CITY, KS 66101-2420	48-0872528	501(C)(3)	40,530				PROGRAM FUNDING AND DESIGNAGTIONS
(210) CRITTENTON CHILDREN'S CENTER SAINT LUKES 10918 ELM AVE., KANSAS CITY, MO 64134	44-0545808	501(C)(3)	40,700				PROGRAM FUNDING AND DESIGNAGTIONS
(211) GIVING THE BASICS 927 S 7TH ST, KANSAS CITY, KS 66105-2005	45-3069975	501(C)(3)	41,963				PROGRAM FUNDING AND DESIGNAGTIONS

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(212) OUR SPOT KC 500 N 7TH ST, KANSAS CITY, KS 66101-3034	81-4237323	501(C)(3)	42,782				PROGRAM FUNDING AND DESIGNAGTIONS
(213) CHILD PROTECTION CENTER 2940 MAIN STREET, KANSAS CITY, MO 64108	20-4535728	501(C)(3)	43,504				PROGRAM FUNDING AND DESIGNAGTIONS
(214) HEALTH PARTNERSHIP CLINIC 407 S CLAIRBORNE RD., SUITE 104, OLATHE, KS 66062-1744	48-1115529	501(C)(3)	44,360				PROGRAM FUNDING AND DESIGNAGTIONS
(215) MISSION VISION PROJECT PO BOX 32134, KANSAS CITY, MO 64171	84-2139145	501(C)(3)	45,000				PROGRAM FUNDNG
(216) LEAD TO READ, INC PO BOX 411006, KANSAS CITY, MO 64141-1006	82-1256215	501(C)(3)	45,867				PROGRAM FUNDING AND DESIGNAGTIONS
(217) REDISCOVER 1555 NE RICE RD, LEES SUMMIT, MO 64086-5849	23-7169417	501(C)(3)	46,065				PROGRAM FUNDING AND DESIGNAGTIONS
(218) MENTAL HEALTH AMERICA OF THE HEARTLAND 739 MINNESOTA AVE, KANSAS CITY, KS 66101	48-1185409	501(C)(3)	46,360				PROGRAM FUNDING AND DESIGNAGTIONS
(219) JUNIOR ACHIEVEMENT OF GREATER KANSAS CITY 2842 W 47TH AVE, KANSAS CITY, KS 66103-3243	44-0604809	501(C)(3)	46,557				PROGRAM FUNDING AND DESIGNAGTIONS
(220) RONALD MCDONALD HOUSE CHARITIES, K.C. 2502 CHERRY ST, KANSAS CITY, MO 64108-2751	43-1190760	501(C)(3)	46,678				DONOR DESIGNATIONS
(221) SHEFFIELD PLACE 6604 E 12TH ST, KANSAS CITY, MO 64126	43-1532267	501(C)(3)	47,370				PROGRAM FUNDING AND DESIGNAGTIONS
(222) FAITH CHAPEL ASSEMBLY OF GOD 15000 NEWTON DR, OVERLAND PARK, KS 66223-2210	48-0955083	501(C)(3)	47,404				DONOR DESIGNATIONS
(223) SAMUEL U. RODGERS HEALTH CENTER 825 EUCLID AVE, KANSAS CITY, MO 64124	43-0899356	501(C)(3)	48,367				PROGRAM FUNDING AND DESIGNAGTIONS
(224) FOSTER ADOPT CONNECT, INC. 18600 E 37TH TER S, SUITE 101, INDEPENDENCE, MO 64057-1707	43-1895965	501(C)(3)	48,405				PROGRAM FUNDING AND DESIGNAGTIONS
(225) VIBRANT HEALTH 21 N 12TH ST, SUITE 300, KANSAS CITY, KS 66102	48-1151382	501(C)(3)	48,800				PROGRAM FUNDING AND DESIGNAGTIONS
(226) JDRF INTERNATIONAL 200 VESEY ST, FL 28, NEW YORK, NY 10281-5504	23-1907729	501(C)(3)	49,091				DONOR DESIGNATIONS
(227) SANTA FE AREA COUNCIL 3007 E 32ND ST, KANSAS CITY, MO 64128	43-1562415	501(C)(3)	50,000				PROGRAM FUNDNG
(228) UNITED COMMUNITY SERVICES OF JOHNSON COUNTY 9001 W 110TH ST., SUITE 100, OVERLAND PARK, KS 66210-2116	48-0914699	501(C)(3)	50,000				PROGRAM FUNDNG

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(229) ESSENTIAL FAMILIES MIDWEST 2409 PROSPECT AVE, SUITE 413, KANSAS CITY, MO 64127	84-4124831	501(C)(3)	50,000				PROGRAM FUNDNG
(230) PARENT POWER LAB INC 2804 CHERRY ST, KANSAS CITY, MO 64108	87-4513034	501(C)(3)	50,000				PROGRAM FUNDNG
(231) ECONOMIC OPPORTUNITY FOUNDATION, INC. 950 QUINDARO BLVD, KANSAS CITY, KS 66101-1228	48-6120518	501(C)(3)	50,744				PROGRAM FUNDNG
(232) BETHEL NEIGHBORHOOD CENTER 14 S 7TH ST. TRFY, KANSAS CITY, KS 66101	23-7098818	501(C)(3)	50,902				PROGRAM FUNDING AND DESIGNAGTIONS
(233) DENTAL CARE KANSAS CITY 3515 BROADWAY BLVD, KANSAS CITY, MO 64111-2501	43-0967292	501(C)(3)	52,859				PROGRAM FUNDING AND DESIGNAGTIONS
(234) RESTART 918 E 18TH STREET, KANSAS CITY, MO 64106	43-1349378	501(C)(3)	53,549				PROGRAM FUNDING AND DESIGNAGTIONS
(235) JACKSON COUNTY CASA 2544 HOLMES ST, KANSAS CITY, MO 64108-2743	43-1401328	501(C)(3)	54,958				PROGRAM FUNDING AND DESIGNAGTIONS
(236) GIVEBLACK 5008 PROSPECT AVE, KANSAS CITY, MO 64130	85-0935933	501(C)(3)	56,801				PROGRAM FUNDING AND DESIGNAGTIONS
(237) START AT ZERO 5546 TROOST AVE, KANSAS CITY, MO 64110	47-4246490	501(C)(3)	58,703				PROGRAM FUNDING AND DESIGNAGTIONS
(238) THE BATTLE WITHIN PO BOX 2878, OLATHE, KS 66063	83-2379887	501(C)(3)	59,410				PROGRAM FUNDNG
(239) TRANSITION ZONE, INC. 9004 EAST 96TH TERR, KANSAS CITY, MO 64134	86-2580278	501(C)(3)	59,410				PROGRAM FUNDNG
(240) KANSAS CITY METROPOLITAN CRIME COMMISSION 3100 BROADWAY BLVD, SUITE 226, KANSAS CITY, MO 64111-2494	44-0540176	501(C)(3)	59,411				PROGRAM FUNDNG
(241) LYRIK'S INSTITUTION C/O KYLE HOLLINS, 7201 E 67TH ST, KANSAS CITY, MO 64133	84-2799526	501(C)(3)	59,411				PROGRAM FUNDNG
(242) KC UNCORNED 300 E 39TH ST, KANSAS CITY, MO 64111	86-2312909	501(C)(3)	59,411				PROGRAM FUNDNG
(243) CENTER FOR CONFLICT RESOLUTION 6285 PASEO BLVD, KANSAS CITY, MO 64110-3535	43-1890891	501(C)(3)	59,646				PROGRAM FUNDING AND DESIGNAGTIONS
(244) CHILDREN'S CENTER FOR THE VISUALLY IMPAIRED 3101 MAIN ST, KANSAS CITY, MO 64111	44-0574397	501(C)(3)	60,426				PROGRAM FUNDING AND DESIGNAGTIONS
(245) GRANDVIEW ASSISTANCE PROGRAM 1121 MAIN ST, GRANDVIEW, MO 64030	43-1607813	501(C)(3)	62,208				PROGRAM FUNDING AND DESIGNAGTIONS
(246) SUNFLOWER HOUSE 15440 W 65TH ST, SHAWNEE, KS 66217-9306	48-0918698	501(C)(3)	64,636				PROGRAM FUNDING AND DESIGNAGTIONS

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(247) TRUE LIGHT FAMILY RESOURCE CENTER 712 E 31ST ST, KANSAS CITY, MO 64109	02-0783393	501(C)(3)	65,310				PROGRAM FUNDING AND DESIGNAGTIONS
(248) KC COMMON GOOD INC 1100 ROCKHURST RD, KANSAS CITY, MO 64110-2508	83-4482500	501(C)(3)	65,411				PROGRAM FUNDING AND DESIGNAGTIONS
(249) WECODE KC 5008 PROSPECT AVENUE, KANSAS CITY, MO 64130	83-3413497	501(C)(3)	66,000				PROGRAM FUNDING AND DESIGNAGTIONS
(250) THE CHILDREN'S PLACE 6401 ROCKHILL RD, KANSAS CITY, MO 64131	51-0195216	501(C)(3)	67,539				PROGRAM FUNDING AND DESIGNAGTIONS
(251) CASA OF JOHNSON AND WYANDOTTE COUNTIES 6400 GLENWOOD ST, SUITE 100, OVERLAND PARK, KS 66202-4013	48-1088233	501(C)(3)	69,747				PROGRAM FUNDING AND DESIGNAGTIONS
(252) EARLYSTART 2008 E 12TH ST, KANSAS CITY, MO 64112	44-0646347	501(C)(3)	79,445				PROGRAM FUNDING AND DESIGNAGTIONS
(253) SAFEHOME PO BOX 4563, OVERLAND PARK, KS 66204	48-0917798	501(C)(3)	81,962				PROGRAM FUNDING AND DESIGNAGTIONS
(254) URBAN LEAGUE OF GREATER KANSAS CITY 1710 THE PASEO, KANSAS CITY, MO 64108	44-0546273	501(C)(3)	82,944				PROGRAM FUNDING AND DESIGNAGTIONS
(255) LEGAL AID OF WESTERN MISSOURI 4001 DR MARTIN LUTHER KING JR BLVD, SUITE 300, KANSAS CITY, MO 64130	43-0824638	501(C)(3)	82,964				PROGRAM FUNDING AND DESIGNAGTIONS
(256) COMMUNITY ASSISTANCE COUNCIL, INC. 10901 BLUE RIDGE BLVD, KANSAS CITY, MO 64134-2757	23-7439079	501(C)(3)	85,000				PROGRAM FUNDNG
(257) KC TENANTS 620 E ARMOUR BLVD, KANSAS CITY, MO 64109-2247	84-5137189	501(C)(3)	85,064				DONOR DESIGNATIONS
(258) GROWING FUTURES EARLY EDUCATION CENTER 8155 SANTA FE DR, OVERLAND PARK, KS 66204-3607	48-0723044	501(C)(3)	87,014				PROGRAM FUNDING AND DESIGNAGTIONS
(259) RECONCILIATION SERVICES 1006 E LINWOOD BLVD, KANSAS CITY, MO 64109	36-4580402	501(C)(3)	91,792				PROGRAM FUNDING AND DESIGNAGTIONS
(260) HOPE HOUSE, INC PO BOX 577, LEES SUMMIT, MO 64063	43-1265685	501(C)(3)	93,065				PROGRAM FUNDING AND DESIGNAGTIONS
(261) CROSS-LINES COMMUNITY OUTREACH, INC. 736 SHAWNEE AVE, KANSAS CITY, KS 66105-2025	48-0697177	501(C)(3)	97,204				PROGRAM FUNDING AND DESIGNAGTIONS
(262) CORNERSTONES OF CARE 300 E 36TH ST, KANSAS CITY, MO 64111	44-0545442	501(C)(3)	97,869				PROGRAM FUNDING AND DESIGNAGTIONS
(263) METROPOLITAN ORGANIZATION TO COUNTER SEXUAL ASSAULT (MOCSA) 3100 BROADWAY BLVD, SUITE 400, KANSAS CITY, MO 64111-2591	43-1061620	501(C)(3)	99,365				PROGRAM FUNDING AND DESIGNAGTIONS



(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(264) KC MOTHERS IN CHARGE 3200 WAYNE AVE, SUITE 124W, KANSAS CITY, MO 64109-2062	47-2342408	501(C)(3)	99,411				PROGRAM FUNDNG
(265) PROSPECT KC 2000 VINE ST, SUITE 1D, KANSAS CITY, MO 64108-3007	84-4576270	501(C)(3)	100,000				PROGRAM FUNDNG
(266) ADHOC GROUP AGAINST CRIME 104 VIETNAM VET MEM DR, KANSAS CITY, MO 64111	30-0455147	501(C)(3)	101,629				PROGRAM FUNDING AND DESIGNAGTIONS
(267) KIDSTLC 480 S ROGERS RD, OLATHE, KS 66062	48-0774593	501(C)(3)	102,674				DONOR DESIGNATIONS
(268) CATHOLIC CHARITIES OF KANSAS CITY AND ST. JOSEPH 8001 LONGVIEW RD, SERVE & LIFT CENTER, KANSAS CITY, MO 64134	43-0887779	501(C)(3)	103,593				PROGRAM FUNDING AND DESIGNAGTIONS
(269) SYNERGY SERVICES 400 E 6TH ST, PARKVILLE, MO 64152-3703	43-0970674	501(C)(3)	106,193				PROGRAM FUNDING AND DESIGNAGTIONS
(270) JEWISH FAMILY SERVICES 5801 W 115TH ST, SUITE 103, OVERLAND PARK, KS 66211	44-0545829	501(C)(3)	106,775				PROGRAM FUNDING AND DESIGNAGTIONS
(271) COMMUNITY SERVICES LEAGUE 404 N NOLAND RD, INDEPENDENCE, MO 64050	43-0976396	501(C)(3)	107,067				PROGRAM FUNDING AND DESIGNAGTIONS
(272) DELLA LAMB COMMUNITY SERVICES 500 WOODLAND AVE, KANSAS CITY, MO 64106-1361	44-0549931	501(C)(3)	112,720				PROGRAM FUNDING AND DESIGNAGTIONS
(273) ABILITY KC 3011 BALTIMORE AVE, KANSAS CITY, MO 64108-3403	44-0552045	501(C)(3)	115,961				PROGRAM FUNDING AND DESIGNAGTIONS
(274) ASSOCIATES CARING FOR EACH OTHER (ACE) 444 W 47TH ST, SUITE 900, KANSAS CITY, MO 64112-1906	41-2113872	501(C)(3)	116,175				DONOR DESIGNATIONS
(275) WORKING FAMILIES' FRIEND 1021 PENNSYLVANIA AVE, KANSAS CITY, MO 64105-1334	65-1169138	501(C)(3)	118,708				PROGRAM FUNDING AND DESIGNAGTIONS
(276) NEWHOUSE PO BOX 240019, KANSAS CITY, MO 64124	43-0962293	501(C)(3)	124,543				DONOR DESIGNATIONS
(277) MATTIE RHODES CENTER 148 N. TOPPING AVE, KANSAS CITY, MO 64123	44-0546343	501(C)(3)	125,288				PROGRAM FUNDING AND DESIGNAGTIONS
(278) AVENUE OF LIFE PO BOX 34495, KANSAS CITY, MO 64116-0895	46-2526799	501(C)(3)	129,779				PROGRAM FUNDING AND DESIGNAGTIONS
(279) HARVESTERS 3801 TOPPING AVE, KANSAS CITY, MO 64129-1744	43-1208665	501(C)(3)	150,090				PROGRAM FUNDING AND DESIGNAGTIONS
(280) UNIVERSITY HEALTH 2310 HOLMES ST., SUITE 735, KANSAS CITY, MO 64108-2602	44-0661018	501(C)(3)	150,130				PROGRAM FUNDING AND DESIGNAGTIONS

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(281) SALVATION ARMY - OLATHE CORPS 420 E SANTA FE ST, OLATHE, KS 66061-3446	44-0545998	501(C)(3)	156,860				PROGRAM FUNDING AND DESIGNAGTIONS
(282) EL CENTRO, INC. 650 MINNESOTA AVE, KANSAS CITY, KS 66101	36-2904073	501(C)(3)	165,706				PROGRAM FUNDING AND DESIGNAGTIONS
(283) THE FAMILY CONSERVANCY 444 MINNESOTA AVE., SUITE 200, KANSAS CITY, KS 66101-2900	44-0454800	501(C)(3)	166,408				PROGRAM FUNDING AND DESIGNAGTIONS
(284) CLEAVER FAMILY YMCA 7000 TROOST AVE, KANSAS CITY, MO 64131-1511	44-0546002	501(C)(3)	182,012				PROGRAM FUNDING AND DESIGNAGTIONS
(285) METRO LUTHERAN MINISTRY 3031 HOLMES, KANSAS CITY, MO 64109	43-0970991	501(C)(3)	187,351				PROGRAM FUNDING AND DESIGNAGTIONS
(286) ROSE BROOKS CENTER PO BOX 8619, KANSAS CITY, MO 64132	51-0231573	501(C)(3)	190,947				PROGRAM FUNDING AND DESIGNAGTIONS
(287) OPERATION BREAKTHROUGH 3039 TROOST AVE, KANSAS CITY, MO 64109-1540	43-0971560	501(C)(3)	195,565				PROGRAM FUNDING AND DESIGNAGTIONS
(288) GUADALUPE CENTERS, INC. 1015 AVENIDA CESAR E CHAVEZ, KANSAS CITY, MO 64108	44-0610781	501(C)(3)	200,743				PROGRAM FUNDING AND DESIGNAGTIONS
(289) CHILDREN'S MERCY HOSPITALS AND CLINICS 2401 GILLHAM RD, KANSAS CITY, MO 64108	44-0605373	501(C)(3)	201,774				PROGRAM FUNDING AND DESIGNAGTIONS
(290) ST. JAMES ACADEMY 24505 PRAIRIE STAR PKWY, LENEXA, KS 66227-7267	27-0058424	501(C)(3)	275,000				DONOR DESIGNATIONS
(291) BOYS & GIRLS CLUBS OF GREATER KANSAS CITY 4001 DR. MARTIN LUTHER KING JR. BLV, SUITE 102, KANSAS CITY, MO 64130-2320	43-6072065	501(C)(3)	303,467				PROGRAM FUNDING AND DESIGNAGTIONS
(292) CATHOLIC CHARITIES OF NORTHEAST KANSAS 9720 W. 87TH STREET, OVERLAND PARK, KS 66212	48-1181305	501(C)(3)	339,008				PROGRAM FUNDING AND DESIGNAGTIONS



**Part III****Grants and Other Assistance to Individuals in the United States (continued)**

(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
(7) LEGAL ASSISTANCE	91	51,258			
(8) CHILDCARE ASSISTANCE	14	9,321			

Part IV

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

Return Reference - Identifier	Explanation
<p>SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.</p>	<p>FOR GRANTS MADE TO ORGANIZATIONS: UWGKC CONDUCTS AN ANNUAL REVIEW OF GRANTEE PROGRAMS AND AGENCIES. THIS REVIEW INCLUDES THE SUBMISSION OF REPORTS THAT INCLUDE UNITS OF SERVICE. IN ADDITION, UWGKC'S FUNDING AGREEMENT WITH EACH RECIPIENT AGENCY REQUIRES COMPLIANCE WITH STANDARDS OF ACCOUNTABILITY. THIS COMPLIANCE IS REVIEWED THROUGH THE SUBMISSION OF AN ANNUAL QUESTIONNAIRE AND SUPPORTING DOCUMENTS, INCLUDING BUDGET AND ORGANIZATIONAL DATA. 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.</p> <p>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 CRITERIA OF THE GRANT.</p>
<p>(5) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT</p>	<p>RELENTLESS PURSUIT OUTREACH AND RECOVERY CORP 118 N CONISTOR LN, LIBERTY, MO 64068</p>

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

UNITED WAY OF GREATER KANSAS CITY, INC

Employer identification number

44-0545812

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> 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.</p> <p> <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) </p>		
<p><b>b</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 . . . . .</p>	<b>1b</b>	
<p><b>2</b> 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? . . . . .</p>	<b>2</b>	
<p><b>3</b> 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.</p> <p> <input checked="" type="checkbox"/> Compensation committee                                      <input type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Independent compensation consultant                      <input checked="" type="checkbox"/> Compensation survey or study  <input type="checkbox"/> Form 990 of other organizations                              <input checked="" type="checkbox"/> Approval by the board or compensation committee </p>		
<p><b>4</b> 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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p> <p><b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . .</p> <p><b>c</b> Participate in or receive payment from an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>	<input checked="" type="checkbox"/>
	<b>4b</b>	<input checked="" type="checkbox"/>
	<b>4c</b>	<input checked="" type="checkbox"/>
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b></p> <p><b>5</b> 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:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	<b>5a</b>	<input checked="" type="checkbox"/>
	<b>5b</b>	<input checked="" type="checkbox"/>
<p><b>6</b> 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:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	<b>6a</b>	<input checked="" type="checkbox"/>
	<b>6b</b>	<input checked="" type="checkbox"/>
<p><b>7</b> 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 . . . . .</p>	<b>7</b>	<input checked="" type="checkbox"/>
<p><b>8</b> 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 . . . . .</p>	<b>8</b>	<input checked="" type="checkbox"/>
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>	<b>9</b>	

**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					
1	CHRIS ROSSON	(i)	293,246	110,718	31,065	40,988	23,340	499,357	0
	TRUSTEE/CEO	(ii)	0	0	0	0	0	0	0
2	ANN GAFFIGAN	(i)	183,286	15,000	2,101	7,785	23,280	231,452	0
	COO	(ii)	0	0	0	0	0	0	0
3	JAMES MACDONALD	(i)	133,441	8,000	1,488	27,983	21,206	192,118	0
	VP, COMMUNITY IMPACT	(ii)	0	0	0	0	0	0	0
4	JESSICA BLUBAUGH	(i)	135,247	0	1,552	14,674	8,492	159,965	0
	CHIEF PHILANTHROPY OFFICER	(ii)	0	0	0	0	0	0	0
5		(i)							
		(ii)							
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)							

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF GREATER KANSAS CITY, INC

Employer identification number

44-0545812

**Part I 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				
2				
3				
4				
5				
6				
7				
8				
9	✓	23	234,653	MARKET VALUE
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				

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	0
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	Yes	No
30a		✓
31	✓	
32a		✓
33		

**Part II**

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

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	SECURITIES - PUBLICLY TRADED - THIS NUMBER REPRESENTS THE NUMBER OF CONTRIBUTIONS.

**SCHEDULE O  
(Form 990)**

Department of Treasury Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public Inspection

Name of the Organization  
**UNITED WAY OF GREATER KANSAS CITY, INC**

Employer Identification Number  
**44-0545812**

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	SUPPORTS BIPOC LED/SERVING NONPROFIT ORGANIZATIONS WITH SMALL- AND MEDIUM-SIZED BUDGETS. THE CATALYST FUND IS INTENDED TO REDUCE THE OPPORTUNITY GAP FACED BY ORGANIZATIONS FOUNDED BY AND SERVING PEOPLE OF COLOR, WHEN COMPARED TO OTHER NONPROFITS. BY INVESTING IN STRATEGIES THAT STRENGTHEN OPERATIONS, INCREASE FUNDRAISING CAPABILITIES, AND SUPPORT PROGRAM EXPANSION, UNITED WAY HOPES TO ELEVATE THE ESSENTIAL WORK DONE IN COMMUNITY BY SMALLER, BIPOC-LED/SERVING ORGANIZATIONS.
FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION	<p>THROUGH THIS INITIATIVE.</p> <p>UTILITY ASSISTANCE FUND - UNITED WAY HAS A LONGSTANDING PARTNERSHIP WITH THE BOARD OF PUBLIC UTILITIES IN KANSAS CITY, KANSAS, THROUGH WHICH THOUSANDS OF LOW-INCOME HOUSEHOLDS RECEIVE FINANCIAL ASSISTANCE AIMED AT PREVENTING THE LOSS OF UTILITY SERVICE-A KEY RISK FACTOR IN HOMELESSNESS.</p> <p>DIRECT ASSISTANCE TO LOW-INCOME HOUSEHOLDS - UNITED WAY AWARDED \$972,000 IN SUPPORT TO 953 HOUSEHOLDS THROUGH A PROGRAM THAT DISTRIBUTES PREPAID DEBIT CARDS TO FAMILIES STRUGGLING WITH THE IMPACTS OF POVERTY AND HIGH INFLATION.</p> <p>FAMILY EMPOWERMENT INITIATIVE - THROUGH THIS INITIATIVE, UNITED WAY OF GREATER KANSAS CITY AND THE SEIMER INSTITUTE FOR FAMILY STABILITY WITH THE SUPPORT OF SIX PARTNER COMMUNITY AGENCIES IS SERVING 167 FAMILIES STRUGGLING WITH HOUSING INSTABILITY. WITH TARGETED CASE MANAGEMENT AND DIRECT CLIENT ASSISTANCE, FAMILIES ARE ABLE TO RESOLVE FINANCIAL AND HOUSING STABILITY ISSUES THAT MIGHT OTHERWISE PUSH THEM TO THE BRINK OF HOMELESSNESS.</p> <p>KC STRONG FUND - IN THE DAYS AFTER THE TRAGIC LOSS OF LIFE AND INJURY THAT OCCURRED AT A COMMUNITY CELEBRATION FOR THE KANSAS CITY CHIEFS' 2024 SUPER BOWL WIN, UNITED WAY LEADERS MOBILIZED A COMMUNITY RESPONSE THAT RAISED \$2,031,750 IN DONATIONS FROM MORE THAN 4,000 DONORS. \$1.2 MILLION WAS DISTRIBUTED TO 20 GUNSHOT VICTIMS AND \$831,750.61 IN GRANTS WERE AWARDED TO NONPROFIT ORGANIZATIONS PROVIDING ANTI-VIOLENCE AND MENTAL HEALTH SERVICES, AS WELL AS SUPPORT FOR FIRST RESPONDERS. THE KC STRONG FUND WAS A TIME-LIMITED INITIATIVE FOCUSED ON THE IMPACT OF AN EXTRAORDINARY EVENT AND IS NOT AN ONGOING PROGRAM.</p>
FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION	MEASURED BY THE 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. LAST YEAR, 211 RESPONDED TO MORE THAN 155,000 REQUESTS FOR ASSISTANCE.
FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS	THE BYLAWS WERE AMENDED AT THE DECEMBER 20, 2023 MEETING FOR THE BOARD OF TRUSTEES TO INCREASE THE MAXIMUM NUMBER OF "VOTING" TRUSTEES TO 40.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	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, LINE 12C - CONFLICT OF INTEREST POLICY	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, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE EXECUTIVE COMMITTEE PERFORMS AN ANNUAL REVIEW OF THE CEO'S PERFORMANCE, AS WELL AS ANY AVAILABLE COMPARABILITY DATA, TO DETERMINE ANY CHANGE IN COMPENSATION, INCLUDING ANNUAL SALARY AND BONUS. THE COMMITTEE DOCUMENTS THE CONVERSATIONS, VOTES ON THE FINAL DECISION, AND SENDS A MEMO SUMMARIZING THE CHANGES TO THE CHIEF OPERATING AND FINANCIAL OFFICER SO IT CAN BE UPDATED IN THE ORGANIZATION'S HR SYSTEM FOR THE COMING YEAR. PERIODICALLY THE EXECUTIVE COMMITTEE RETAINS A PROFESSIONAL INDEPENDENT CONSULTANT TO COMPLETE A COMPREHENSIVE COMPENSATION REVIEW AND STUDY TO ASSIST THE EXECUTIVE COMMITTEE BY PROVIDING ADDITIONAL INDEPENDENT DATA AND RECOMMENDATIONS. A PROFESSIONAL INDEPENDENT CONSULTANT WAS LAST RETAINED IN 2024.

Return Reference - Identifier	Explanation					
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	THE CEO APPROVES COMPENSATION FOR ALL OTHER OFFICERS, INCLUDING EXECUTIVES. THE BOARD OF TRUSTEES APPROVES THE OVERALL BUDGET.					
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. THE FORM 990 AND THE ORGANIZATION'S ANNUAL AUDIT ARE ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE.					
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th data-bbox="457 333 1304 380">(a) Description</th> <th data-bbox="1307 333 1524 380">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="457 384 1304 413">CHANGE IN BENEFICIAL INTEREST IN TRUST</td> <td data-bbox="1307 384 1524 413">- 793</td> </tr> </tbody> </table>		(a) Description	(b) Amount	CHANGE IN BENEFICIAL INTEREST IN TRUST	- 793
	(a) Description	(b) Amount				
CHANGE IN BENEFICIAL INTEREST IN TRUST	- 793					
CHANGE IN BENEFICIAL INTEREST IN TRUST	- 793					



# IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning 07/01, 2023, and ending 06/30, 20 24

# 2023

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer UNITED WAY OF GREATER KANSAS CITY, INC EIN or SSN 44-0545812

Name and title of officer or person subject to tax ANN GAFFIGAN, COO

## 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 <u>0</u>
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 2023 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 MAZARS, LLP to enter my PIN 

4	5	8	1	2
---	---	---	---	---

 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2023 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 2023 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 *Ann Gaffigan* Date 3/18/2025

## 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.

4	3	3	2	1	1	6	0	2	6	0
---	---	---	---	---	---	---	---	---	---	---

  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 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 *Mike Hyl* Date 3/18/2025

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

PUBLIC DISCLOSURE COPY

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0047

2023

For calendar year 2023 or other tax year beginning 07/01, 2023, and ending 06/30, 2024

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).

Department of the Treasury Internal Revenue Service

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

Form header section containing: A Check box if address changed; B Exempt under section 501(C)(3); C Book value of all assets at end of year 38,375,986; D Employer identification number 44-0545812; E Group exemption number; F Check box if an amended return.

G Check organization type: 501(c) corporation (checked), 501(c) trust, 401(a) trust, Other trust, State college/university, 6417(d)(1)(A) Applicable entity.

H Check if filing only to claim: Credit from Form 8941, Refund shown on Form 2439, Elective payment amount from Form 3800.

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation.

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-subidiary controlled group? Yes (checked), No.

L The books are in care of (SEE STATEMENT), Telephone number (913) 371-6742.

Part I Total Unrelated Business Taxable Income

Table with 11 rows for Part I: Total Unrelated Business Taxable Income. Columns include line number, description, and amount. Total amount is 0.

Part II Tax Computation

Table with 7 rows for Part II: Tax Computation. Columns include line number, description, and amount. Total amount is 0.

Part III Tax and Payments

Table with 5 main rows for Part III: Tax and Payments. Columns include sub-row (1a-1d, 3a-3e), description, and amount. Total tax amount is 0.

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11291J

Form 990-T (2023)

# Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

## Part I — Identification

Type or Print  File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. <b>UNITED WAY OF GREATER KANSAS CITY, INC</b>	Taxpayer identification number (TIN) <b>44-0545812</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>4801 MAIN STREET, STE 425</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>KANSAS CITY, MO 64112</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . **0 7**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information  
 Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

## Part II — Automatic Extension of Time To File for Exempt Organizations (see instructions)

- The books are in the care of ► **CHERYL ADLER, 4801 MAIN ST, SUITE 425, KANSAS CITY, MO 64112**  
 Telephone No. ► **(913) 371-6742** Fax No. ► \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box . . . . . ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . . . . . ► . If it is for part of the group, check this box . . . . . ►  and attach a list with the names and TINs of all members the extension is for.

- I request an automatic 6-month extension of time until **05/15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
  - calendar year 20 \_\_\_\_ or
  - tax year beginning **07/01**, 20 **23**, and ending **06/30**, 20 **24**.
- If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.



**Part III Tax and Payments** (continued)

<b>6a</b>	Payments: Preceding year's overpayment credited to the current year . . . . .	<b>6a</b>	0	
<b>b</b>	Current year's estimated tax payments. Check if section 643(g) election applies . . . . . <input type="checkbox"/>	<b>6b</b>	0	
<b>c</b>	Tax deposited with Form 8868 . . . . .	<b>6c</b>	0	
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions) . . . . .	<b>6d</b>	0	
<b>e</b>	Backup withholding (see instructions). . . . .	<b>6e</b>	0	
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941) . . . . .	<b>6f</b>	0	
<b>g</b>	Elective payment election amount from Form 3800 . . . . .		0	
<b>h</b>	Payment from Form 2439 . . . . .	<b>6h</b>	0	
<b>i</b>	Credit from Form 4136 . . . . .	<b>6i</b>	0	
<b>j</b>	Other (see instructions) . . . . .	<b>6j</b>	0	
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6j . . . . .	<b>7</b>		0
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached . . . . . <input type="checkbox"/>	<b>8</b>		0
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed . . . . .	<b>9</b>		0
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid . . . . .	<b>10</b>		0
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2024 estimated tax</b> 0 <b>Refunded</b>	<b>11</b>		0

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

<b>1</b>	At any time during the 2023 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	Yes	No
<b>2</b>	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.		✓
<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year . . . . . \$		
<b>4</b>	Enter available pre-2018 NOL carryovers here \$ . 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.		
<b>5</b>	Post-2017 NOL carryovers. Enter the Business Activity Code and available 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	
		\$	
		\$	
		\$	
		\$	
<b>6a</b>	Reserved for future use . . . . .		
<b>b</b>	Reserved for future use . . . . .		

**Part V Supplemental Information**

Provide any additional information. See instructions.

(SEE STATEMENT)

**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	Date	Title	COO
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May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MICHAEL ENGLE		05/15/2024		P00482834
	Firm's name	FORVIS MAZARS, LLP		Firm's EIN	44-0160260
	Firm's address	1201 WALNUT SUITE 1700, KANSAS CITY, MO 64106-2246		Phone no.	(816) 221-6300

Return Reference - Identifier	Explanation
BOOK CARE - NAME AND ADDRESS	CHERYL ADLER, 4801 MAIN ST, SUITE 425, KANSAS CITY, MO 64112

Return Reference	Amount	Explanation
<b>990-T CORE FORM</b>		
FORM 990-T, PART V, N/A	0	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.