

## 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.

PUBLIC DISCLOSURE COPY

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

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 2024 calendar year, or tax year beginning 07/01, 2024, and ending 06/30, 2025

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 F Name and address of principal officer: PATRICK SALLEE SAME AS C ABOVE 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 3 columns: Line number, Description, and Amount. Rows include: 1 Mission statement, 2-7a Governance metrics, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

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.

Sign Here: Signature of officer ANN GAFFIGAN, CHIEF OPERATING & FINANCIAL OFFICER, Date

Paid Preparer Use Only: Print/Type preparer's name MICHAEL ENGLE, Preparer's signature MICHAEL ENGLE, Date 003/23/2026, Firm's name FORVIS MAZARS, LLP, Firm's EIN 44-0160260, Firm's address 1201 WALNUT STREET 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 [X] 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	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	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	Form 990-T (governmental entities)	15

- 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 26, 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 24, and ending 06/30, 20 25.
- 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  Yes  No

**1** Briefly describe the organization's mission:  
UNITED WAY OF GREATER KANSAS CITY ASSEMBLES THE BEST AVAILABLE RESOURCES TO PROVIDE THE  
FARTHEST-REACHING NETWORK OF SUPPORT FOR THOSE IN NEED IN OUR COMMUNITY.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 17,707,857 including grants of \$ 12,853,243 ) (Revenue \$ 74,820 )  
(SEE ON SCHEDULE O)

**4b** (Code: ) (Expenses \$ 3,275,759 including grants of \$ 2,586,175 ) (Revenue \$ 0 )  
(SEE ON SCHEDULE O)

**4c** (Code: ) (Expenses \$ 1,862,644 including grants of \$ 90,595 ) (Revenue \$ 0 )  
(SEE ON SCHEDULE O)

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

**4e** Total program service expenses 22,846,260

**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> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<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? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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> . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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 . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		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? If "No" to line 3b, provide an explanation on Schedule O	<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? If "No," provide an explanation on Schedule O	<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>1a</b> 33		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent . . . . .		
	<b>1b</b> 33		
<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>b</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>b</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>b</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>b</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>c</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>a</b>	The organization's CEO, Executive Director, or top management official . . . . .	<input checked="" type="checkbox"/>	
<b>b</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>b</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 CHIEF EXECUTIVE OFFICER	50.0 0.0			✓				484,034	0	89,295
(2) ANN GAFFIGAN CHIEF OPERATING AND FINANCIAL OFFICER	50.0 0.0			✓				216,265	0	55,596
(3) JESSICA BLUBAUGH CHIEF PHILANTHROPY AND IMPACT OFFICER	37.5 0.0					✓		199,489	0	31,783
(4) PRECIOUS STARGELL-CUSHMAN CHIEF IMPACT OFFICER UNTIL MAY 2024	37.5 0.0					✓		213,602	0	1,746
(5) NORA FREYMAN CHIEF MARKETING OFFICER	37.5 0.0					✓		159,430	0	28,728
(6) JAMES MACDONALD SENIOR ADVISOR & SOLUTIONS ARCHITECT	37.5 0.0					✓		137,350	0	39,030
(7) CHRISTINA RAPP VP, OPERATIONS	37.5 0.0					✓		122,372	0	16,852
(8) BILL JOHNSON TRUSTEE/TREASURER	1.0 0.0	✓		✓				0	0	0
(9) DANA JERMAIN TRUSTEE/VICE CHAIRMAN	1.0 0.0	✓		✓				0	0	0
(10) GREG SWEAT TRUSTEE/CHAIRMAN	1.0 0.0	✓		✓				0	0	0
(11) LAURIE ROBERTS TRUSTEE/IMMEDIATE PAST CHAIR	1.0 0.0	✓		✓				0	0	0
(12) MICHELLE KAY TRUSTEE/COMMUNITY IMPACT COMMITTEE CHAIR	1.0 0.0	✓		✓				0	0	0
(13) RANDALL VANCE TRUSTEE/AUDIT COMMITTEE CHAIR	1.0 0.0	✓		✓				0	0	0
(14) AMY HATCH TRUSTEE	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) ART SILVA ----- TRUSTEE	1.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(16) ARTHUR CHEATHAM ----- TRUSTEE	1.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(17) BRAD MARKES ----- TRUSTEE	1.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(18) CAROL LEVERS ----- TRUSTEE	1.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(19) DAN CRUMB ----- TRUSTEE	1.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(20) DEONNE CHRISTENSEN ----- TRUSTEE	1.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(21) GINGER WILLIAMS ----- TRUSTEE	1.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(22) GREG SHONDELL ----- TRUSTEE	1.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(23) IRENE CAUDILLO ----- TRUSTEE	1.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(24) JASON SINNARAJAH ----- TRUSTEE	1.0 ----- 0.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE PART VII CONTINUATION SHEET)										
<b>1b Subtotal</b> . . . . .								1,532,542	0	263,030
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								0	0	0
<b>d Total (add lines 1b and 1c)</b> . . . . .								1,532,542	0	263,030

**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 12

	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
FORVIS MAZARS, 1201 WALNUT STREET, SUITE 1700, KANSAS CITY, MO 64106	AUDIT AND TAX SERVICES	157,460
MORGAN HUNTER COMPANIES, 7600 W 110TH STREET, SHAWNEE MISSION, KS 66210	TEMPORARY CONTRACT WORKERS	118,036

**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 2

**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 . . . . .	114,180				
	<b>1d</b>	Related organizations . . . . .					
	<b>1e</b>	Government grants (contributions)	1,631,578				
	<b>1f</b>	All other contributions, gifts, grants, and similar amounts not included above	23,918,920				
	<b>1g</b>	Noncash contributions included in lines 1a-1f . . . . .	\$ 426,654				
	<b>1h</b>	<b>Total.</b> Add lines 1a-1f . . . . .	25,664,678				
	<b>Program Service Revenue</b>	<b>2a</b>	IMMERSIVE EXPERIENCE ----- Business Code 900099	74,820	74,820		
<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 . . . . .	74,820				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .	616,681			616,681	
	<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>6a</b>				
	<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	640,065			
			(ii) Other				
			<b>7a</b>				
	<b>7b</b>	Less: cost or other basis and sales expenses . . . . .	316,539				
	<b>7c</b>	Gain or (loss) . . . . .	323,526	0			
	<b>d</b>	Net gain or (loss)	323,526			323,526	
<b>8a</b>	Gross income from fundraising events (not including \$ 114,180 of contributions reported on line 1c). See Part IV, line 18 . . . . .	7,283					
<b>8b</b>	Less: direct expenses . . . . .	66,744					
<b>c</b>	Net income or (loss) from fundraising events . . . . .	(59,461)			(59,461)		
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	14,915					
<b>9b</b>	Less: direct expenses . . . . .	6,670					
<b>c</b>	Net income or (loss) from gaming activities . . . . .	8,245			8,245		
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .		5,460				
			24,608				
		<b>10a</b>					
<b>b</b>	Less: cost of goods sold . . . . .						
<b>c</b>	Net income or (loss) from sales of inventory . . . . .	(19,148)			(19,148)		
<b>Miscellaneous Revenue</b>	<b>11a</b>	OTHER MISCELLANEOUS ----- Business Code 900099	23,932			23,932	
	<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 . . . . .	23,932				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .	26,633,273	74,820	0	893,775		

**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 . . . . .	12,943,838	12,943,838		
<b>2</b>	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	2,586,175	2,586,175		
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0	0		
<b>4</b>	Benefits paid to or for members . . . . .	0	0		
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	920,688	359,321	278,044	283,323
<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) . . . . .	0	0	0	0
<b>7</b>	Other salaries and wages . . . . .	4,650,894	2,791,185	584,953	1,274,756
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	541,544	323,528	68,079	149,937
<b>9</b>	Other employee benefits . . . . .	647,844	422,029	75,315	150,500
<b>10</b>	Payroll taxes . . . . .	379,426	218,733	55,221	105,472
<b>11</b>	Fees for services (nonemployees):				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .	85,897	1,943	83,954	
<b>c</b>	Accounting . . . . .	135,240		135,240	
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b>	Investment management fees . . . . .	32,195		32,195	
<b>g</b>	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	702,665	458,114	89,772	154,779
<b>12</b>	Advertising and promotion . . . . .	1,984,288	967,839	0	1,016,449
<b>13</b>	Office expenses . . . . .	74,199	29,247	12,569	32,383
<b>14</b>	Information technology . . . . .	375,750	224,894	67,890	82,966
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	493,856	219,259	123,576	151,021
<b>17</b>	Travel . . . . .	18,825	8,350	3,793	6,682
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	479,634	208,646	22,403	248,585
<b>20</b>	Interest . . . . .	6,641		6,641	
<b>21</b>	Payments to affiliates . . . . .	282,391	160,174	43,069	79,148
<b>22</b>	Depreciation, depletion, and amortization . . . . .	494,106	280,261	75,358	138,487
<b>23</b>	Insurance . . . . .	46,926	20,834	11,742	14,350
<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> . . . . .	602,929	602,929	0	0
<b>b</b>	<u>DUES &amp; SUBSCRIPTIONS</u> . . . . .	40,592	17,383	7,179	16,030
<b>c</b>	<u>OTHER</u> . . . . .	8,134	1,578	1,308	5,248
<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 . . . . .	28,534,677	22,846,260	1,778,301	3,910,116
<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) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	1,314,583	<b>1</b>	822,913
	<b>2</b> Savings and temporary cash investments . . . . .	3,843,335	<b>2</b>	6,392,993
	<b>3</b> Pledges and grants receivable, net . . . . .	6,839,381	<b>3</b>	8,813,388
	<b>4</b> Accounts receivable, net . . . . .	6,806,943	<b>4</b>	311,336
	<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) . . . . .		<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	290,483	<b>9</b>	333,013
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 3,359,434		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 673,003	2,898,570	<b>10c</b> 2,686,431
	<b>11</b> Investments—publicly traded securities . . . . .	12,932,061	<b>11</b>	14,466,474
	<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 . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	3,450,630	<b>15</b>	3,287,010
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	38,375,986	<b>16</b>	37,113,558	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	3,033,429	<b>17</b>	2,200,159
	<b>18</b> Grants payable . . . . .	6,629,592	<b>18</b>	7,674,338
	<b>19</b> Deferred revenue . . . . .	1,193,838	<b>19</b>	1,086,157
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<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 . . . . .		<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<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 . . . . .	4,231,011	<b>25</b>	3,884,558
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	15,087,870	<b>26</b>	14,845,212
<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 . . . . .	12,586,854	<b>27</b>	12,464,489
	<b>28</b> Net assets with donor restrictions . . . . .	10,701,262	<b>28</b>	9,803,857
	<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 . . . . .	23,288,116	<b>32</b>	22,268,346
<b>33</b> Total liabilities and net assets/fund balances . . . . .	38,375,986	<b>33</b>	37,113,558	

**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>	26,633,273
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	28,534,677
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	(1,901,404)
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	23,288,116
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	861,687
<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>	19,947
<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>	22,268,346

**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) KEVIN ZIMMERMANN ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(26) LAURIE MINARD ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(27) MARIO AZAR ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(28) MARK MORELAND ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(29) MARY BRISTOW ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(30) MICHAEL YOUNGS ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(31) MIKE PERRY ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(32) PENNY POSTOAK-FERGUSON ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(33) RON COKER ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(34) ROSEMARY PODREBARAC ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(35) RYAN MCMONAGLE ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(36) SARA LANCASTER ----- 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 CARIGAN ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0

**SCHEDULE A  
(Form 990)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2024**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization <b>UNITED WAY OF GREATER KANSAS CITY, INC</b>	Employer identification number <b>44-0545812</b>
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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)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10  An organization that normally receives (1) more than 33<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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	32,761,184	43,139,562	28,678,566	35,016,783	25,664,678	165,260,773
<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 . . . . .	32,761,184	43,139,562	28,678,566	35,016,783	25,664,678	165,260,773
<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) . . . . .						10,997,653
<b>6 Public support.</b> Subtract line 5 from line 4						154,263,120

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 . . . . .	32,761,184	43,139,562	28,678,566	35,016,783	25,664,678	165,260,773
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	392,158	398,163	411,296	506,287	616,681	2,324,585
<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.) . . . . .	46,661	3,571	0	5,358	23,932	79,522
<b>11 Total support.</b> Add lines 7 through 10						167,664,880
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	132,199
<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 2024 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	92.01 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 . . . . .	<b>15</b>	95.25 %
<b>16a 33 1/3% support test—2024.</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—2023.</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—2024.</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—2023.</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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 2024 (line 8, column (f), divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2024</b> (line 10c, column (f), divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2023</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%

**19a 33 1/3% support tests—2024.** 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—2023.** 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**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 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	(1)	46,661	3,571	0	5,358	23,932	79,522
	Total	46,661	3,571	0	5,358	23,932	79,522

**Schedule B  
(Form 990)**

(Rev. January 2025)  
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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

Name of the organization <b>UNITED WAY OF GREATER KANSAS CITY, INC</b>	Employer identification number <b>44-0545812</b>
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**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

- 501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% 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	----- ----- -----	\$ 1,547,875	<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	----- ----- -----	\$ 701,000	<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	----- ----- -----	\$ 1,014,380	<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	----- ----- -----	\$ 736,261	<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	----- ----- -----	\$ 550,000	<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.)
6	----- ----- -----	\$ 1,818,348	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input checked="" 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 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
7	----- ----- -----	\$ 1,004,386	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input checked="" type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ 564,964	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input checked="" type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	----- ----- -----	\$ 555,181	<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.)
10	----- ----- -----	\$ 512,150	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input checked="" type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input 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
-----	----- ----- -----	----- ----- -----	----- ----- -----

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

**2024**

**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 I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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 (EIN) <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 EINs 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)				

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

Cat. No. 50084S

Schedule C (Form 990) 2024

**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> <b>(The term "expenditures" means amounts paid or incurred.)</b>		(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;">THEN 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:	THEN 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:	THEN 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) 2021	(b) 2022	(c) 2023	(d) 2024	(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?		✓	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	✓		4,207
<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			4,207
<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 1G	LOBBYING ACTIVITIES INCLUDED TRAVEL FOR MEETINGS WITH LEGISLATORS.

SCHEDULE D (Form 990)

(Rev. January 2025)

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

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 totals, 5-6 for compliance questions.

Part II Conservation Easements

Table with 2 columns: Description, Held at the End of the Tax Year. Rows 1-9 for various questions and data points.

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

Table with 2 columns: Description, Amount. Rows 1a-1b, 2a-2b for reporting requirements.

**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	12,881,174	11,472,772	10,500,533	11,931,470	9,497,411
<b>b</b> Contributions					1,025,222
<b>c</b> Net investment earnings, gains, and losses	1,546,661	1,436,630	997,597	(1,403,188)	2,366,862
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					927,626
<b>f</b> Administrative expenses	32,194	28,228	25,358	27,749	30,399
<b>g</b> End of year balance	14,395,641	12,881,174	11,472,772	10,500,533	11,931,470

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

- a** Board designated or quasi-endowment 78.47 %
- b** Permanent endowment 7.22 %
- c** Term endowment 14.31 %

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

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations?
- (ii)** Related organizations?

	Yes	No
<b>3a(i)</b>	✓	
<b>3a(ii)</b>		✓
<b>3b</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		2,781,728	509,420	2,272,308
<b>d</b> Equipment		577,706	163,583	414,123
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				2,686,431

**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	259,497
(2) ROU ASSETS	3,027,513
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)) . . . . .	3,287,010

**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	3,884,558
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) . . . . .	3,884,558

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	66,744
	COST OF GOODS SOLD	24,608
	CHANGE IN BENEFICIAL INTEREST IN TRUST	19,947
	GAMING EXPENSES	6,670
	<b>TOTAL</b>	<b>117,969</b>
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	<b>(a) Description</b>	<b>(b) Amount</b>
	DONOR DESIGNATIONS	6,948,585
	BAD DEBT EXPENSE	602,929
	<b>TOTAL</b>	<b>7,551,514</b>
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	66,744
	COST OF GOODS SOLD	24,608
	GAMING EXPENSES	6,670
	<b>TOTAL</b>	<b>98,022</b>
SCHEDULE D, PART XII, LINE 4(B) - OTHER EXPENSES	<b>(a) Description</b>	<b>(b) Amount</b>
	DONOR DESIGNATIONS	6,948,585
	BAD DEBT EXPENSE	602,929
	<b>TOTAL</b>	<b>7,551,514</b>

**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 . . . . .	121,463			121,463
	<b>2</b> Less: Contributions . . . . .	114,180			114,180
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	7,283	0	0	7,283
Direct Expenses	<b>4</b> Cash prizes . . . . .				0
	<b>5</b> Noncash prizes . . . . .	10,723			10,723
	<b>6</b> Rent/facility costs . . . . .	10,630			10,630
	<b>7</b> Food and beverages . . . . .	19,595			19,595
	<b>8</b> Entertainment . . . . .	8,318			8,318
	<b>9</b> Other direct expenses . . . . .	17,478			17,478
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				66,744
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . .				(59,461)	

**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)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**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.

1 (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
(1) (SEE STATEMENT)	44-0552045	501(C)(3)	100,482				(SEE STATEMENT)
(2) ACRUXKC 6675 HOLMES RD, KANSAS CITY, MO 64131	23-7432481	501(C)(3)	15,000				PROGRAM FUNDNG
(3) (SEE STATEMENT)	30-0455147	501(C)(3)	25,000				PROGRAM FUNDNG
(4) ADVICE AND AID PREGNANCY CENTER PO BOX 7123, OVERLAND PARK, KS 66207-0123	48-1055953	501(C)(3)	23,362				DONOR DESIGNATIONS
(5) (SEE STATEMENT)	47-4636795	501(C)(3)	40,000				DONOR DESIGNATIONS
(6) AGAPE RECOVERY 4147 WOODLAND AVE, KANSAS CITY, MO 64110	93-2002186	501(C)(3)	15,000				DONOR DESIGNATIONS
(7) ALS ASSOCIATION MID-AMERICA CHAPTER 1300 WILSON BLVD, 600, ARLINGTON, VA 22209	48-1021611	501(C)(3)	5,839				DONOR DESIGNATIONS
(8) (SEE STATEMENT)	48-0934474	501(C)(3)	40,364				DONOR DESIGNATIONS
(9) (SEE STATEMENT)	13-3039601	501(C)(3)	10,940				DONOR DESIGNATIONS
(10) (SEE STATEMENT)	13-1788491	501(C)(3)	22,535				DONOR DESIGNATIONS
(11) (SEE STATEMENT)	13-5613797	501(C)(3)	5,795				DONOR DESIGNATIONS
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 300

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) (Rev. 12-2024)



## 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) AMERICAN LEGION BOYS STATE MISSOURI, INC PO BOX 667, WARRENSBURG, MO 64093	23-7362431	501(C)(3)	5,764				DONOR DESIGNATIONS
(13) AMERICAN RED CROSS GREATER KANSAS CITY CHAPTER 25150 6601 WINCHESTER AVENUE, 110, KANSAS CITY, MO 64133	53-0196605	501(C)(3)	5,784				DONOR DESIGNATIONS
(14) AMERICAN ROYAL ASSOCIATION 1701 AMERICAN ROYAL CT., KANSAS CITY, MO 64102	44-0615551	501(C)(3)	5,113				DONOR DESIGNATIONS
(15) AMETHYST PLACE 2750 TRACY AVE, KANSAS CITY, MO 64109	43-1887442	501(C)(3)	36,881				PROGRAM FUNDING AND DESIGNAGTIONS
(16) ANGEL CLOTHING FOUNDATION 420 S KANSAS AVE, OLATHE , KS 66061	92-2803465	501(C)(3)	22,187				DONOR DESIGNATIONS
(17) ARCHDIOCESE OF KANSAS CITY, KANSAS 12615 PARALLEL PKWY, KANSAS CITY, KS 66109	48-0559094	501(C)(3)	9,100				DONOR DESIGNATIONS
(18) ASCEND CHURCH OF KANSAS CITY INC 15865 S RIDGEVIEW, OLATHE, KS 66062	90-0622750	501(C)(3)	24,949				DONOR DESIGNATIONS
(19) ASSOCIATES CARING FOR EACHOTHER 444 W 47TH ST, 900, KANSAS CITY, MO 64112-1906	41-2113872	501(C)(3)	125,297				DONOR DESIGNATIONS
(20) ASSOCIATION OF BAPTISTS FOR WORLD EVANGELISM INC 522 LEWISBERRY RD, NEW CUMBERLAND, PA 17070	23-1445623	501(C)(3)	5,200				DONOR DESIGNATIONS
(21) AVENUE OF LIFE PO BOX 34495, KANSAS CITY, MO 64116-0895	46-2526799	501(C)(3)	120,021				PROGRAM FUNDNG
(22) BAND OF ANGELS CORP. 11890 W 135TH ST, OVERLAND PARK, KS 66221-9399	46-1617742	501(C)(3)	5,269				DONOR DESIGNATIONS
(23) BARSTOW SCHOOL 11511 STATE LINE RD, KANSAS CITY, MO 64114	44-0546207	501(C)(3)	15,000				DONOR DESIGNATIONS
(24) BASEHOR - LINWOOD EDUCATION FOUNDATIONN PO BOX 314, BASEHOR, KS 66007-0314	48-1234934	501(C)(3)	9,995				DONOR DESIGNATIONS
(25) BEACON MENTAL HEALTH 3100 NE 83RD ST, 1001, KANSAS CITY, MO 64119	43-1556416	501(C)(3)	20,000				PROGRAM FUNDNG
(26) BECOME CHURCH 20131 W 223RD TERR, SPRING HILL, KS 66083	85-3243406	501(C)(3)	7,360				DONOR DESIGNATIONS
(27) BETHEL NEIGHBORHOOD CENTER 14 S 7TH ST. TRFY, KANSAS CITY, KS 66101	23-7098818	501(C)(3)	50,000				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
(28) BETHESDA MENNONITE CHURCH 930 16TH ST, HENDERSON, NE 68371	47-6028426	501(C)(3)	15,000				DONOR DESIGNATIONS
(29) BIG BROTHERS BIG SISTERS OF GREATER KANSAS CITY 1709 WALNUT ST, KANSAS CITY, MO 64108-1315	43-6068464	501(C)(3)	29,396				DONOR DESIGNATIONS
(30) BISHOP SULLIVAN CENTER 6435 TRUMAN RD., KANSAS CITY, MO 64126	43-0993672	501(C)(3)	5,585				DONOR DESIGNATIONS
(31) BLACK EXCELLENCE INC 800 E 18TH STREET, KANSAS CITY, MO 64133	85-3546172	501(C)(3)	40,000				DONOR DESIGNATIONS
(32) BLACK OWNED BUSINESS KANSAS CITY FOUNDATION 811 GRAND BLVD, 923, KANSAS CITY, MO 64106	92-0897973	501(C)(3)	15,000				DONOR DESIGNATIONS
(33) BLUE KC'S CARING PROGRAM FOR CHILDREN 2301 MAIN ST, KANSAS CITY, MO 64108-2429	43-1599792	501(C)(3)	15,505				DONOR DESIGNATIONS
(34) BLUE VALLEY BAPTIST CHURCH 8925 W 151ST ST, OVERLAND PARK, KS 66221	48-0918307	501(C)(3)	64,421				DONOR DESIGNATIONS
(35) BOY SCOUTS OF AMERICA HEART OF AMERICA COUNCIL 10210 HOLMES RD., KANSAS CITY, MO 64131	44-0545995	501(C)(3)	45,622				DONOR DESIGNATIONS
(36) BOYS AND GIRLS CLUBS OF GREATER KANSAS CITY 4001 DR MARTIN LUTHER KING JR BLVD, 102, KANSAS CITY, MO 64130	43-6072065	501(C)(3)	220,780				PROGRAM FUNDING AND DESIGNATIONS
(37) BOYSGROW 9301 E 147TH, KANSAS CITY, MO 64149	27-2647539	501(C)(3)	26,500				DONOR DESIGNATIONS
(38) BRADENS HOPE FOR CHILDHOOD CANCER 15954 S MUR LEN RD, 124, OLATHE, KS 66062-8300	27-3519273	501(C)(3)	23,303				DONOR DESIGNATIONS
(39) BREAKTHROUGH T1D - KANSAS & MISSOURI PO BOX 6809, HAGERSTOWN, MD 21741-6809	23-1907729	501(C)(3)	47,653				DONOR DESIGNATIONS
(40) BRIDGE LEADERSHIP ACADEMY 10521 BLUE RIDGE BLVD, KANSAS CITY, MO 64134	27-0688717	501(C)(3)	15,000				PROGRAM FUNDNG
(41) BTC BUILDING BRIGHTER FUTURES 4042 INDIANA AVE, KANSAS CITY, MO 64130	26-0273824	501(C)(3)	35,000				DONOR DESIGNATIONS
(42) CANCER ACTION 7010 W 107TH STREET, OVERLAND PARK, KS 66212	48-0650257	501(C)(3)	15,000				PROGRAM FUNDNG

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(43) CASA OF JOHNSON AND WYANDOTTE COUNTIES 6400 GLENWOOD ST, 100, OVERLAND PARK, KS 66202-4013	48-1088233	501(C)(3)	75,567				PROGRAM FUNDING AND DESIGNAGTIONS
(44) CASS COMMUNITY HEALTH FOUNDATION 2316 E MEYER BLVD, KANSAS CITY, MO 64132-1136	43-1349495	501(C)(3)	15,000				PROGRAM FUNDNG
(45) CATHOLIC CHARITIES OF KANSAS CITY - ST. JOSEPH 8001 LONGVIEW RD, KANSAS CITY, MO 64134	43-0887779	501(C)(3)	103,776				PROGRAM FUNDING AND DESIGNAGTIONS
(46) CATHOLIC CHARITIES OF NORTHEAST KANSAS 9720 W. 87TH STREET, OVERLAND PARK, KS 66212	48-1181305	501(C)(3)	371,647				PROGRAM FUNDING AND DESIGNAGTIONS
(47) CENTER OF GRACE 520 S HARRISON, OLATHE, KS 66061	48-1251324	501(C)(3)	15,000				PROGRAM FUNDNG
(48) CHESTERTON ACADEMY OF ST PHILIP NERI 500 W 40TH ST, KANSAS CITY, MO 64111-2609	85-3781304	501(C)(3)	5,058				DONOR DESIGNATIONS
(49) CHILD ABUSE PREVENTION ASSOCIATION 503 E 23RD ST S, INDEPENDENCE, MO 64055-1502	43-1067711	501(C)(3)	25,628				PROGRAM FUNDING AND DESIGNAGTIONS
(50) CHILD PROTECTION CENTER 2940 MAIN STREET, KANSAS CITY, MO 64108	20-4535728	501(C)(3)	25,000				PROGRAM FUNDNG
(51) CHILDREN OF HOMICIDE VICTIMS 31 W 31ST STREET, KANSAS CITY, MO 64108	83-4645651	501(C)(3)	15,000				DONOR DESIGNATIONS
(52) CHILDREN'S CENTER FOR THE VISUALLY IMPAIRED 3101 MAIN ST, KANSAS CITY, MO 64111	44-0574397	501(C)(3)	42,733				PROGRAM FUNDING AND DESIGNAGTIONS
(53) CHILDREN'S MERCY HOSPITALS AND CLINICS 2401 GILLHAM RD, KANSAS CITY, MO 64108	44-0605373	501(C)(3)	218,188				PROGRAM FUNDING AND DESIGNAGTIONS
(54) CHINMAYA MISSION KS CITY 15711 CEDAR ST, OVERLAND PARK, KS 66224	82-5118078	501(C)(3)	40,000				DONOR DESIGNATIONS
(55) CHRIST COMMUNITY EVANGELICAL FREE CHURCH 10901 LOWELL AVE, 290, OVERLAND PARK, KS 66210-2469	48-1058571	501(C)(3)	32,186				DONOR DESIGNATIONS
(56) CHRIST PREPARATORY ACADEMY INC 15700 W 87TH ST PKWY, 200, LENEXA, KS 66219	43-1795679	501(C)(3)	5,800				DONOR DESIGNATIONS
(57) CHURCH OF THE ASCENSION 9510 W 127TH ST, OVERLAND PARK, KS 66213	48-1105279	501(C)(3)	6,327				DONOR DESIGNATIONS
(58) CHURCH OF THE HARVEST 14841 S BLACKBOB RD, OLATHE, KS 66062	48-1210696	501(C)(3)	14,720				DONOR DESIGNATIONS

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(59) CHURCH OF THE NATIVITY 3800 W 119TH ST, LEAWOOD, KS 66209	53-0196617	501(C)(3)	7,500				DONOR DESIGNATIONS
(60) CHWC, INC. 2 S 14TH ST, KANSAS CITY, KS 66102	48-0934993	501(C)(3)	15,000				PROGRAM FUNDNG
(61) CITY UNION MISSION 1100 E 11TH ST, KANSAS CITY, MO 64106-3028	44-6005481	501(C)(3)	9,113				DONOR DESIGNATIONS
(62) CITY YEAR KANSAS CITY 2301 MCGEE ST, KANSAS CITY, MO 64108	22-2882549	501(C)(3)	26,500				DONOR DESIGNATIONS
(63) COLONIAL PRESBYTERIAN CHURCH 9500 WORNALL RD, KANSAS CITY, MO 64114	44-0595113	501(C)(3)	30,300				DONOR DESIGNATIONS
(64) COMMUNITY ACTION AGENCY OF GREATER KANSAS CITY 6323 MANCHESTER AVE, KANSAS CITY, MO 64133	43-1197168	501(C)(3)	15,000				PROGRAM FUNDNG
(65) COMMUNITY ASSISTANCE COUNCIL 10901 BLUE RIDGE BLVD, KANSAS CITY, MO 64134	23-7439079	501(C)(3)	63,333				DONOR DESIGNATIONS
(66) COMMUNITY HEALTH COUNCIL OF WYANDOTTE COUNTY 803 ARMSTRONG AVE, KANSAS CITY, KS 66101	01-0674969	501(C)(3)	15,000				PROGRAM FUNDNG
(67) COMMUNITY LINC 4014 TROOST AVE, KANSAS CITY, MO 64110-1234	43-1506591	501(C)(3)	25,000				PROGRAM FUNDNG
(68) COMMUNITY SERVICES LEAGUE 404 N NOLAND RD., INDEPENDENCE, MO 64050	43-0976396	501(C)(3)	113,333				PROGRAM FUNDNG
(69) CONNECTIONS TO SUCCESS 300 WEST LINWOOD BLVD, KANSAS CITY, MO 64111	43-1859283	501(C)(3)	15,000				PROGRAM FUNDNG
(70) CONSOLIDATED SOCIAL WORK SERVICES 12003 BEACON AVENUE, GRANDVIEW, MO 64030	45-0507326	501(C)(3)	40,000				DONOR DESIGNATIONS
(71) CORNERSTONES OF CARE 8150 WORNALL RD, KANSAS CITY, MO 64114	44-0545442	501(C)(3)	105,128				PROGRAM FUNDING AND DESIGNAGTIONS
(72) CRITTENTON CHILDREN'S CENTER 10918 ELM AVE., KANSAS CITY, MO 64134	44-0545808	501(C)(3)	25,000				PROGRAM FUNDNG
(73) CROSS-LINES COMMUNITY OUTREACH, INC. 736 SHAWNEE AVE, KANSAS CITY, KS 66105-2025	48-0697177	501(C)(3)	75,596				PROGRAM FUNDING AND DESIGNAGTIONS
(74) CURE OF ARS CATHOLIC CHURCH 9401 MISSION RD, LEAWOOD, KS 66206-2045	48-0651344	501(C)(3)	14,050				DONOR DESIGNATIONS
(75) DADS AGAINST CRIME INC 406 W 34TH STREET, 810, KANSAS CITY, MO 64111	93-4497406	501(C)(3)	50,000				DONOR DESIGNATIONS

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(76) DELLA LAMB COMMUNITY SERVICES 500 WOODLAND AVE, KANSAS CITY, MO 64106-1361	44-0549931	501(C)(3)	110,972				PROGRAM FUNDING AND DESIGNAGTIONS
(77) DON BOSCO COMMUNITY CENTERS 580 CAMPBELL ST, KANSAS CITY, MO 64106	44-0558260	501(C)(3)	23,188				PROGRAM FUNDING AND DESIGNAGTIONS
(78) DOWN SYNDROME INNOVATIONS 5916 DEARBORN, MISSION, KS 66202	43-1427760	501(C)(3)	48,344				DONOR DESIGNATIONS
(79) DOWNTOWN SHAREHOLDERS OF KANSAS CITY, KANSAS 726 ARMSTRONG AVE, KANSAS CITY, KS 66101	41-2202699	501(C)(3)	30,000				DONOR DESIGNATIONS
(80) DRUMM CENTER FOR CHILDREN 3210 S LEES SUMMIT RD, INDEPENDENCE, MO 64055-1998	44-0569643	501(C)(3)	30,093				PROGRAM FUNDING AND DESIGNAGTIONS
(81) EARLY START 2008 E 12TH ST., KANSAS CITY, MO 64127	44-0646347	501(C)(3)	82,400				PROGRAM FUNDING AND DESIGNAGTIONS
(82) EASTERSEALS MIDWEST 11933 WESTLINE INDUSTRIAL DRIVE, ST LOUIS, MO 63146	43-0979927	501(C)(3)	15,000				PROGRAM FUNDNG
(83) ECONOMIC OPPORTUNITY FOUNDATION 1542 MINNESOTA AVE., KANSAS CITY, KS 66102	48-6120518	501(C)(3)	48,888				DONOR DESIGNATIONS
(84) EL CENTRO, INC. 650 MINNESOTA AVE, KANSAS CITY, KS 66101	36-2904073	501(C)(3)	155,458				PROGRAM FUNDING AND DESIGNAGTIONS
(85) EYE OF AN IMMIGRANT 1109 S STAGECOACH PL, OLATHE, KS 66062	88-1384597	501(C)(3)	50,000				DONOR DESIGNATIONS
(86) FAITH CHAPEL ASSEMBLY OF GOD 15000 NEWTON DR, OVERLAND PARK, KS 66223-2210	48-0955083	501(C)(3)	56,866				DONOR DESIGNATIONS
(87) FAITH LUTHERAN CHURCH 1183 BIG BEND RD, BALLWIN, MO 63021-7603	75-3108514	501(C)(3)	14,287				DONOR DESIGNATIONS
(88) FIRST CALL 9091 STATELINE ROAD, KANSAS CITY, MO 64114	44-0641486	501(C)(3)	31,024				PROGRAM FUNDING AND DESIGNAGTIONS
(89) FLOURISH FURNISHINGS PO BOX 778, GRANDVIEW, MO 64030	84-3337394	501(C)(3)	10,102				DONOR DESIGNATIONS
(90) FOSTER ADOPT CONNECT, INC. 18600 E 37TH TER S, 101, INDEPENDENCE, MO 64057-1707	43-1895965	501(C)(3)	34,563				PROGRAM FUNDING AND DESIGNAGTIONS
(91) FOUNDERS MINISTRIES INC PO BOX 150931, CAPE CORAL, FL 33915	65-0243661	501(C)(3)	5,267				DONOR DESIGNATIONS
(92) FRESHWATER PROJECT INTERNATIONAL INC 1348 WHITEFISH VILLAGE DR, WHITEFISH, MT 59937	45-2809348	501(C)(3)	50,000				DONOR DESIGNATIONS

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(93) FRIENDS N FAMILY FOR THE YOUTH 13711 WOODLAND RANCH DRIVE, LONE JACK, MO 64086	45-4782206	501(C)(3)	20,429				DONOR DESIGNATIONS
(94) FRIENDS OF THE CITY MARKET 20 EAST 5TH STREET, KANSAS CITY, MO 64106	03-0527738	501(C)(3)	16,500				DONOR DESIGNATIONS
(95) FRIENDS OF THE ZOO 6800 ZOO DR., KANSAS CITY, MO 64132	43-6048888	501(C)(3)	6,260				DONOR DESIGNATIONS
(96) FUTURES FIRST (FORMERLY THE FAMILY CONSERVANCY) 444 MINNESOTA AVE, 200, KANSAS CITY, KS 66101	44-0454800	501(C)(3)	135,344				PROGRAM FUNDING AND DESIGNAGTIONS
(97) GATHERING NETWORK INC 705 N 6TH ST, KANSAS CITY, KS 66101	27-0332305	501(C)(3)	7,530				DONOR DESIGNATIONS
(98) GENERATING INCOME FOR TOMORROW 5008 PROSPECT AVE, KANSAS CITY, MO 64130	85-0935933	501(C)(3)	38,601				DONOR DESIGNATIONS
(99) GENESIS SCHOOL 3800 E 44TH ST, KANSAS CITY, MO 64130-2168	43-1196717	501(C)(3)	27,800				DONOR DESIGNATIONS
(100) GETHSEMANE LUTHERAN CHURCH-LEE'S SUMMIT 1025 SW WARD RD, LEES SUMMIT, MO 64081-2556	43-1121258	501(C)(3)	10,000				DONOR DESIGNATIONS
(101) GIRL SCOUTS OF NE KANSAS & NW MO 10561 BARKLEY ST, 101, OVERLAND PARK, KS 66212	43-0892926	501(C)(3)	24,763				DONOR DESIGNATIONS
(102) GIRLS ON THE RUN OF GREATER KANSAS CITY 211 W 18TH ST, KANSAS CITY, MO 64108-1204	20-8508128	501(C)(3)	17,117				DONOR DESIGNATIONS
(103) GIVING THE BASICS 927 S 7TH ST, KANSAS CITY, KS 66105-2005	45-3069975	501(C)(3)	22,564				DONOR DESIGNATIONS
(104) GOODLIFE INNOVATIONS 11627 W 79TH ST, OVERLAND PARK, KS 66214-1488	38-4048144	501(C)(3)	7,438				DONOR DESIGNATIONS
(105) GRACE UNITED COMMUNITY MINISTRIES 801 BENTON BLVD, KANSAS CITY, MO 64124-2531	66-0645519	501(C)(3)	8,400				DONOR DESIGNATIONS
(106) GRANDVIEW ASSISTANCE PROGRAM 1121 MAIN ST, GRANDVIEW, MO 64030	43-1607813	501(C)(3)	88,333				PROGRAM FUNDNG
(107) GRATEFUL EDUCATION FOUNDATION 9609 E 89TH ST, KANSAS CITY, MO 64138	83-4529702	501(C)(3)	15,000				DONOR DESIGNATIONS
(108) GREAT JOBS KC 8080 WARD PARKWAY, 402, KANSAS CITY, MO 64114	81-3287932	501(C)(3)	15,000				PROGRAM FUNDNG
(109) GREATER KANSAS CITY LINC 2301 MCGEE ST, 600, KANSAS CITY, MO 64108	43-1676730	501(C)(3)	15,000				PROGRAM FUNDNG

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(110) GREATER KANSAS CITY SPORTS FOUNDATION ATTN: WIN FOR KC, KANSAS CITY, MO 64106	43-1530518	501(C)(3)	22,097				DONOR DESIGNATIONS
(111) GREENLINE FOUNDATION 3230 BENTON BOULEVARD, KANSAS CITY, MO 64128	85-2704983	501(C)(3)	50,000				DONOR DESIGNATIONS
(112) GROWING FUTURES EARLY EDUCATION CENTER 8155 SANTA FE DR, OVERLAND PARK, KS 66204-3607	48-0723044	501(C)(3)	81,400				PROGRAM FUNDING AND DESIGNAGTIONS
(113) GROWTH MINISTRIES, INC. 15842 W 154TH STREET, OLATHE, KS 66062	81-3440951	501(C)(3)	15,000				PROGRAM FUNDNG
(114) GUADALUPE CENTERS, INC. PO BOX 413086, KANSAS CITY, MO 64141	44-0610781	501(C)(3)	119,929				PROGRAM FUNDING AND DESIGNAGTIONS
(115) HABITAT FOR HUMANITY OF KANSAS CITY 1423 E LINWOOD BLVD, KANSAS CITY, MO 64109	43-1175749	501(C)(3)	32,844				PROGRAM FUNDING AND DESIGNAGTIONS
(116) HAPPY BOTTOMS 14820 W. 107TH STREET, LENEXA, KS 66215	27-2423540	501(C)(3)	29,537				PROGRAM FUNDING AND DESIGNAGTIONS
(117) HARRIS PARK MIDTOWN SPORTS AND ACTIVITIES CENTER 1604 EAST 41ST K, KANSAS CITY, MO 64110	81-4579459	501(C)(3)	45,000				DONOR DESIGNATIONS
(118) HARTKE FUND FOREST SPRINGS CAMP CONFERENCE CENTER N8890 FOREST LN, WESTBORO, WI 54490	39-1249982	501(C)(3)	6,812				DONOR DESIGNATIONS
(119) HARVESTERS 3801 TOPPING AVE, KANSAS CITY, MO 64129-1744	43-1208665	501(C)(3)	170,076				PROGRAM FUNDING AND DESIGNAGTIONS
(120) HEAD FOR THE CURE 3238 GILLHAM RD, KANSAS CITY, MO 64109	20-8345719	501(C)(3)	18,525				DONOR DESIGNATIONS
(121) HEALING HOUSE 4505 SAINT JOHN AVE, KANSAS CITY, MO 64123	20-1877757	501(C)(3)	24,042				PROGRAM FUNDING AND DESIGNAGTIONS
(122) HEALTH PARTNERSHIP CLINIC OF JOHNSON COUNTY 407 S CLAIRBORNE RD, 104, OLATHE, KS 66062	48-1115529	501(C)(3)	25,000				PROGRAM FUNDNG
(123) HEART & SOUL NPO PO BOX 301136, KANSAS CITY, MO 64130	88-1613239	501(C)(3)	24,571				DONOR DESIGNATIONS
(124) HEART OF THE CITY NEIGHBORHOOD ASSOCIATION, INC PO BOX 300582, KANSAS CITY, MO 64130	83-2793995	501(C)(3)	30,000				DONOR DESIGNATIONS
(125) HEART TO HEART INTERNATIONAL PO BOX 15566, LENEXA, KS 66285	48-1108359	501(C)(3)	25,599				DONOR DESIGNATIONS
(126) HEARTCRY MISSIONARY SOCIETY INC. PO BOX 7372, ROANOKE, VA 24019-0372	20-4593210	501(C)(3)	5,225				DONOR DESIGNATIONS

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(127) HEARTLAND COMMUNITY CHURCH 12175 S STRANG LINE RD, OLATHE, KS 66062-5220	48-1022368	501(C)(3)	20,800				DONOR DESIGNATIONS
(128) HELLA GOOD DEEDS 7109 N CRYSTAL AVE, KANSAS CITY, MO 64119	92-2216716	501(C)(3)	25,000				DONOR DESIGNATIONS
(129) HELP HUMANE 17122 BEL RAY PL, BELTON, MO 64012- 5331	43-1787083	501(C)(3)	13,906				DONOR DESIGNATIONS
(130) HILLCREST HOPE PO BOX 17, LIBERTY, MO 64069-0017	43-1175750	501(C)(3)	5,100				DONOR DESIGNATIONS
(131) HILLCREST TRANSITIONAL HOUSING 738 NORTH 31ST STREET, KANSAS CITY, KS 66102	20-2507763	501(C)(3)	15,000				PROGRAM FUNDNG
(132) HOLY FAMILY SCHOOL OF FAITH INSTITUTE 13240 CRAIG ST, OVERLAND PARK, KS 66213-1401	20-3126204	501(C)(3)	40,000				DONOR DESIGNATIONS
(133) HOLY TRINITY CATHOLIC CHURCH 509 E CHIPPEWA ST, PAOLA, KS 66071	48-0686093	501(C)(3)	8,000				DONOR DESIGNATIONS
(134) HOOP NATION 8705 E 79TH ST, RAYTOWN, MO 64138	99-1420242	501(C)(3)	30,000				DONOR DESIGNATIONS
(135) HOPE BUILDERS HOME REPAIR 11184 ANTIOCH RD, OVERLAND PARK, KS 66210-2420	48-1248881	501(C)(3)	5,413				DONOR DESIGNATIONS
(136) HOPE CHAPEL INC 12480 S BLACKBOB RD, OLATHE, KS 66062	48-1019569	501(C)(3)	5,200				DONOR DESIGNATIONS
(137) HOPE COMMUNITY CHURCH OF GREATER KANSAS CITY 8200 STATE LINE RD, LEAWOOD, KS 66206	44-0647351	501(C)(3)	55,480				DONOR DESIGNATIONS
(138) HOPE FAITH MINISTRIES PO BOX 10281, KANSAS CITY, MO 64171- 0281	02-0727462	501(C)(3)	33,550				PROGRAM FUNDING AND DESIGNAGTIONS
(139) HOPE HAVEN OF CASS COUNTY 200 N OAKLAND ST, HARRISONVILLE, MO 64701	43-1596092	501(C)(3)	31,330				PROGRAM FUNDING AND DESIGNAGTIONS
(140) HOPE HOUSE PO BOX 577, LEES SUMMIT, MO 64063	43-1265685	501(C)(3)	91,806				PROGRAM FUNDING AND DESIGNAGTIONS
(141) HOUSE OF HOPE KANSAS CITY 7044 ANTIOCH RD, OVERLAND PARK, KS 66204-1246	20-1752186	501(C)(3)	5,280				DONOR DESIGNATIONS
(142) HUMANE SOCIETY OF GREATER KANSAS CITY 5445 PARALLEL PARKWAY, KANSAS CITY, KS 66104	48-0581965	501(C)(3)	5,700				DONOR DESIGNATIONS
(143) IN THE NAME OF GRACE 118 N CONISTOR LN, B, LIBERTY, MO 64068-1909	81-3596043	501(C)(3)	9,173				DONOR DESIGNATIONS
(144) INCLUSION CONNECTIONS, INC. PAWSABILITIES 2073 E SANTA FE ST, OLATHE, KS 66062- 1608	46-2754831	501(C)(3)	10,212				DONOR DESIGNATIONS

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(145) JACKSON COUNTY CASA 2544 HOLMES ST, KANSAS CITY, MO 64108-2743	43-1401328	501(C)(3)	55,040				PROGRAM FUNDING AND DESIGNAGTIONS
(146) JEWISH FAMILY SERVICES 5801 W 115TH ST, 103, OVERLAND PARK, KS 66211	44-0545829	501(C)(3)	113,333				PROGRAM FUNDNG
(147) JEWISH VOCATIONAL SERVICE 4600 PASEO BLVD, KANSAS CITY, MO 64110	44-0545994	501(C)(3)	74,641				PROGRAM FUNDING AND DESIGNAGTIONS
(148) JOB ONE 1085 S. YUMA, INDEPENDENCE, MO 64056-2347	43-0922133	501(C)(3)	15,000				PROGRAM FUNDNG
(149) JOHNSON COUNTY LIBRARY FOUNDATION PO BOX 2933, SHAWNEE MISSION, KS 66201	74-2830491	501(C)(3)	11,260				DONOR DESIGNATIONS
(150) JOURNEY BIBLE CHURCH INC 13700 W 151ST ST, OLATHE, KS 66062	48-0928553	501(C)(3)	47,320				DONOR DESIGNATIONS
(151) JUNIOR ACHIEVEMENT OF GREATER KANSAS CITY 2842 W 47TH AVE, KANSAS CITY, KS 66103-3243	44-0604809	501(C)(3)	47,126				DONOR DESIGNATIONS
(152) K.C.U.R. 4825 TROOST BUILDING, 202, KANSAS CITY, MO 64110	43-6003859	501(C)(3)	8,000				DONOR DESIGNATIONS
(153) KANBE'S MARKETS 3119 TERRACE ST, KANSAS CITY, MO 64111-3633	81-1505292	501(C)(3)	43,336				PROGRAM FUNDING AND DESIGNAGTIONS
(154) KANSAS CITY BALLET 500 W PERSHING RD, KANSAS CITY, MO 64108-2430	43-6052680	501(C)(3)	10,150				DONOR DESIGNATIONS
(155) KANSAS CITY DREAM CENTER, CO PO BOX 23061, OVERLAND PARK, KS 66283	83-0934680	501(C)(3)	15,000				PROGRAM FUNDNG
(156) KANSAS CITY GIRLS PREPARATORY ACADEMY FOUNDATION 4550 MAIN ST, 227, KANSAS CITY, MO 64111	83-2089744	501(C)(3)	25,000				DONOR DESIGNATIONS
(157) KANSAS CITY HOSPICE 9001 STATE LINE RD, 300, KANSAS CITY, MO 64114-3212	43-1209344	501(C)(3)	12,706				DONOR DESIGNATIONS
(158) KANSAS CITY PET PROJECT 4400 RAYTOWN ROAD, KANSAS CITY, MO 64129	45-3067615	501(C)(3)	7,971				DONOR DESIGNATIONS
(159) KANSAS CITY PUBLIC SCHOOLS EDUCATION FOUNDATION 2901 TROOST AVE, KANSAS CITY, MO 64109-1538	46-1176494	501(C)(3)	28,250				DONOR DESIGNATIONS
(160) KANSAS LEGAL SERVICES, INC. 400 STATE AVE, 1015, KANSAS CITY, KS 66101-2420	48-0872528	501(C)(3)	40,000				PROGRAM FUNDNG
(161) KC CARE HEALTH CENTER 3515 BROADWAY, KANSAS CITY, MO 64111	43-0967292	501(C)(3)	45,000				PROGRAM FUNDNG

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(162) KC COMMON GOOD, INC. 1100 ROCKHURST RD, KANSAS CITY, MO 64110	83-4482500	501(C)(3)	6,560				DONOR DESIGNATIONS
(163) KC CORE 110 BERKLEY PLZ, KANSAS CITY, MO 64120	93-2720497	501(C)(3)	505,000				DONOR DESIGNATIONS
(164) KC TENANTS 620 E ARMOUR BLVD, KANSAS CITY, MO 64109-2247	84-5137189	501(C)(3)	7,500				DONOR DESIGNATIONS
(165) KIDSTLC 480 S ROGERS RD, OLATHE, KS 66062	48-0774593	501(C)(3)	91,969				PROGRAM FUNDING AND DESIGNAGTIONS
(166) KINGDOM AIR CORPS INC 39911 N GLENN HWY, SUTTON, AK 99674	92-0168877	501(C)(3)	7,800				DONOR DESIGNATIONS
(167) KU ENDOWMENT ASSOC-KANSAS UNIVERSITY ENDOWMENT P.O.BOX 928, LAWRENCE, KS 66044-0928	48-0547734	501(C)(3)	90,800				PROGRAM FUNDING AND DESIGNAGTIONS
(168) KVC HEALTH SYSTEM 21350 W 153RD ST., OLATHE, KS 66061	26-2516589	501(C)(3)	40,545				PROGRAM FUNDING AND DESIGNAGTIONS
(169) KVC NILES 21344 W 153RD ST, OLATHE, KS 66061	48-0770308	501(C)(3)	13,105				DONOR DESIGNATIONS
(170) LEAD TO READ, INC PO BOX 411006, KANSAS CITY, MO 64141-1006	82-1256215	501(C)(3)	39,970				DONOR DESIGNATIONS
(171) LEE'S SUMMIT CARES 1555 NE RICE RD., LEE'S SUMMIT, MO 64086	43-1301288	501(C)(3)	50,000				DONOR DESIGNATIONS
(172) LEGACY ENDOWMENT, INC. 10150 ANTIOCH RD, OVERLAND PARK, KS 66212	20-4626278	501(C)(3)	6,000				DONOR DESIGNATIONS
(173) LEGAL AID OF WESTERN MISSOURI 4001 DR MARTIN LUTHER KING JR BLVD, 300, KANSAS CITY, MO 64130	43-0824638	501(C)(3)	66,392				PROGRAM FUNDING AND DESIGNAGTIONS
(174) LENEXA BAPTIST CHURCH 15320 W 87TH ST PKWY, LENEXA, KS 66219	48-1088165	501(C)(3)	56,514				DONOR DESIGNATIONS
(175) LEUKEMIA AND LYMPHOMA SOCIETY MID-AMERICA CHAPTER 6811 W. 63RD STREET, 202, SHAWNEE MISSION, KS 66202	13-5644916	501(C)(3)	9,006				DONOR DESIGNATIONS
(176) LEVELUP KIDS 5416 NE ANTIOCH ROAD, KANSAS CITY, MO 64119	20-3664224	501(C)(3)	25,000				PROGRAM FUNDNG
(177) LIBERTY UNITED METHODIST CHURCH 1001 SUNSET AVENUE, LIBERTY, MO 64068	44-0647242	501(C)(3)	20,500				DONOR DESIGNATIONS
(178) LIFE MISSION CHURCH 16111 S LONE ELM RD, OLATHE, KS 66062-9236	48-1114921	501(C)(3)	25,000				DONOR DESIGNATIONS
(179) LIFE UNLIMITED, INC. 320 ARMOUR RD, 101, KANSAS CITY, MO 64116-3544	43-1237483	501(C)(3)	5,257				DONOR DESIGNATIONS
(180) LIGHT UNDER THE SUN, INC PO BOX 410037, KANSAS CITY, MO 64141	93-3207206	501(C)(3)	15,000				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
(181) LITERACY KANSAS CITY 3036 TROOST AVE, KANSAS CITY, MO 64109	43-1435729	501(C)(3)	44,564				PROGRAM FUNDING AND DESIGNAGTIONS
(182) LIVING HOPE CHURCH OF THE NAZARENE 18550 W 175TH ST, OLATHE, KS 66062	48-1190411	501(C)(3)	66,000				DONOR DESIGNATIONS
(183) MAKE A WISH MISSOURI 13523 BARRETT PARKWAY DR, 241, BALLWIN, MO 63021-3802	43-1550697	501(C)(3)	20,835				DONOR DESIGNATIONS
(184) MATTIE RHODES CENTER 148 N. TOPPING AVE, KANSAS CITY, MO 64123	44-0546343	501(C)(3)	98,111				PROGRAM FUNDING AND DESIGNAGTIONS
(185) MEADE CHURCH OF THE NAZARENE 510 S FOWLER ST, MEADE, KS 67864	48-6189524	501(C)(3)	9,000				DONOR DESIGNATIONS
(186) MENTAL HEALTH AMERICA OF THE HEARTLAND 739 MINNESOTA AVE, KANSAS CITY, KS 66101	48-1185409	501(C)(3)	30,021				PROGRAM FUNDING AND DESIGNAGTIONS
(187) METRO LUTHERAN MINISTRY 3031 HOLMES, KANSAS CITY, MO 64109	43-0970991	501(C)(3)	182,532				PROGRAM FUNDING AND DESIGNAGTIONS
(188) METROPOLITAN ORGANIZATION TO COUNTER SEXUAL ASSAULT (MOCSA) 3100 BROADWAY BLVD, 400, KANSAS CITY, MO 64111-2591	43-1061620	501(C)(3)	94,548				PROGRAM FUNDING AND DESIGNAGTIONS
(189) MIDTOWN BAPTIST TEMPLE 3953 WALNUT ST, KANSAS CITY, MO 64111	26-1173788	501(C)(3)	27,350				DONOR DESIGNATIONS
(190) MISSION CITY CHURCH INC PO BOX 9446, MISSION, KS 66201	84-5151881	501(C)(3)	18,962				DONOR DESIGNATIONS
(191) MISSION SOUTHSIDE INC 18335 W 168TH TER, OLATHE, KS 66062-9508	27-3655778	501(C)(3)	25,469				DONOR DESIGNATIONS
(192) MOTHER'S REFUGE 14400 E 42ND ST S, 220, INDEPENDENCE, MO 64055	43-1454628	501(C)(3)	25,639				PROGRAM FUNDING AND DESIGNAGTIONS
(193) MOUNT ST. SCHOLASTICA 810 S 8TH ST, ATCHISON, KS 66002	48-0548363	501(C)(3)	7,000				DONOR DESIGNATIONS
(194) MT. CARMEL REDEVELOPMENT CORPORATION 1130 TROUP AVE, KANSAS CITY, KS 66104-5861	48-1160735	501(C)(3)	11,478				DONOR DESIGNATIONS
(195) NATIONAL MULTIPLE SCLEROSIS SOCIETY GREATER NEW YORK CITY - LONG ISLAND 733 3RD AVE, NEW YORK, NY 10017-3204	13-5661935	501(C)(3)	10,234				DONOR DESIGNATIONS
(196) NATIONAL MULTIPLE SCLEROSIS SOCIETY -MID AMERICA CHAPTER 2020 W 89TH ST, STE 100, LEAWOOD, KS 66206	44-0613436	501(C)(3)	10,849				DONOR DESIGNATIONS
(197) NET MINISTRIES 110 CRUSADER AVENUE WEST, WEST SAINT PAUL, MN 55118	41-1637054	501(C)(3)	5,760				DONOR DESIGNATIONS

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(198) NEW LIFE COMMUNITY CHURCH INC 29200 W 188TH ST, GARDNER, KS 66030	48-0924030	501(C)(3)	59,264				DONOR DESIGNATIONS
(199) NEWHOUSE PO BOX 240019, KANSAS CITY, MO 64124	43-0962293	501(C)(3)	19,006				DONOR DESIGNATIONS
(200) NEXUS CHURCH 15101 COLLEGE BLVD, LENEXA, KS 66219	27-3685015	501(C)(3)	34,320				DONOR DESIGNATIONS
(201) NOAHS HOPE - HOPE 4 BRIDGET FOUNDATION PO BOX 54, DOWNERS GROVE, IL 60515	47-2609776	501(C)(3)	7,500				DONOR DESIGNATIONS
(202) NORTHEAST COMMUNITY CENTER 544 WABASH, KANSAS CITY, MO 64124	44-0546275	501(C)(3)	15,000				PROGRAM FUNDNG
(203) NORTHLAND HEALTH CARE ACCESS PO BOX 14414, KANSAS CITY, MO 64152-7414	43-1578121	501(C)(3)	15,000				PROGRAM FUNDNG
(204) NORTHLAND SHEPHERD'S CENTER 5601 NE ANTIOCH RD, 12, KANSAS CITY, MO 64119-2375	43-1567162	501(C)(3)	15,000				PROGRAM FUNDNG
(205) OLATHE PUBLIC SCHOOL FOUNDATION 300 E LOULA ST, OLATHE, KS 66061	48-1190090	501(C)(3)	13,755				DONOR DESIGNATIONS
(206) OPERATION BREAKTHROUGH 3039 TROOST AVE, KANSAS CITY, MO 64109-1540	43-0971560	501(C)(3)	216,339				PROGRAM FUNDING AND DESIGNAGTIONS
(207) OUR SPOT 500 N 7TH ST, KANSAS CITY, KS 66101	81-4237323	501(C)(3)	69,441				DONOR DESIGNATIONS
(208) OUTPACING MELANOMA FOUNDATION 8883 MCCOY ST, LENEXA, KS 66227-8104	45-3704195	501(C)(3)	6,950				DONOR DESIGNATIONS
(209) OVERLAND PARK COMMUNITY CHURCH 14800 METCALF AVE, OVERLAND PARK, KS 66223	48-0599901	501(C)(3)	32,232				DONOR DESIGNATIONS
(210) PARTNERS IN HEALTH 800 BOYLSTON ST, 300, BOSTON, MA 02199-7032	04-3567502	501(C)(3)	10,000				DONOR DESIGNATIONS
(211) PARTNERS PEOPLE IN PROGRESS INC BLESSINGS ABOUND 10325 METCALF AVE, OVERLAND PARK, KS 66212-1805	43-1282336	501(C)(3)	11,360				DONOR DESIGNATIONS
(212) PAWSPERITY INC 5805 TROOST AVE, KANSAS CITY, MO 64110	46-4112524	501(C)(3)	15,000				PROGRAM FUNDNG
(213) PETE'S GARDEN 6215 SUMMIT ST, KANSAS CITY, MO 64113-1556	84-4596250	501(C)(3)	26,500				DONOR DESIGNATIONS
(214) PHOENIX FAMILY 3908 WASHINGTON ST, KANSAS CITY, MO 64111-2925	68-0101133	501(C)(3)	23,318				PROGRAM FUNDING AND DESIGNAGTIONS
(215) PITTSBURG STATE UNIVERSITY FOUNDATION INC 401 E FORD ST, PITTSBURG, KS 66762-6369	48-6104332	501(C)(3)	26,000				DONOR DESIGNATIONS

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(216) PLANNED PARENTHOOD FOUNDATION 123 WILLIAM ST, FL 10, NEW YORK, NY 10038-3844	13-1644147	501(C)(3)	9,230				DONOR DESIGNATIONS
(217) PLANNED PARENTHOOD GREAT PLAINS 4401 W 109TH ST, 200, LEAWOOD, KS 66211-1303	44-0565390	501(C)(3)	7,697				DONOR DESIGNATIONS
(218) PLATTE WOODS UNITED METHODIST CHURCH 7310 NW PRAIRIE VIEW RD, PLATTE WOODS, MO 64151-1550	43-0810758	501(C)(3)	13,200				DONOR DESIGNATIONS
(219) PREP-KC - PARTNERSHIP FOR REGIONAL EDUCATIONAL PREPARATION 2300 MAIN ST, 340, KANSAS CITY, MO 64108-2414	26-0524230	501(C)(3)	25,000				PROGRAM FUNDNG
(220) PRINCE OF PEACE CATHOLIC COMMUNITY 16000 W 143RD ST, OLATHE, KS 66062	48-1024125	501(C)(3)	102,899				DONOR DESIGNATIONS
(221) PROVIDENCE BAPTIST CHURCH 12206 N STARK AVE, KANSAS CITY, MO 64167	43-1316007	501(C)(3)	16,800				DONOR DESIGNATIONS
(222) QUEEN OF THE HOLY ROSARY CHURCH 7023 W 71ST ST, OVERLAND PARK, KS 66204-1907	48-0554330	501(C)(3)	16,165				DONOR DESIGNATIONS
(223) RAYTOWN EMERGENCY ASSISTANCE PROGRAM (REAP) 9300 E 75TH ST, RAYTOWN, MO 64138-1603	43-1294275	501(C)(3)	15,000				PROGRAM FUNDNG
(224) RECONCILIATION SERVICES 3101 TROOST AVE, KANSAS CITY, MO 64109	36-4580402	501(C)(3)	51,746				PROGRAM FUNDING AND DESIGNAGTIONS
(225) REDEEMER PRESBYTERIAN CHURCH INC 9333 W 159TH ST, OVERLAND PARK, KS 66221	48-1138076	501(C)(3)	27,887				DONOR DESIGNATIONS
(226) REDEMPTORIST SOCIAL SERVICES CENTER 207 W LINWOOD BLVD, KANSAS CITY, MO 64111-1327	26-0054325	501(C)(3)	26,500				DONOR DESIGNATIONS
(227) REDISCOVER 1555 NE RICE RD, LEES SUMMIT, MO 64086-5849	23-7169417	501(C)(3)	31,332				PROGRAM FUNDING AND DESIGNAGTIONS
(228) RELENTLESS PURSUIT OUTREACH AND RECOVERY CORP 118 N CONISTOR LN, B200, LIBERTY, MO 64068-1957	84-2663284	501(C)(3)	5,215				DONOR DESIGNATIONS
(229) RESTART 918 E 18TH STREET, KANSAS CITY, MO 64106	43-1349378	501(C)(3)	63,852				PROGRAM FUNDING AND DESIGNAGTIONS
(230) RESTORATION CHURCH GARDNER INC 132 E MAIN ST, GARDNER, KS 66030	82-4118614	501(C)(3)	29,380				DONOR DESIGNATIONS

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(231) RESTORATION HOUSE OF GREATER KANSAS CITY REHOPE 25713 S STATE ROUTE K, HARRISONVILLE, MO 64701	27-4837279	501(C)(3)	15,383				DONOR DESIGNATIONS
(232) ROCKHURST HIGH SCHOOL 9301 STATE LINE RD, KANSAS CITY, MO 64114-3235	44-0662501	501(C)(3)	49,600				DONOR DESIGNATIONS
(233) RONALD MCDONALD HOUSE CHARITIES, K.C. 2502 CHERRY ST, KANSAS CITY, MO 64108-2751	43-1190760	501(C)(3)	33,112				DONOR DESIGNATIONS
(234) ROSE BROOKS CENTER PO BOX 8619, KANSAS CITY, MO 64114	51-0231573	501(C)(3)	204,133				PROGRAM FUNDING AND DESIGNAGTIONS
(235) SAFEHOME PO BOX 4563, OVERLAND PARK, KS 66204	48-0917798	501(C)(3)	80,956				PROGRAM FUNDING AND DESIGNAGTIONS
(236) SAINT THOMAS AQUINAS HIGH SCHOOL 11411 PFLUMM RD, LENEXA, KS 66215-4816	48-1057398	501(C)(3)	12,000				DONOR DESIGNATIONS
(237) SAMARITAN'S PURSE PO BOX 3000, BOONE, NC 28607	58-1437002	501(C)(3)	6,955				DONOR DESIGNATIONS
(238) SAMUEL U. RODGERS HEALTH CENTER 825 EUCLID AVE, KANSAS CITY, MO 64124	43-0899356	501(C)(3)	25,000				PROGRAM FUNDNG
(239) SAVE, INC. 3000 HARRISON, KANSAS CITY, MO 64109	43-1465268	501(C)(3)	46,904				DONOR DESIGNATIONS
(240) SHEFFIELD PLACE 6604 E 12TH ST, KANSAS CITY, MO 64126	43-1532267	501(C)(3)	37,892				PROGRAM FUNDING AND DESIGNAGTIONS
(241) SHELTER KC KANSAS CITY RESCUE MISSION 1520 CHERRY ST, KANSAS CITY, MO 64108-1530	43-1287029	501(C)(3)	10,299				DONOR DESIGNATIONS
(242) SHEPHERD'S CENTER OF KANSAS CITY CENTRAL 9200 WARD PKWY, KANSAS CITY, MO 64114	43-0994417	501(C)(3)	15,000				PROGRAM FUNDNG
(243) SHEPHERD'S CENTER OF KC KS 757 ARMSTRONG AVE, KANSAS CITY, KS 66101	48-1039483	501(C)(3)	15,000				PROGRAM FUNDNG
(244) SHEPHERD'S CENTER OF RAYTOWN 5110 WESTRIDGE CIRCLE, 42, RAYTOWN, MO 64133	43-1531153	501(C)(3)	15,000				PROGRAM FUNDNG
(245) SISTERS IN CHRIST PO BOX 9414, RAYTOWN, MO 64133	43-1799360	501(C)(3)	15,000				PROGRAM FUNDNG
(246) SOLES4SOULS 319 MARTINGALE DRIVE, OLD HICKORY, TN 37138	20-4023482	501(C)(3)	10,000				DONOR DESIGNATIONS
(247) SPARKWHEEL 1919 DELAWARE ST, LAWRENCE, KS 66046	48-1175467	501(C)(3)	15,000				PROGRAM FUNDNG
(248) SPECIAL OLYMPICS KANSAS 5280 FOXRIDGE DR, MISSION, KS 66202-1567	48-0890981	501(C)(3)	6,237				DONOR DESIGNATIONS

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(249) SPRING HILL PARENTS FOR KIDS 18425 SOUTH HEDGE LANE, OLATHE, KS 66061	26-1483144	501(C)(3)	11,840				DONOR DESIGNATIONS
(250) ST MICHAEL THE ARCHANGEL CATHOLIC CHURCH LEAWOOD 14251 NALL AVE, OVERLAND PARK, KS 66223-2984	48-1219267	501(C)(3)	10,400				DONOR DESIGNATIONS
(251) ST. JAMES ACADEMY 24505 PRAIRIE STAR PKWY, LENEXA, KS 66227-7267	27-0058424	501(C)(3)	31,780				DONOR DESIGNATIONS
(252) ST. JOHN PAUL II PARISH 18335 W 168TH TERR, OLATHE, KS 66062	81-3021817	501(C)(3)	9,000				DONOR DESIGNATIONS
(253) ST. MARKS CATHOLIC CHURCH 3736 S LEE'S SUMMIT RD, INDEPENDENCE, MO 64055	53-0196617	501(C)(3)	8,000				DONOR DESIGNATIONS
(254) STARLIGHT THEATRE ASSOCIATION OF KANSAS CITY 4600 STARLIGHT RD, KANSAS CITY, MO 64132-2032	44-0552079	501(C)(3)	33,951				DONOR DESIGNATIONS
(255) SUNFLOWER HOUSE 15440 W 65TH ST, SHAWNEE, KS 66217- 9306	48-0918698	501(C)(3)	48,846				PROGRAM FUNDING AND DESIGNAGTIONS
(256) SWOPE HEALTH SERVICES 3801 DR. MARTIN LUTHER KING JR. BLV, KANSAS CITY, MO 64130-2807	43-0957840	501(C)(3)	15,000				PROGRAM FUNDNG
(257) SYNERGY SERVICES 400 E 6TH ST, PARKVILLE, MO 64152-3703	43-0970674	501(C)(3)	134,722				PROGRAM FUNDING AND DESIGNAGTIONS
(258) TEAM EXPANSION MINISTRIES 4112 OLD ROUTT RD, LOUISVILLE, KY 40299-4926	31-1043937	501(C)(3)	21,500				DONOR DESIGNATIONS
(259) TEAM ROCKY ENTERPRISES INC 1227 HITCHING POST CIR, BULLARD, TX 75757	99-3424400	501(C)(3)	5,234				DONOR DESIGNATIONS
(260) THE CHILDREN'S PLACE 6401 ROCKHILL RD, KANSAS CITY, MO 64131	51-0195216	501(C)(3)	74,771				PROGRAM FUNDING AND DESIGNAGTIONS
(261) THE DISABLED BUT NOT REALLY 3939 WASHINGTON ST, KANSAS CITY, MO 64111	02-0953789	501(C)(3)	40,000				DONOR DESIGNATIONS
(262) THE GOLDEN SCOOP 9540 NALL AVENUE, OVERLAND PARK, KS 66207	84-3863269	501(C)(3)	7,650				DONOR DESIGNATIONS
(263) THE LIGHT KC 10001 W 88TH ST, OVERLAND PARK, KS 66212-4683	48-0974253	501(C)(3)	22,000				DONOR DESIGNATIONS
(264) THE RABBIT HOLE 919 E 14TH, NORTH KANSAS CITY, MO 64116	47-2324303	501(C)(3)	5,100				DONOR DESIGNATIONS
(265) THE SALVATION ARMY OF KANSAS & WESTERN MO 3637 BROADWAY, KANSAS CITY, MO 64111	44-0545998	501(C)(3)	108,606				PROGRAM FUNDING AND DESIGNAGTIONS

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(266) THE VIBRANT COMMUNITY CHURCH 14301 W 119TH ST, OLATHE, KS 66062	81-2027077	501(C)(3)	34,643				DONOR DESIGNATIONS
(267) THE WALKER FOUNDATION 118 N CONISTER LN, LIBERTY, MO 64068	37-1996333	501(C)(3)	45,000				DONOR DESIGNATIONS
(268) TRINITY FELLOWSHIP CHURCH PO BOX 323, OLATHE, KS 66051	92-1326807	501(C)(3)	9,500				DONOR DESIGNATIONS
(269) TRUE LIGHT FAMILY RESOURCE CENTER 712 E 31ST ST, KANSAS CITY, MO 64109	02-0783393	501(C)(3)	15,000				PROGRAM FUNDNG
(270) TRUMAN STATE UNIVERSITY FOUNDATION 100 E NORMAL AVE, 205 MCCLAIN HALL, KIRKSVILLE, MO 63501	43-1381504	501(C)(3)	11,000				DONOR DESIGNATIONS
(271) TURN THE PAGE KC 107 W 9TH ST, 211, KANSAS CITY, MO 64105	46-0673665	501(C)(3)	70,360				DONOR DESIGNATIONS
(272) UNIFIED SCHOOL DISTRICT NO 233 PO BOX 2000, OLATHE, KS 66063	48-0697986	501(C)(3)	6,198				DONOR DESIGNATIONS
(273) UNITED COMMUNITY SERVICES OF JOHNSON COUNTY 9001 W 110TH ST, 100, OVERLAND PARK, KS 66210-2116	48-0914699	501(C)(3)	50,000				PROGRAM FUNDNG
(274) UNITED METHODIST CHURCH OF THE RESURRECTION 13720 ROE BLVD, OVERLAND PARK, KS 66224-3588	48-1107898	501(C)(3)	18,600				DONOR DESIGNATIONS
(275) UNITED WAY OF GREATER HOUSTON 50 WAUGH DRIVE, HOUSTON, TX 77007	74-1167964	501(C)(3)	45,720				DONOR DESIGNATIONS
(276) UNITED WAY OF GREATER ST. JOSEPH PO BOX 188, ST. JOSEPH, MO 64502	44-0547802	501(C)(3)	8,300				DONOR DESIGNATIONS
(277) UNITED WAY OF GREATER ST. LOUIS, INC. 910 N 11TH ST, SAINT LOUIS, MO 63101-1018	43-0714167	501(C)(3)	36,000				DONOR DESIGNATIONS
(278) UNITED WAY OF KAW VALLEY TOPEKA 1527 SW FAIRLAWN ROAD, TOPEKA, KS 66604	48-0561978	501(C)(3)	24,306				DONOR DESIGNATIONS
(279) UNITED WAY OF THE YAMPA VALLEY PO BOX 774005, STEAMBOAT SPRINGS, CO 80477	84-0920741	501(C)(3)	7,000				DONOR DESIGNATIONS
(280) UNITED WE 2100 CENTRAL ST, 11E, KANSAS CITY, MO 64108-2195	43-1584928	501(C)(3)	11,750				DONOR DESIGNATIONS
(281) UNIVERSITY HEALTH FOUNDATION 2310 HOLMES STREET, KANSAS CITY, MO 64108	44-0661018	501(C)(3)	98,637				PROGRAM FUNDING AND DESIGNAGTIONS
(282) UNIVERSITY OF MISSOURI P.O. BOX 807012, KANSAS CITY, MO 64180-7012	43-6003859	501(C)(3)	10,000				PROGRAM FUNDING

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(283) UNIVERSITY OF NORTH CAROLINA SCHOOL OF THE ARTS FOUNDATION INC 1533 SOUTH MAIN ST, WINSTON SALEM, NC 27127	56-6064850	501(C)(3)	10,000				DONOR DESIGNATIONS
(284) UPLIFT P.O. BOX 270175, KANSAS CITY, MO 64127	43-1571915	501(C)(3)	7,890				DONOR DESIGNATIONS
(285) URBAN LEAGUE OF GREATER KANSAS CITY 1710 THE PASEO, KANSAS CITY, MO 64108	44-0546273	501(C)(3)	91,589				PROGRAM FUNDING AND DESIGNAGTIONS
(286) URBAN NEIGHBORHOOD INITIATIVE 2300 MAIN ST, 180, KANSAS CITY, MO 64108-2472	45-4879810	501(C)(3)	25,000				PROGRAM FUNDNG
(287) UZAZI VILLAGE 4232 TROOST AVE., KANSAS CITY, MO 64110	46-0589830	501(C)(3)	8,320				DONOR DESIGNATIONS
(288) VARIETY CHILDREN'S CHARITY OF GREATER KANSAS CITY 4050 PENNSYLVANIA AVE, 115-77, KANSAS CITY, MO 64111-3024	23-7431670	501(C)(3)	14,072				DONOR DESIGNATIONS
(289) VETERANS COMMUNITY PROJECT 8900 TROOST AVE, KANSAS CITY, MO 64131-3053	47-4960735	501(C)(3)	24,460				DONOR DESIGNATIONS
(290) VIBRANT HEALTH 21 N 12TH ST, 300, KANSAS CITY, KS 66102	48-1151382	501(C)(3)	44,107				PROGRAM FUNDING AND DESIGNAGTIONS
(291) VIRGINIA WRIGHT HEALTH CLINIC FUND - KAPKEMICH 5930 ROE AVE, MISSION, KS 66205	82-3509051	501(C)(3)	10,000				DONOR DESIGNATIONS
(292) VISITING NURSE ASSOCIATION 1300 E 104TH ST, 300, KANSAS CITY, MO 64131-4511	43-1337104	501(C)(3)	15,000				PROGRAM FUNDNG
(293) WAYSIDE WAIFS, INC. 3901 MARTHA TRUMAN RD, KANSAS CITY, MO 64137-2808	44-0605374	501(C)(3)	11,059				DONOR DESIGNATIONS
(294) WECODE KC 4741 CENTRAL ST, 222, KANSAS CITY, MO 64112	83-3413497	501(C)(3)	37,435				PROGRAM FUNDING AND DESIGNAGTIONS
(295) WELLSVILLE BAPTIST CHURCH PO BOX 555, WELLSVILLE, KS 66092	48-0764639	501(C)(3)	20,000				DONOR DESIGNATIONS
(296) WEST CENTRAL MISSOURI COMMUNITY ACTION AGENCY 112 W 4TH ST, APPLETON CITY, MO 64724	43-0838410	501(C)(3)	25,000				PROGRAM FUNDNG
(297) WESTSIDE FAMILY CHURCH 8500 WOODSONIA DR, LENEXA, KS 66227-3137	48-0849830	501(C)(3)	24,000				DONOR DESIGNATIONS
(298) WOMEN LEADERS IN COLLEGE SPORTS 1919 BALTIMORE AVE, KANSAS CITY, MO 64108	56-2186122	501(C)(3)	25,000				DONOR DESIGNATIONS
(299) WYANDOT BEHAVIORAL HEALTH NETWORK 757 ARMSTRONG AVE, KANSAS CITY, KS 66101	48-0576044	501(C)(3)	15,000				PROGRAM FUNDNG

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<sup>(300)</sup> YMCA OF GREATER KANSAS CITY 6901 SHAWNEE MISSION PKWY, 300, OVERLAND PARK, KS 66202	44-0546002	501(C)(3)	141,173				PROGRAM FUNDING AND DESIGNAGTIONS

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	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.  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 ENROLLMENT PROCESS AND PROVIDE SUPPORTING DOCUMENTATION TO DEMONSTRATE THEY MEET THE CRITERIA OF THE GRANT.
(1) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ABILITY KC 3011 BALTIMORE AVE, KANSAS CITY, MO 64108-3403
(3) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ADHOC GROUP AGAINST CRIME 104 VIETNAM VET MEM DR, KANSAS CITY, MO 64111
(5) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ADVOCATES FOR IMMIGRATION RIGHTS AND RECONCILIATION PO BOX 171603, KANSAS CITY, KS 66117
(8) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ALZHEIMER'S ASSOCIATION, HEART OF AMERICA CHAPTER 8001 CONSER, 240, OVERLAND PARK, KS 66208
(9) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ALZHEIMERS DISEASE AND RELATED DISORDERS 225 N MICHIGAN AVE, 17, CHICAGO, IL 60601-7652
(10) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	AMERICAN CANCER SOCIETY HIGH PLAINS DIVISION (CHECK NAME AHA GKC DIVISION) 1100 PENNSYLVANIA AVE., KANSAS CITY, MO 64105
(11) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	AMERICAN HEART ASSOCIATION GREATER KANSAS CITY DIVISION 6800 W 93RD ST, OVERLAND PARK, KS 66212-1461
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ABILITY KC: PROGRAM FUNDING AND DESIGNAGTIONS
SCHEDULE I, PART III, COLUMN B - ESTIMATED NUMBER OF RECIPIENTS	RENT ASSISTANCE : CASE MANAGEMENT RECORDS
SCHEDULE I, PART III, COLUMN B - ESTIMATED NUMBER OF RECIPIENTS	UTILITY ASSISTANCE : CASE MANAGEMENT RECORDS
SCHEDULE I, PART III, COLUMN B - ESTIMATED NUMBER OF RECIPIENTS	CASH ASSISTANCE : ESTIMATE BY AVERAGE GRANT AMOUNT
SCHEDULE I, PART III, COLUMN B - ESTIMATED NUMBER OF RECIPIENTS	TRANSPORTATION : CASE MANAGEMENT RECORDS
SCHEDULE I, PART III, COLUMN B - ESTIMATED NUMBER OF RECIPIENTS	HARDSHIP ASSISTANCE : CASE MANAGEMENT RECORDS
SCHEDULE I, PART III, COLUMN B - ESTIMATED NUMBER OF RECIPIENTS	DENTAL ASSISTANCE : ESTIMATE BY AVERAGE BENEFIT AMOUNT
SCHEDULE I, PART III, COLUMN B - ESTIMATED NUMBER OF RECIPIENTS	LEGAL ASSISTANCE : CASE MANAGEMENT RECORDS

**SCHEDULE J  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**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

**Open to Public Inspection**

Name of the organization

UNITED WAY OF GREATER KANSAS CITY, INC

Employer identification number

44-0545812

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .

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

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input 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 |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- |  |           |   |   |
|--|-----------|---|---|
| <b>a</b> Receive a severance payment or change-of-control payment? . . . . .                           | <b>4a</b> | ✓ |   |
| <b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . . | <b>4b</b> | ✓ |   |
| <b>c</b> Participate in or receive payment from an equity-based compensation arrangement? . . . . .    | <b>4c</b> |   | ✓ |

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- |  |           |  |   |
|--|-----------|--|---|
| <b>a</b> The organization? . . . . .         | <b>5a</b> |  | ✓ |
| <b>b</b> Any related organization? . . . . . | <b>5b</b> |  | ✓ |

If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- |  |           |  |   |
|--|-----------|--|---|
| <b>a</b> The organization? . . . . .         | <b>6a</b> |  | ✓ |
| <b>b</b> Any related organization? . . . . . | <b>6b</b> |  | ✓ |

If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III . . . . .

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

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

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>	✓	
<b>4b</b>	✓	
<b>4c</b>		✓
<b>5a</b>		✓
<b>5b</b>		✓
<b>6a</b>		✓
<b>6b</b>		✓
<b>7</b>		✓
<b>8</b>		✓
<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)	369,166	100,116	14,752	61,167	28,128	573,329	0
	CHIEF EXECUTIVE OFFICER	(ii)	0	0	0	0	0	0	0
2	ANN GAFFIGAN	(i)	204,118	10,000	2,147	29,038	26,558	271,861	0
	CHIEF OPERATING AND FINANCIAL OFFICER	(ii)	0	0	0	0	0	0	0
3	JESSICA BLUBAUGH	(i)	166,766	31,000	1,723	21,628	10,155	231,272	0
	CHIEF PHILANTHROPY AND IMPACT OFFICER	(ii)	0	0	0	0	0	0	0
4	PRECIOUS STARGELL-CUSHMAN	(i)	68,373	0	145,229	1,746	0	215,348	0
	CHIEF IMPACT OFFICER UNTIL MAY 2024	(ii)	0	0	0	0	0	0	0
5	NORA FREYMAN	(i)	140,540	17,500	1,390	18,273	10,455	188,158	0
	CHIEF MARKETING OFFICER	(ii)	0	0	0	0	0	0	0
6	JAMES MACDONALD	(i)	131,509	3,500	2,341	16,567	22,463	176,380	0
	SENIOR ADVISOR & SOLUTIONS ARCHITECT	(ii)	0	0	0	0	0	0	0
7		(i)							
		(ii)							
8		(i)							
		(ii)							
9		(i)							
		(ii)							
10		(i)							
		(ii)							
11		(i)							
		(ii)							
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

**Part III**

**Supplemental Information.** Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT	PRECIOUS STARGELL-CUSHMAN RECEIVED A SEVERANCE PAYMENT OF \$143,846.
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	CHRIS ROSSON PARTICIPATED IN A 457(F) NONQUALIFIED RETIREMENT PLAN.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2024**

**Open to Public  
Inspection**

Complete if the organizations answered "Yes" on Form 990, Part IV, line 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	✓	36	426,654	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
----	---	----	---

	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)**

(Rev. January 2025)

Department of the 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 Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

United Way of Greater Kansas City, Inc

Employer identification number

44-0545812

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION</p>	<p>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.</p> <p>THROUGH A SECOND APPROACH, UNITED WAY ADMINISTERS A CAPACITY-BUILDING GRANT PROGRAM THAT 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.</p>
<p>FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION</p>	<p>UNITED WAY PLAYS AN IMPORTANT HUMAN SERVICE ECOYSTEM ROLE BY ADDRESSING THE ECONOMIC EFFECTS OF POVERTY AND RACIAL &amp; 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.</p> <p>EVICITION 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 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 \$772,961 IN SUPPORT TO 824 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 SIEMER INSTITUTE FOR FAMILY STABILITY WITH THE SUPPORT OF SIX PARTNER COMMUNITY AGENCIES IS SERVING 478 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 HOUSELESSNESS.</p>
<p>FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION</p>	<p>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 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.</p>

**SCHEDULE O  
(Form 990)**

(Rev. January 2025)

Department of the 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 Form 990-EZ.

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

OMB No. 1545-0047

**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 VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS	1.UPDATE TO OUR CURRENT OFFICE ADDRESS. 2.ALLOWANCE FOR AN EXTENSION OF BOARD TERMS (AND DELAY OF ELECTIONS OF NEW BOARD MEMBERS) FOR THREE MONTHS IF THE BOARD VOTES TO DO SO. 3.AN UPDATE TO THE MAXIMUM YEARS A BOARD MEMBER'S EXPIRING TERM CAN BE EXTENDED, FROM TWO ADDITIONAL YEARS TO THREE. 4.A REMOVAL OF THE REQUIREMENT OF ONE LABOR REPRESENTATIVE AS A VOTING TRUSTEE, UNDER BOARD COMPOSITION.						
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 FULL 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.						
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>(a) Description</th> <th>(b) Amount</th> </tr> </thead> <tbody> <tr> <td>CHANGE IN BENEFICIAL INTEREST IN TRUST</td> <td>19,947</td> </tr> <tr> <td><b>TOTAL</b></td> <td><b>19,947</b></td> </tr> </tbody> </table>	(a) Description	(b) Amount	CHANGE IN BENEFICIAL INTEREST IN TRUST	19,947	<b>TOTAL</b>	<b>19,947</b>
(a) Description	(b) Amount						
CHANGE IN BENEFICIAL INTEREST IN TRUST	19,947						
<b>TOTAL</b>	<b>19,947</b>						

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

2024

For calendar year 2024 or other tax year beginning 07/01, 2024, and ending 06/30, 2025

Department of the Treasury Internal Revenue Service

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 an 501(c)(3).

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 37,113,558; 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-subsidiary 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 4 rows for Part III: Tax and Payments. Columns include line number, description, and amount. Total amount is 0.

# 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) . . . . . **07**

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	Form 990-T (governmental entities)	15

- 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 26, 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 24, and ending 06/30, 20 25.
- 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>5</b>	Current net 965 tax liability paid from Form 965-A, Part II, column (k)		<b>5</b>	0
<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	<b>6g</b>	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 2025 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 2024 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: **CHIEF OPERATING & FINANCIAL OFFICER**

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 <b>MICHAEL ENGLE</b>	Preparer's signature <i>MICHAEL ENGLE</i>	Date <b>03/23/2026</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00482834</b>
	Firm's name <b>FORVIS MAZARS, LLP</b>	Firm's EIN <b>44-0160260</b>			
	Firm's address <b>1201 WALNUT STREET SUITE 1700, KANSAS CITY, MO 64106-2246</b>	Phone no. <b>(816) 221-6300</b>			

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.