

UNITED WAY OF GREATER KANSAS CITY, INC
FORM 990
PUBLIC
DISCLOSURE
TAX YEAR 2018

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning 05/01, 2018, and ending 04/30, 20 19

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

2018

Name of exempt organization

UNITED WAY OF GREATER KANSAS CITY, INC

Employer identification number

44-0545812

Name and title of officer

MICHELLE HOGERTY, COO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12) . . .	1b <u>29035525.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5).	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize BKD, LLP to enter my PIN 8 8 2 1 8 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____

Date ▶ _____

Part III Certification and Authentication

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

4 3 3 7 2 2 4 4 0 1 6
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature ▶ _____

Date ▶ _____

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

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2018)

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2018

Open to Public Inspection

A For the **2018** calendar year, or tax year beginning **05/01, 2018**, and ending **04/30, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF GREATER KANSAS CITY, INC			D Employer identification number 44-0545812	
	Doing Business As			E Telephone number (816) 559-4606	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite		
	801 WEST 47TH STREET		STE 500		
City or town, state or province, country, and ZIP or foreign postal code KANSAS CITY, MO 64112			G Gross receipts \$ 31,449,969.		
F Name and address of principal officer: BRENT A STEWART 801 W 47TH STREET, STE 500, KANSAS CITY, MO 64112			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			If "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(c) Group exemption number ▶		
J Website: ▶ WWW.UNITEDWAYGKC.ORG					
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1918		M State of legal domicile: MO

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: UNITED WAY OF GREATER KANSAS CITY'S MISSION IS TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF GREATER KANSAS CITY.				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	32.		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	31.		
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	110.		
	6 Total number of volunteers (estimate if necessary)	6	2,392.		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.		
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.			
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	26,301,159.	Current Year	28,650,391.
	9 Program service revenue (Part VIII, line 2g)		0.		0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		410,002.		506,089.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		11,652.		-120,955.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		26,722,813.		29,035,525.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		19,245,058.	
14 Benefits paid to or for members (Part IX, column (A), line 4)			0.		0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			5,839,234.		6,247,226.
16a Professional fundraising fees (Part IX, column (A), line 11e)			0.		0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,156,977.					
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			3,471,321.		5,215,780.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		28,555,613.		31,056,562.	
19 Revenue less expenses. Subtract line 18 from line 12		-1,832,800.		-2,021,037.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	30,765,422.	End of Year	30,346,727.
	21 Total liabilities (Part X, line 26)		17,192,060.		18,717,100.
	22 Net assets or fund balances. Subtract line 21 from line 20.		13,573,362.		11,629,627.

COPY FOR PUBLIC INSPECTION

Part II Signature Block

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

Sign Here	▶ Signature of officer	Date
	▶ Type or print name and title	

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

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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.

Type or print	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	UNITED WAY OF GREATER KANSAS CITY, INC	44-0545812
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
801 WEST 47TH STREET STE 500		
City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
KANSAS CITY, MO 64112		

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

MICHELLE HOGERTY

• The books are in the care of ▶ 801 WEST 47TH STREET KANSAS CITY MO 64112

Telephone No. ▶ 816 559-4604 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 EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 03/16, 2020, 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 05/01, 2018, and ending 04/30, 2019.

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

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

4a (Code:) (Expenses \$ 23,351,440. including grants of \$ 18,735,466.) (Revenue \$ 0.) SEE SCHEDULE O

4b (Code:) (Expenses \$ 986,081. including grants of \$ 0.) (Revenue \$ 0.) SEE SCHEDULE O

4c (Code:) (Expenses \$ 1,604,724. including grants of \$ 858,090.) (Revenue \$ 0.) SEE SCHEDULE O

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

4e Total program service expenses 25,942,245.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		X
14a Did the organization maintain an office, employees, or agents outside of the United States?.		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

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. []

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (32), 1b (31), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CRAIG L ANDERSON TRUSTEE	1.00 0.	X					0.	0.	0.	
(2) DAVID A ANDERSON TRUSTEE	1.00 0.	X					0.	0.	0.	
(3) MOLLY BIWER TRUSTEE	1.00 0.	X					0.	0.	0.	
(4) SONCI BLECKINGER TRUSTEE	1.00 0.	X					0.	0.	0.	
(5) DOUG BOESSEN TRUSTEE	1.00 0.	X					0.	0.	0.	
(6) ROBERT BRATCHER TRUSTEE	1.00 0.	X					0.	0.	0.	
(7) RON COKER TRUSTEE	1.00 0.	X					0.	0.	0.	
(8) DOUG COWAN TRUSTEE	1.00 0.	X					0.	0.	0.	
(9) EVELYN CRAIG TRUSTEE	1.00 0.	X					0.	0.	0.	
(10) STACEY DANIELS-YOUNG TRUSTEE	1.00 0.	X					0.	0.	0.	
(11) PATRICK (DUKE) DUJAKOVICH TRUSTEE/SECRETARY	1.00 0.	X		X			0.	0.	0.	
(12) STEVE EDWARDS TRUSTEE	1.00 0.	X					0.	0.	0.	
(13) PENNY POSTOAK FERGUSON TRUSTEE	1.00 0.	X					0.	0.	0.	
(14) SPENCER FIELDS TRUSTEE	1.00 0.	X					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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ESTHER GEORGE ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(16) MARIA JENKS ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(17) RAY KOWALIK ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(18) DEREK LOCKE ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(19) KEVIN LOCKETT ----- TRUSTEE/TREASURER	1.00 ----- 0.	X		X				0.	0.	0.
(20) MARSHALL LOCKTON ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(21) ALISE MARTINY ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(22) JOHN MURPHY ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(23) DEAN NEWTON ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(24) TODD PLEIMANN ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(25) JULIE QUIRIN ----- TRUSTEE/VICE CHAIR	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								822,083.	0.	248,569.
d Total (add lines 1b and 1c)								822,083.	0.	248,569.

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) LAURIE ROBERTS ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(27) CICI ROJAS ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(28) ROB SMITH ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(29) WILL SOUDER ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(30) BRENT STEWART ----- TRUSTEE/CEO	50.00 ----- 0.	X		X				290,689.	0.	63,107.
(31) RICK VIAR ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(32) W. RUSSELL WELSH ----- TRUSTEE/CHAIR	1.00 ----- 0.	X		X				0.	0.	0.
(33) MICHELLE HOGERTY ----- CHIEF OPERATING OFFICER	50.00 ----- 0.			X				158,473.	0.	49,278.
(34) MIKE GOFF ----- CHIEF MARKETING & PHILANTHROPY	50.00 ----- 0.				X			158,948.	0.	40,181.
(35) JIM MACDONALD ----- CHIEF COMMUNITY INVEST OFFICER	50.00 ----- 0.					X		108,037.	0.	42,686.
(36) LAURIE MCCORMACK ----- SENIOR VP, INDIVIDUAL GIVING	50.00 ----- 0.					X		105,936.	0.	53,317.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

Part 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
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	640,495.				
	d Related organizations	1d					
	e Government grants (contributions) . .	1e	375,570.				
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	27,634,326.				
	g Noncash contributions included in lines 1a-1f: \$		172,645.				
	h Total. Add lines 1a-1f			28,650,391.			
	Program Service Revenue	2a _____	Business Code				
b _____							
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f				0.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).			327,548.			327,548.
	4 Income from investment of tax-exempt bond proceeds .			0.			
	5 Royalties			0.			
		(i) Real	(ii) Personal				
	6a Gross rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)			0.			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		2,331,356.					
	b Less: cost or other basis and sales expenses			2,152,815.			
	c Gain or (loss)			178,541.			
	d Net gain or (loss)			178,541.			178,541.
	8a Gross income from fundraising events (not including \$ 640,495. of contributions reported on line 1c). See Part IV, line 18	a		85,500.			
	b Less: direct expenses	b		261,629.			
c Net income or (loss) from fundraising events			-176,129.			-176,129.	
9a Gross income from gaming activities. See Part IV, line 19	a		0.				
b Less: direct expenses	b		0.				
c Net income or (loss) from gaming activities			0.				
10a Gross sales of inventory, less returns and allowances	a		0.				
b Less: cost of goods sold	b		0.				
c Net income or (loss) from sales of inventory			0.				
Miscellaneous Revenue		Business Code					
11a OTHER MISC. INCOME		900099		55,174.			55,174.
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d				55,174.			
12 Total revenue. See instructions.				29,035,525.			385,134.

Part IX Statement of Functional Expenses

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

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

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

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

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	29,035,525.
2	Total expenses (must equal Part IX, column (A), line 25)	2	31,056,562.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,021,037.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,573,362.
5	Net unrealized gains (losses) on investments	5	171,932.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-94,630.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	11,629,627.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

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 for instructions and the latest information.

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

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2018

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	34,954,087.	33,673,577.	31,292,611.	26,301,159.	28,650,391.	154,871,825.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	34,954,087.	33,673,577.	31,292,611.	26,301,159.	28,650,391.	154,871,825.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						1,020,512.
6 Public support. Subtract line 5 from line 4						153,851,313.

Section B. Total Support

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)).	14	98.44 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	97.52 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization.		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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

Schedule of Contributors

2018

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

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

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

Employer identification number
44-0545812

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 739,697.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Employer identification number

44-0545812

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

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

Name of organization UNITED WAY OF GREATER KANSAS CITY, INC

Employer identification number
44-0545812

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____	_____ _____	_____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____	_____ _____

(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 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2018

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

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

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

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

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

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.

SCHEDULE C, PART II-B, LINES 1A, 1B, AND 1G

VOLUNTEERS AND STAFF WRITE EMAILS REGARDING SOCIAL WELFARE ISSUES AND

SPECIFIC BILLS AS WELL AS ROUNDTABLE DISCUSSIONS WITH LEGISLATORS.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

Employer identification number

UNITED WAY OF GREATER KANSAS CITY, INC

44-0545812

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (Sub-rows 2a-2d), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2018

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 79.8600 %
 - b** Permanent endowment ▶ 10.5800 %
 - c** Temporarily restricted endowment ▶ 9.5600 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) unrelated organizations | X | |
| (ii) related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | X |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

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

Part VII Investments - Other Securities.

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-H).

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered 1 through 9.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 9.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes, followed by rows 2-9.

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

Input box for footnote text reference.

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

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

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

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

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

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

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

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

SCHEDULE D, PART X, LINE 2

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

SCHEDULE D, PART XI, LINE 2D

FUNDRAISING EXPENSES	\$261,631
CHANGE IN TRUST	\$ 22,194

	\$283,825

SCHEDULE D, PART XI, LINE 4B

CONTRIBUTIONS HELD ON BEHALF OF OTHERS	\$5,902,218
BAD DEBT EXPENSE	\$1,104,163

	\$7,006,381

SCHEDULE D, PART XII, LINE 2D

FUNDRAISING EXPENSES	\$261,631
----------------------	-----------

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XII, LINE 4B

CONTRIBUTIONS HELD ON BEHALF OF OTHERS	\$5,902,218
BAD DEBT EXPENSE	\$1,104,163

	\$7,006,381

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

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

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Name of the organization

UNITED WAY OF GREATER KANSAS CITY, INC

Employer identification number

44-0545812

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ABILITY KC 3011 BALTIMORE AVE. KANSAS CITY, MO 64108	44-0552045	501(C)(3)	205,459.				PROGRAM FUNDING
(2) ADHOC GROUP AGAINST CRIME 2701 E. 31ST ST. KANSAS CITY, MO 64128	30-0455147	501(C)(3)	7,119.				PROGRAM FUNDING
(3) ADVICE & AID PREGNANCY CENTER 4601 W 109TH ST, STE 302 LEAWOOD, KS 66211	48-1055953	501(C)(3)	8,106.				DONOR DESIGNATION FUNDING
(4) ALL ABOUT AUTISM 13725 METCALF AVE. SUITE 301	47-2746003	501(C)(3)	19,718.				DONOR DESIGNATION FUNDING
(5) ALPHAPOINTE 7501 PROSPECT AVE. KANSAS CITY, MO 64132	44-0552486	501(C)(3)	35,875.				PROGRAM FUNDING
(6) ALZHEIMER'S ASSOCIATION, HEART OF AMERICA C 3846 W 75TH ST PRAIRIE VILLAGE, KS 66208	48-0934474	501(C)(3)	7,936.				DONOR DESIGNATION FUNDING
(7) AMERICAN CANCER SOCIETY - KANSAS CITY 1100 PENNSYLVANIA AVE.	13-1788491	501(C)(3)	139,892.				PROGRAM FUNDING
(8) AMERICAN HEART ASSOCIATION, GREATER KANSAS 6800 W 93RD ST. OVERLAND PARK, KS 66212	13-5613797	501(C)(3)	29,166.				DONOR DESIGNATION FUNDING
(9) AMERICAN RED CROSS GREATER KANSAS CITY CHAP 6601 WINCHESTER AVE, #110	53-0196605	501(C)(3)	455,621.				PROGRAM FUNDING
(10) AMERICAN STROKE FOUNDATION 6405 METCALF AVE., STE.214	74-2804603	501(C)(3)	48,665.				PROGRAM FUNDING
(11) AMERICA'S BEST CHARITIES 1100 LARKSPUR LANDING CIRCLE, SUITE 340	94-3067804	501(C)(3)	63,891.				DONOR DESIGNATION FUNDING
(12) AMERICA'S CHARITIES 14150 NEWBROOK DR., STE 110	54-1517707	501(C)(3)	22,340.				DONOR DESIGNATION FUNDING

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Name of the organization

UNITED WAY OF GREATER KANSAS CITY, INC

Employer identification number

44-0545812

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AMETHYST PLACE 2735 TROOST AVE KANSAS CITY, MO 64109	43-1887442	501(C)(3)	28,388.				PROGRAM FUNDING
(2) ANGEL FLIGHT CENTRAL, INC. 10 NW RICHARDS ROAD KANSAS CITY, MO 64116	43-1699607	501(C)(3)	11,346.				DONOR DESIGNATION FUNDING
(3) AVENUE OF LIFE 500 N. 7TH ST. TFWY. KANSAS CITY, KS 66101	46-2526799	501(C)(3)	5,953.				DONOR DESIGNATION FUNDING
(4) BAND OF ANGELS CORP. 11890 W 135TH ST. OVERLAND PARK, KS 66221	46-1617742	501(C)(3)	7,212.				DONOR DESIGNATION FUNDING
(5) BELTON SCHOOL DISTRICT #124 110 W WALNUT BELTON, MO 64012	44-6001808	501(C)(3)	11,500.				PROGRAM FUNDING
(6) BENILDE HALL 3220 E 23RD ST. KANSAS CITY, MO 64127	43-1795790	501(C)(3)	23,688.				PROGRAM FUNDING
(7) BIG BROTHERS BIG SISTERS OF GREATER KANSAS 1709 WALNUT ST KANSAS CITY, MO 64108	43-6068464	501(C)(3)	223,322.				PROGRAM FUNDING
(8) BISHOP SULLIVAN CENTER 6435 TRUMAN RD. KANSAS CITY, MO 64126	43-0993672	501(C)(3)	14,429.				DONOR DESIGNATION FUNDING
(9) BLUE SPRINGS R-IV SCHOOLS 1801 NW VESPER BLUE SPRINGS, MO 64015	44-6004932	501(C)(3)	14,000.				PROGRAM FUNDING
(10) BOY SCOUTS OF AMERICA HEART OF AMERICA COUN 10210 HOLMES RD. KANSAS CITY, MO 64131	44-0545995	501(C)(3)	385,297.				PROGRAM FUNDING
(11) BOYS & GIRLS CLUB OF OLATHE 520 S HARRISON OLATHE, KS 66061	43-6072065	501(C)(3)	14,862.				DONOR DESIGNATION FUNDING
(12) BOYS & GIRLS CLUBS OF GREATER KANSAS CITY 4001 BLUE PKWY STE 102	43-6072065	501(C)(3)	584,828.				PROGRAM FUNDING

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
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Department of the Treasury
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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Name of the organization

UNITED WAY OF GREATER KANSAS CITY, INC

Employer identification number

44-0545812

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BRADENS HOPE FOR CHILDHOOD CANCER 15954 MURLEN #124 OLATHE, KS 66062	27-3519273	501(C)(3)	43,922.				DONOR DESIGNATION FUNDING
(2) BRAIN INJURY ASSOCIATION OF KANSAS AND GREY 6701 W. 64TH, SUITE 120	48-0941609	501(C)(3)	8,898.				DONOR DESIGNATION FUNDING
(3) BRIGHT FUTURES FUND P.O. BOX 419037 KANSAS CITY, MO 64141	53-0196617	501(C)(3)	5,137.				DONOR DESIGNATION FUNDING
(4) BUDGET & FINANCIAL MANAGEMENT ASSISTANCE 218 DELAWARE, SUITE 301	43-1747260	501(C)(3)	20,275.				PROGRAM FUNDING
(5) CAMP FIRE HEARTLAND OPERATIONS 1801 MAIN ST, STE. 200	13-1623921	501(C)(3)	71,186.				PROGRAM FUNDING
(6) CANCER ACTION 10520 BARKLEY ST., SUITE 100	48-0650257	501(C)(3)	64,457.				PROGRAM FUNDING
(7) CASA OF JOHNSON AND WYANDOTTE COUNTIES 6950 SQUIBB RD. STE 300 MISSION, KS 66202	48-1088233	501(C)(3)	57,084.				PROGRAM FUNDING
(8) CASS COUNTY COUNCIL ON AGING PO BOX 133 HARRISONVILLE, MO 64701	43-1188021	501(C)(3)	12,309.				PROGRAM FUNDING
(9) CASS COUNTY DENTAL CLINIC 2316 E MEYER BLVD. KANSAS CITY, MO 64132	43-1349495	501(C)(3)	20,475.				PROGRAM FUNDING
(10) CATHOLIC CHARITIES - ARCHDIOCESE OF GALVEST 2900 LOUISIANA ST HOUSTON, TX 77006	74-1109733	501(C)(3)	6,442.				DONOR DESIGNATION FUNDING
(11) CATHOLIC CHARITIES OF KANSAS CITY - ST. JOS 4001 BLUE PARKWAY, SUITE 250	43-0887779	501(C)(3)	322,920.				PROGRAM FUNDING
(12) CATHOLIC CHARITIES OF NORTHEAST KANSAS 9720 W 87TH ST. OVERLAND PARK, KS 66212	48-1181305	501(C)(3)	412,448.				PROGRAM FUNDING

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Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Name of the organization

UNITED WAY OF GREATER KANSAS CITY, INC

Employer identification number

44-0545812

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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(1) CENTER FOR CONFLICT RESOLUTION 6285 PASEO BLVD KANSAS CITY, MO 64110	43-1890891	501(C)(3)	38,863.				PROGRAM FUNDING
(2) CENTER FOR PRACTICAL BIOETHICS 1111 MAIN ST., SUITE 500	48-0985815	501(C)(3)	16,264.				DONOR DESIGNATION FUNDING
(3) CENTER SCHOOL DISTRICT #58 8701 HOLMES RD KANSAS CITY, MO 64131	44-6002102	501(C)(3)	7,000.				PROGRAM FUNDING
(4) CENTRAL TEXAS DACHSHUND RESUCE 7544 FM 1960 ROAD EAST, #71	04-3733491	501(C)(3)	7,000.				DONOR DESIGNATION FUNDING
(5) CHILD ABUSE PREVENTION ASSOCIATION 503 E 23RD ST. INDEPENDENCE, MO 64055	43-1067711	501(C)(3)	147,817.				PROGRAM FUNDING
(6) CHILD PROTECTION CENTER 3101 BROADWAY, SUITE 750	20-4535728	501(C)(3)	23,739.				PROGRAM FUNDING
(7) CHILDREN'S CENTER FOR THE VISUALLY IMPAIRED 3101 MAIN ST. KANSAS CITY, MO 64111	44-0574397	501(C)(3)	110,862.				PROGRAM FUNDING
(8) CHILDREN'S MERCY HOSPITALS AND CLINICS 2401 GILLHAM RD. KANSAS CITY, MO 64108	44-0605373	501(C)(3)	710,882.				PROGRAM FUNDING
(9) CHILDREN'S THERAPEUTIC LEARNING CENTER A.K. 3101 MAIN ST. KANSAS CITY, MO 64111	44-0616374	501(C)(3)	7,266.				DONOR DESIGNATION FUNDING
(10) CITY UNION MISSION 1100 E. 11TH STREET KANSAS CITY, MO 64106	44-6005481	501(C)(3)	28,158.				DONOR DESIGNATION FUNDING
(11) CITY YEAR KANSAS CITY 415 DELAWARE ST 3RD FLOOR	22-2882549	501(C)(3)	33,113.				DONOR DESIGNATION FUNDING
(12) CLAY COUNTY CLOTHES CLOSET 3939 N. CLEVELAND KANSAS CITY, MO 64117	43-6057988	501(C)(3)	7,927.				PROGRAM FUNDING

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(1) COMMUNITY ACTION AGENCY OF GREATER KANSAS C 6323 MANCHESTER AVE. KANSAS CITY, MO 64133	43-1197168	501(C)(3)	37,895.				PROGRAM FUNDING
(2) COMMUNITY HEALTH CHARITIES PO BOX 75153 BALTIMORE, MD 21275	13-6167225	501(C)(3)	331,834.				DONOR DESIGNATION FUNDING
(3) COMMUNITY LINC 4012-14 TROOST AVE. KANSAS CITY, MO 64110	43-1506591	501(C)(3)	47,447.				PROGRAM FUNDING
(4) COMMUNITY LIVING OPPORTUNITIES P O BOX 14395 LENEXA, KS 66285	48-0896520	501(C)(3)	7,981.				DONOR DESIGNATION FUNDING
(5) COMMUNITY SERVICES LEAGUE 404 N NOLAND RD. INDEPENDENCE, MO 64050	43-0976396	501(C)(3)	224,689.				PROGRAM FUNDING
(6) COMPREHENSIVE MENTAL HEALTH SERVICES 17844 E 23RD ST. INDEPENDENCE, MO 64057	43-0949079	501(C)(3)	44,858.				PROGRAM FUNDING
(7) CONNECTING FOR GOOD 3210 MICHIGAN AVE KANSAS CITY, MO 64109	45-3684984	501(C)(3)	75,000.				PROGRAM FUNDING
(8) CORNERSTONES OF CARE 300 E 36TH ST. KANSAS CITY, MO 64111	43-1689138	501(C)(3)	491,070.				PROGRAM FUNDING
(9) CRITTENTON CHILDREN'S CENTER 10918 ELM AVE. KANSAS CITY, MO 64134	44-0545808	501(C)(3)	122,688.				PROGRAM FUNDING
(10) CROSS - LINES COMMUNITY OUTREACH 736 SHAWNEE AVE. KANSAS CITY, KS 66105	48-0697177	501(C)(3)	5,590.				DONOR DESIGNATION FUNDING
(11) CULTIVATE KANSAS CITY 300 E 39TH ST KANSAS CITY, MO 64111	20-2365320	501(C)(3)	21,059.				PROGRAM FUNDING
(12) DELASALLE EDUCATION CENTER 3737 TROOST KANSAS CITY, MO 64109	43-0971728	501(C)(3)	80,830.				PROGRAM FUNDING

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**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

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Name of the organization

UNITED WAY OF GREATER KANSAS CITY, INC

Employer identification number

44-0545812

Part I General Information on Grants and Assistance

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(1) DELLA LAMB COMMUNITY SERVICES 500 WOODLAND AVE. KANSAS CITY, MO 64106	44-0549931	501(C)(3)	258,357.				PROGRAM FUNDING
(2) DON BOSCO COMMUNITY CENTERS 580 CABELL ST KANSAS CITY, MO 64106	44-0558260	501(C)(3)	49,838.				PROGRAM FUNDING
(3) DRUMM CENTER FOR CHILDREN 3210 LEE'S SUMMIT RD.	44-0569643	501(C)(3)	22,289.				PROGRAM FUNDING
(4) EASTER SEALS MIDWEST 13545 BARRETT PARKWAY DRIVE	43-0979927	501(C)(3)	60,526.				PROGRAM FUNDING
(5) EL CENTRO 650 MINNESOTA AVE. KANSAS CITY, KS 66101	36-2904073	501(C)(3)	39,130.				PROGRAM FUNDING
(6) EMPOWER MISSOURI 308 E. HIGH ST., STE. 100	44-0547548	501(C)(3)	25,015.				PROGRAM FUNDING
(7) EPILEPSY FOUNDATION OF MISSOURI AND KANSAS 6400 PROSPECT, SUITE 300B	43-6048869	501(C)(3)	26,155.				PROGRAM FUNDING
(8) EPISCOPAL COMMUNITY SERVICES 11 E. 40TH STREET KANSAS CITY, MO 64111	43-1525298	501(C)(3)	45,000.				PROGRAM FUNDING
(9) FIRST CALL ALCOHOL/DRUG PREVENTION & RECOVE 9091 STATELINE ROAD KANSAS CITY, MO 64114	44-0641486	501(C)(3)	98,803.				PROGRAM FUNDING
(10) FORT OSAGE R-1 SCHOOL DISTRICT 2101 NORTH TWYMAN ROAD	44-6004930	501(C)(3)	11,000.				PROGRAM FUNDING
(11) FOSTER ADOPT CONNECT, INC. 18600 E 37TH TERR. SOUTH, SUITE 101	43-1895965	501(C)(3)	29,014.				PROGRAM FUNDING
(12) FRONT PORCH ALLIANCE 3210 MICHIGAN AVE KANSAS CITY, MO 64109	43-1874501	501(C)(3)	16,632.				PROGRAM FUNDING

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Name of the organization

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44-0545812

Part I General Information on Grants and Assistance

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(1) FULL EMPLOYMENT COUNCIL 1740 THE PASEO BLVD KANSAS CITY, MO 64108	43-1377197	501(C)(3)	52,564.				PROGRAM FUNDING
(2) GENESIS SCHOOL 3800 E 44TH ST. KANSAS CITY, MO 64130	43-1196717	501(C)(3)	47,346.				PROGRAM FUNDING
(3) GIRL SCOUTS OF NE KANSAS & NW MISSOURI 8383 BLUE PKWY. KANSAS CITY, MO 64133	43-0892926	501(C)(3)	237,384.				PROGRAM FUNDING
(4) GIRLS ON THE RUN OF GREATER KANSAS CITY 211 W 18TH ST KANSAS CITY, MO 64108	20-8508128	501(C)(3)	7,343.				DONOR DESIGNATION FUNDING
(5) GOOD SAMARITAN CENTER OF EXCELSIOR SPRINGS 108 S. THOMPSON AVE	43-1526962	501(C)(3)	19,044.				PROGRAM FUNDING
(6) GRACE UNITED COMMUNITY MINISTRIES 801 BENTON BLVD. KANSAS CITY, MO 64124	66-0645519	501(C)(3)	86,036.				PROGRAM FUNDING
(7) GRANDVIEW ASSISTANCE PROGRAM 1121 MAIN ST. GRANDVIEW, MO 64030	43-1607813	501(C)(3)	49,665.				PROGRAM FUNDING
(8) GRANDVIEW SCHOOL DISTRICT #4 13015 10TH STREET GRANDVIEW, MO 64030	44-6002754	501(C)(3)	10,000.				PROGRAM FUNDING
(9) GREATER KANSAS CITY HOUSING INFORMATION CEN 3200 WAYNE AVE. KANSAS CITY, MO 64109	43-1427341	501(C)(3)	20,388.				PROGRAM FUNDING
(10) GREATER KANSAS CITY LISC 600 BROADWAY, SUITE 280	13-3030229	501(C)(3)	337,500.				PROGRAM FUNDING
(11) GREATER KANSAS CITY SPORTS FOUNDATION - FOR 2600 GRAND BLVD, SUITE 100	43-1530518	501(C)(3)	14,205.				DONOR DESIGNATION FUNDING
(12) GREEN WORKS IN KANSAS CITY 4334 MCGEE ST KANSAS CITY, MO 64111	32-0195433	501(C)(3)	22,243.				PROGRAM FUNDING

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(1) GROWING FUTURES EARLY EDUCATION CENTER 8155 SANTE FE DR. OVERLAND PARK, KS 66204	48-0723044	501(C)(3)	131,871.				PROGRAM FUNDING
(2) GUADALUPE CENTERS, INC. 1015 AVENIDA CESAR E. CHAVEZ	44-0610781	501(C)(3)	279,458.				PROGRAM FUNDING
(3) HABITAT FOR HUMANITY, INC. 1423 E. LINWOOD BLVD. KANSAS CITY, MO 64109	43-1175749	501(C)(3)	5,410.				DONOR DESIGNATION FUNDING
(4) HAPPYBOTTOMS 303 W 79TH ST KANSAS CITY, MO 64114	27-2423540	501(C)(3)	6,650.				DONOR DESIGNATION FUNDING
(5) HARRISONVILLE MINISTERIAL ALLIANCE PO BOX 262, 1405 S COMMERCIAL	43-1800881	501(C)(3)	13,702.				PROGRAM FUNDING
(6) HARVESTERS 3801 TOPPING AVE. KANSAS CITY, MO 64129	43-1208665	501(C)(3)	250,938.				PROGRAM FUNDING
(7) HEAD FOR THE CURE 1607 OAK ST KANSAS CITY, MO 64108	20-8345719	501(C)(3)	7,533.				DONOR DESIGNATION FUNDING
(8) HEALTH PARTNERSHIP CLINIC OF JOHNSON COUNTY 407 S CLAIRBORNE RD., SUITE 104	48-1115529	501(C)(3)	67,666.				PROGRAM FUNDING
(9) HICKMAN MILLS C-1 SCHOOL DISTRICT 5401 E. 103RD ST. KANSAS CITY, MO 64137	44-6002906	501(C)(3)	6,500.				PROGRAM FUNDING
(10) HIGH ASPIRATIONS 6320 BROOKSIDE PLAZA, SUITE 263	81-0673432	501(C)(3)	18,178.				PROGRAM FUNDING
(11) HILLCREST COVENANT CHURCH 8801 NALL AVE PRAIRIE VILLAGE, KS 66207	48-0683612	501(C)(3)	16,072.				DONOR DESIGNATION FUNDING
(12) HISPANIC ECONOMIC DEVELOPMENT CORPORATION 2130 JEFFERSON ST. KANSAS CITY, MO 64108	43-1654693	501(C)(3)	20,029.				PROGRAM FUNDING

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(1) HOLY FAMILY SCHOOL OF FAITH INSTITUTE 13240 CRAIG ST OVERLAND PARK, KS 66213	20-3126204	501(C)(3)	19,250.				DONOR DESIGNATION FUNDING
(2) HOPE FAITH MINISTRIES 705 VIRGINIA AVE KANSAS CITY, MO 64106	02-0727462	501(C)(3)	10,444.				DONOR DESIGNATION FUNDING
(3) HOPE HAVEN OF CASS COUNTY 200 N. OAKLAND HARRISONVILLE, MO 64701	43-1596092	501(C)(3)	20,075.				PROGRAM FUNDING
(4) HOPE HOUSE 9908 E. WINNER RD. INDEPENDENCE, MO 64052	43-1265685	501(C)(3)	177,162.				PROGRAM FUNDING
(5) HOPE.WRX - HILLSIDE OPENING POSSIBILITIES F 900 NE VIVION RD. KANSAS CITY, MO 64118	26-4706755	501(C)(3)	11,162.				PROGRAM FUNDING
(6) IN THE NAME OF GRACE 118 N CONISTOR LN, SUITE B	81-3596043	501(C)(3)	14,354.				DONOR DESIGNATION FUNDING
(7) INDEPENDENCE MEALS ON WHEELS 409 N. LIBERTY ST. INDEPENDENCE, MO 64050	43-1083396	501(C)(3)	22,989.				PROGRAM FUNDING
(8) INDEPENDENCE SCHOOL DISTRICT 201 N FOREST AVE INDEPENDENCE, MO 64050	44-6003031	501(C)(3)	6,500.				PROGRAM FUNDING
(9) IVANHOE NEIGHBORHOOD COUNCIL 3700 WOODLAND AVE KANSAS CITY, MO 64109	43-1843831	501(C)(3)	24,130.				PROGRAM FUNDING
(10) JACKSON COUNTY CASA 2544 HOLMES STREET KANSAS CITY, MO 64108	43-1401328	501(C)(3)	64,476.				PROGRAM FUNDING
(11) JEWISH COMMUNITY CENTER OF GREATER KANSAS C 5801 W 115TH ST., SUITE 101	44-0545992	501(C)(3)	103,926.				PROGRAM FUNDING
(12) JEWISH COMMUNITY FOUNDATION - SPEAK UP 5801 W 115 ST, STE 104	43-6049281	501(C)(3)	6,993.				DONOR DESIGNATION FUNDING

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(1) JEWISH FAMILY SERVICES 5801 W 115TH ST., SUITE 103	44-0545829	501(C)(3)	268,105.				PROGRAM FUNDING
(2) JEWISH VOCATIONAL SERVICE 4600 PASEO KANSAS CITY, MO 64110	44-0545994	501(C)(3)	75,361.				PROGRAM FUNDING
(3) JOHNSON COUNTY CHRISTMAS BUREAU P.O. BOX 14786 LENEKA, KS 66285	48-0884400	501(C)(3)	13,750.				PROGRAM FUNDING
(4) JOHNSON COUNTY INTERFAITH HOSPITALITY NETWO 6315 W 110TH ST. OVERLAND PARK, KS 66211	20-0118693	501(C)(3)	15,254.				PROGRAM FUNDING
(5) JOSHUA CHILD & FAMILY DEVELOPMENT CENTER 400 E. BANNISTER, SUITE A	43-1782066	501(C)(3)	7,419.				DONOR DESIGNATION FUNDING
(6) JUNIOR ACHIEVEMENT OF GREATER KANSAS CITY 4011 BLUE PARKWAY KANSAS CITY, MO 64130	44-0604809	501(C)(3)	29,424.				DONOR DESIGNATION FUNDING
(7) JUVENILE DIABETES RESEARCH FOUNDATION 215 W PERSHING RD., STE 300	23-1907729	501(C)(3)	16,170.				DONOR DESIGNATION FUNDING
(8) KANBE'S MARKETS 4747 TROOST AVE STE 207	81-1505292	501(C)(3)	8,300.				PROGRAM FUNDING
(9) KANSAS CHILDREN'S SERVICE LEAGUE 6025 METCALF LANE, SUITE 300	48-0543749	501(C)(3)	47,544.				PROGRAM FUNDING
(10) KANSAS CITY CARE CLINIC 3515 BROADWAY KANSAS CITY, MO 64111	43-0967292	501(C)(3)	25,000.				PROGRAM FUNDING
(11) KANSAS CITY COMMUNITY GARDENS 6917 KENSINGTON AVE. KANSAS CITY, MO 64132	43-1356677	501(C)(3)	54,272.				PROGRAM FUNDING
(12) KANSAS CITY FIRE HISTORICAL SOCIETY PO BOX 11042 KANSAS CITY, MO 64119	43-1502787	501(C)(3)	6,756.				DONOR DESIGNATION FUNDING

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Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Name of the organization

UNITED WAY OF GREATER KANSAS CITY, INC

Employer identification number

44-0545812

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) KANSAS CITY FRIENDS OF ALVIN AILEY 1714 EAST 18TH ST KANSAS CITY, MO 64108	43-1412078	501(C)(3)	11,447.				DONOR DESIGNATION FUNDING
(2) KANSAS CITY HOSPICE 1500 MEADOW LAKE PARKWAY, 2ND FLOOR	43-1209344	501(C)(3)	5,310.				DONOR DESIGNATION FUNDING
(3) KANSAS CITY PUBLIC LIBRARY 14 WEST 10TH STREET KANSAS CITY, MO 64105	43-1497955	501(C)(3)	7,881.				PROGRAM FUNDING
(4) KANSAS CITY REPERTORY THEATRE 4949 CHERRY KANSAS CITY, MO 64110	43-1168979	501(C)(3)	11,416.				DONOR DESIGNATION FUNDING
(5) KANSAS CITY RESCUE MISSION 1520 CHERRY STREET KANSAS CITY, MO 64108	43-1287029	501(C)(3)	15,730.				DONOR DESIGNATION FUNDING
(6) KANSAS LEGAL SERVICES 400 STATE AVE., SUITE 1015	48-0872528	501(C)(3)	20,695.				PROGRAM FUNDING
(7) KANSAS UNIVERSITY ENDOWMENT ASSN FOR CANCER 3901 RAINBOW BLVD - MS 3012	48-0547734	501(C)(3)	5,137.				DONOR DESIGNATION FUNDING
(8) KC CARE HEALTH CENTER 3515 BROADWAY KANSAS CITY, MO 64111	43-0967292	501(C)(3)	154,131.				PROGRAM FUNDING
(9) KCPT-PUBLIC TELEVISION CHANNEL 19 125 E. 31ST ST. KANSAS CITY, MO 64108	23-7114952	501(C)(3)	9,954.				DONOR DESIGNATION FUNDING
(10) KIDSTLC A.K.A. - TLC FOR CHILDREN AND FAMILI 480 S ROGERS RD. OLATHE, KS 66062	48-0774593	501(C)(3)	169,017.				PROGRAM FUNDING
(11) KVC HEALTH SYSTEMS 21350 W 153RD ST. OLATHE, KS 66061	48-0770308	501(C)(3)	94,015.				PROGRAM FUNDING
(12) LAKEMARY CENTER, INC. 100 LAKE MARY DRIVE PAOLA, KS 66071	48-0732570	501(C)(3)	7,500.				DONOR DESIGNATION FUNDING

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(1) LEARN SCIENCE AND MATH CLUB 11810 E 63RD TERR. KANSAS CITY, MO 64133	26-1217263	501(C)(3)	5,317.				PROGRAM FUNDING
(2) LEE'S SUMMIT CARES 1555 NE RICE RD. LEE'S SUMMIT, MO 64086	43-1301288	501(C)(3)	13,914.				PROGRAM FUNDING
(3) LEE'S SUMMIT CHRISTIAN CHURCH 800 N.E. TUDOR RD. LEE'S SUMMIT, MO 64086	44-0642460	501(C)(3)	8,750.				DONOR DESIGNATION FUNDING
(4) LEE'S SUMMIT SOCIAL SERVICES 108 SE 4TH ST. LEE'S SUMMIT, MO 64063	43-1604974	501(C)(3)	69,580.				PROGRAM FUNDING
(5) LEGAL AID OF WESTERN MISSOURI 4001 BLUE PKWY., STE. 300	43-0824638	501(C)(3)	208,439.				PROGRAM FUNDING
(6) LEVELUP KIDS, INC. 5416 NE ANTIOCH ROAD KANSAS CITY, MO 64119	20-3664224	501(C)(3)	21,850.				PROGRAM FUNDING
(7) LIFE UNLIMITED, INC. 320 ARMOUR ROAD, STE 101	43-1237483	501(C)(3)	21,948.				PROGRAM FUNDING
(8) LITERACY KANSAS CITY 3036 TROOST AVENUE KANSAS CITY, MO 64109	43-1435729	501(C)(3)	71,460.				PROGRAM FUNDING
(9) LIVING WORD LUTHERAN CHURCH 400 NW VESPER ST. BLUE SPRINGS, MO 64014	27-0579844	501(C)(3)	5,088.				DONOR DESIGNATION FUNDING
(10) LOAVES AND FISHES COMMUNITY PANTRY 1871 HIGH GROVE LN. NAPERVILLE, IL 60540	36-3786777	501(C)(3)	6,688.				DONOR DESIGNATION FUNDING
(11) LOCAL 42 COMMUNITY ASSISTANCE 6320 MANCHESTER AVE., STE 42	43-1655412	501(C)(3)	27,036.				DONOR DESIGNATION FUNDING
(12) MARC C/O 801 WEST 47TH STREET	43-0976432	501(C)(3)	20,000.				PROGRAM FUNDING

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(Form 990)**

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Department of the Treasury
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UNITED WAY OF GREATER KANSAS CITY, INC

Employer identification number

44-0545812

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MARCH OF DIMES - GREATER KANSAS CITY DIVISI PO BOX 673667 MARIETTA, GA 30006	13-1846366	501(C)(3)	12,538.				DONOR DESIGNATION FUNDING
(2) MATTIE RHODES CENTER 148 N. TOPPING AVE. KANSAS CITY, MO 64123	44-0546343	501(C)(3)	243,057.				PROGRAM FUNDING
(3) MCC FOUNDATION 3200 BROADWAY ST KANSAS CITY, MO 64111	51-0181875	501(C)(3)	6,388.				DONOR DESIGNATION FUNDING
(4) MENTAL HEALTH AMERICA OF THE HEARTLAND 739 MINNESOTA AVE. KANSAS CITY, KS 66101	48-1185409	501(C)(3)	58,401.				PROGRAM FUNDING
(5) METRO LUTHERAN MINISTRY 3031 HOLMES ST. KANSAS CITY, MO 64109	43-0970991	501(C)(3)	190,168.				PROGRAM FUNDING
(6) MID AMERICA ASSISTANCE COALITION ONE W ARMOUR BLVD., SUITE 301	43-1186173	501(C)(3)	41,177.				PROGRAM FUNDING
(7) MID-AMERICA REGIONAL COUNCIL, METROPOLITAN 600 BROADWAY, SUITE 300	20-1824454	501(C)(3)	42,750.				PROGRAM FUNDING
(8) MINDDRIVE 2615 HOLMES RD. KANSAS CITY, MO 64108	27-3644498	501(C)(3)	23,414.				PROGRAM FUNDING
(9) MISSION SOUTHSIDE INC 18335 W. 168TH TERR OLATHE, KS 66062	27-3655778	501(C)(3)	9,049.				DONOR DESIGNATION FUNDING
(10) MISSOURI ENVIRONMENTAL FUND PO BOX 11226 SAINT LOUIS, MO 63105	43-1679971	501(C)(3)	17,066.				DONOR DESIGNATION FUNDING
(11) MOCSA - METROPOLITAN ORGANIZATION TO COUNT 3100 BROADWAY, SUITE 400	43-1061620	501(C)(3)	168,103.				PROGRAM FUNDING
(12) MORSE COVENANT CHURCH 15431 QUIVIRA RD OVERLAND PARK, KS 66221	20-1524569	501(C)(3)	5,250.				DONOR DESIGNATION FUNDING

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(1) MOTHER'S REFUGE 14400 E 42ND ST. SOUTH, SUITE 220	43-1454628	501(C)(3)	22,056.				PROGRAM FUNDING
(2) MYASTHENIA GRAVIS ASSOCIATION 2340 E. MEYER BLVD., STE. 300A	43-1699850	501(C)(3)	25,939.				PROGRAM FUNDING
(3) NEW HORIZON RANCH INC 1526 VERMONT RD RANTOUL, KS 66079	37-1529096	501(C)(3)	15,102.				DONOR DESIGNATION FUNDING
(4) NEWHOUSE PO BOX 240019 KANSAS CITY, MO 64124	43-0962293	501(C)(3)	45,057.				PROGRAM FUNDING
(5) NILES HOME FOR CHILDREN 1911 E 23RD ST. KANSAS CITY, MO 64127	44-0565392	501(C)(3)	6,934.				DONOR DESIGNATION FUNDING
(6) NONPROFIT CONNECT 125 E 31ST ST., SUITE 100	43-1121678	501(C)(3)	22,219.				PROGRAM FUNDING
(7) NORTHEAST COMMUNITY CENTER 544 WABASH KANSAS CITY, MO 64124	44-0546275	501(C)(3)	30,035.				PROGRAM FUNDING
(8) NORTHLAND EARLY EDUCATION CENTER 8630 N. OAK TRAFFICWAY	43-1217498	501(C)(3)	22,209.				PROGRAM FUNDING
(9) NORTHLAND HEALTH CARE ACCESS PO BOX 14414 PARKVILLE, MO 64152	43-1578121	501(C)(3)	26,358.				PROGRAM FUNDING
(10) NORTHLAND NEIGHBORHOODS, INC. 4420 N CHOUTEAU TRFY. KANSAS CITY, MO 64117	43-1746357	501(C)(3)	26,632.				PROGRAM FUNDING
(11) NORTHLAND SHEPHERD'S CENTER 5601 NE ANTIOCH RD. GLADSTONE, MO 64119	43-1567162	501(C)(3)	26,328.				PROGRAM FUNDING
(12) NORTHWEST COMMUNITIES DEVELOPMENT CORPORATI 217 S. CEDAR INDEPENDENCE, MO 64053	43-1822719	501(C)(3)	20,014.				PROGRAM FUNDING

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(1) NUTURE KC 1111 W. 39TH ST., SUITE 100	43-1897000	501(C)(3)	41,590.				PROGRAM FUNDING
(2) OLATHE HEALTH CHARITABLE FOUNDATION - CANCER 20333 W 151ST ST. OLATHE, KS 66061	48-1136010	501(C)(3)	14,862.				DONOR DESIGNATION FUNDING
(3) OPEN OPTIONS, INC. 3100 BROADWAY, SUITE 330	43-1143622	501(C)(3)	24,261.				PROGRAM FUNDING
(4) OPERATION BREAKTHROUGH 3039 TROOST AVE. KANSAS CITY, MO 64109	43-0971560	501(C)(3)	270,427.				PROGRAM FUNDING
(5) OUTPACING MELANOMA FOUNDATION 11939 NOLAND ST OVERLAND PARK, KS 66213	45-3704195	501(C)(3)	5,533.				DONOR DESIGNATION FUNDING
(6) PARENTS AS TEACHERS - KANSAS CITY KANSAS SC 2010 N. 59TH ST KANSAS CITY, KS 66104	48-6031181	501(C)(3)	56,624.				PROGRAM FUNDING
(7) PARENTS AS TEACHERS - TURNER SCHOOL SYSTEM 800 SOUTH 55TH STREET KANSAS CITY, KS 66106	48-0679018	501(C)(3)	30,888.				PROGRAM FUNDING
(8) PHOENIX FAMILY 3908 WASHINGTON ST. KANSAS CITY, MO 64111	68-0101133	501(C)(3)	28,841.				PROGRAM FUNDING
(9) PLANNED PARENTHOOD GREAT PLAINS 4401 W. 109TH ST., STE 200	44-0565390	501(C)(3)	7,406.				DONOR DESIGNATION FUNDING
(10) PLATTE SENIOR SERVICES 11724 NW PLAZA CIR., SUITE 700	43-1255220	501(C)(3)	24,080.				PROGRAM FUNDING
(11) PREP-KC - PARTNERSHIP FOR REGIONAL EDUCATIO 2300 MAIN STREET STE 340	26-0524230	501(C)(3)	49,419.				PROGRAM FUNDING
(12) RACHEL HOUSE PREGNANCY RESOURCES CENTER 1260 NE WINDSOR DR LEES SUMMIT, MO 64086	43-1808105	501(C)(3)	5,056.				DONOR DESIGNATION FUNDING

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(1) RAINBOW CENTER 900 NW WOODS CHAPEL RD.	48-0861861	501(C)(3)	25,147.				PROGRAM FUNDING
(2) RAYTOWN EMERGENCY ASSISTANCE PROGRAM 9300 E. 75TH ST. RAYTOWN, MO 64138	43-1294275	501(C)(3)	41,777.				PROGRAM FUNDING
(3) RAYTOWN QUALITY SCHOOLS 6608 RAYTOWN ROAD RAYTOWN, MO 64133	44-6004129	501(C)(3)	11,000.				PROGRAM FUNDING
(4) RECONCILIATION SERVICES 3101 TROOST AVENUE KANSAS CITY, MO 64109	36-4580402	501(C)(3)	43,832.				PROGRAM FUNDING
(5) REDEEMER FELLOWSHIP 3921 BALTIMORE AVE. KANSAS CITY, MO 64111	44-0556854	501(C)(3)	9,875.				DONOR DESIGNATION FUNDING
(6) REDEMPITORIST SOCIAL SERVICES CENTER 207 W LINWOOD BLVD. KANSAS CITY, MO 64111	26-0054325	501(C)(3)	41,703.				PROGRAM FUNDING
(7) REDISCOVER 1555 NE RICE RD LEE'S SUMMIT, MO 64086	23-7169417	501(C)(3)	48,792.				PROGRAM FUNDING
(8) RESTART 918 E 9TH ST. KANSAS CITY, MO 64106	43-1349378	501(C)(3)	113,469.				PROGRAM FUNDING
(9) RONALD MCDONALD HOUSE CHARITIES, K.C. 2502 CHERRY KANSAS CITY, MO 64108	43-1190760	501(C)(3)	12,232.				DONOR DESIGNATION FUNDING
(10) ROSE BROOKS CENTER PO BOX 320599 KANSAS CITY, MO 64132	51-0231573	501(C)(3)	224,842.				PROGRAM FUNDING
(11) SAFEHOME PO BOX 4563 OVERLAND PARK, KS 66204	48-0917798	501(C)(3)	124,753.				PROGRAM FUNDING
(12) SALVATION ARMY - OLATHE CORPS 420 E. SANTA FE OLATHE, KS 66061	44-0545998	501(C)(3)	21,250.				DONOR DESIGNATION FUNDING

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(1) SALVATION ARMY HARBOR LIGHT VILLAGE 6723 STATE AVE KANSAS CITY, KS 66102	44-0545998	501(C)(3)	5,433.				DONOR DESIGNATION FUNDING
(2) SAMUEL U. RODGERS HEALTH CENTER 825 EUCLID AVE. KANSAS CITY, MO 64124	43-0899356	501(C)(3)	153,528.				PROGRAM FUNDING
(3) SAVE, INC. 3000 HARRISON KANSAS CITY, MO 64109	43-1465268	501(C)(3)	23,429.				PROGRAM FUNDING
(4) SHAWNEE MISSION EDUCATION FOUNDATION 8200 W 71ST ST OVERLAND PARK, KS 66204	74-2823938	501(C)(3)	7,401.				DONOR DESIGNATION FUNDING
(5) SHEFFIELD PLACE 6604 E 12TH ST. KANSAS CITY, MO 64126	43-1532267	501(C)(3)	24,530.				PROGRAM FUNDING
(6) SHEPHERD'S CENTER OF KANSAS CITY CENTRAL PO BOX 32844 KANSAS CITY, MO 64171	43-0994417	501(C)(3)	21,471.				PROGRAM FUNDING
(7) SHEPHERD'S CENTER OF RAYTOWN 5110 WESTRIDGE CIRCLE, #42	43-1531153	501(C)(3)	20,855.				PROGRAM FUNDING
(8) SHERWOOD AUTISM CENTER 8030 WARD PARKWAY PLAZA	23-7413671	501(C)(3)	64,219.				PROGRAM FUNDING
(9) SKILLS TO SUCCEED 413 E SANTA FE OLATHE, KS 66061	48-1105609	501(C)(3)	7,749.				PROGRAM FUNDING
(10) SOCIAL IMPACT TECHNOLOGY AND ENGINEERING 4825 TROOST AVE, #108 KANSAS CITY, MO 64110	46-4761989	501(C)(3)	11,792.				DONOR DESIGNATION FUNDING
(11) SPRINT FOUNDATION - 1MILLION PROJECT 6160 SPRINT PKWY MS OVERLAND PARK, KS 66251	48-1062018	501(C)(3)	7,825.				DONOR DESIGNATION FUNDING
(12) ST. PAUL'S EMERGENCY FOOD PANTRY 11 E. 40TH STREET KANSAS CITY, MO 64111	44-0545908	501(C)(3)	5,240.				DONOR DESIGNATION FUNDING

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Name of the organization

UNITED WAY OF GREATER KANSAS CITY, INC

Employer identification number

44-0545812

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) START AT ZERO 5508 TROOST KANSAS CITY, MO 64110	47-4246490	501(C)(3)	9,300.				PROGRAM FUNDING
(2) SUNFLOWER HOUSE 15440 W 65TH ST. SHAWNEE, KS 66217	48-0918698	501(C)(3)	59,338.				PROGRAM FUNDING
(3) SWOPE HEALTH SERVICES 3801 BLUE PKWY. KANSAS CITY, MO 64130	43-0957840	501(C)(3)	22,165.				PROGRAM FUNDING
(4) SYNERGY SERVICES 400 E 6TH ST. PARKVILLE, MO 64152	43-0970674	501(C)(3)	193,497.				PROGRAM FUNDING
(5) TEAM EXPANSION MINISTRIES 4112 OLD ROUTT RD. LOUISVILLE, KY 40299	31-1043937	501(C)(3)	5,271.				DONOR DESIGNATION FUNDING
(6) THE CHILDREN'S PLACE 2 E 59TH ST. KANSAS CITY, MO 64113	51-0195216	501(C)(3)	103,193.				PROGRAM FUNDING
(7) THE EPHEBUS FOUNDATION 6222 MCGEE ST. KANSAS CITY, MO 64113	26-3164244	501(C)(3)	7,500.				DONOR DESIGNATION FUNDING
(8) THE FAMILY CONSERVANCY 444 MINNESOTA AVE., SUITE 200	44-0454800	501(C)(3)	498,415.				PROGRAM FUNDING
(9) THE LIGHT HOUSE P O BOX 22553 KANSAS CITY, MO 64113	43-1569525	501(C)(3)	7,543.				DONOR DESIGNATION FUNDING
(10) THE LITERACY LAB 1003 K STREET NW, 5TH FLOOR	27-1777117	501(C)(3)	24,750.				PROGRAM FUNDING
(11) THE ROCKHURST FUND, ROCKHURST UNIVERSITY 1100 ROCKHURST RD KANSAS CITY, MO 64110	44-0545813	501(C)(3)	8,566.				DONOR DESIGNATION FUNDING
(12) THE SALVATION ARMY OF KANSAS & WESTERN MISS 3637 BROADWAY KANSAS CITY, MO 64111	44-0545998	501(C)(3)	384,175.				PROGRAM FUNDING

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Name of the organization

UNITED WAY OF GREATER KANSAS CITY, INC

Employer identification number

44-0545812

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THE SIGNATRY 7171 W. 95TH STREET STE 501	43-1890105	501(C)(3)	23,776.				DONOR DESIGNATION FUNDING
(2) THE WHOLE PERSON 3710 MAIN ST. KANSAS CITY, MO 64111	43-1157083	501(C)(3)	36,846.				PROGRAM FUNDING
(3) THRIVE HEALTH CONNECTION 5008 PROSPECT AVE KANSAS CITY, MO 64130	43-1343144	501(C)(3)	53,873.				PROGRAM FUNDING
(4) TNC COMMUNITY 12404 E HIGHWAY 40 INDEPENDENCE, MO 64055	44-0608429	501(C)(3)	35,196.				PROGRAM FUNDING
(5) TRI-COUNTY MENTAL HEALTH SERVICES 3100 NE 83RD ST., SUITE 1001	43-1556416	501(C)(3)	49,043.				PROGRAM FUNDING
(6) TRUMAN MEDICAL CENTERS 2310 HOLMES ST., SUITE 735	44-0661018	501(C)(3)	177,220.				PROGRAM FUNDING
(7) TURN THE PAGE KC 4049 PENNSYLVANIA AVE., SUITE 301	46-0673665	501(C)(3)	56,829.				PROGRAM FUNDING
(8) UNITED COMMUNITY SERVICES OF JOHNSON COUNTY 12351 W 96TH TERR., SUITE 200	48-0914699	501(C)(3)	157,233.				PROGRAM FUNDING
(9) UNITED INNER CITY SERVICES 2008 E 12TH ST. KANSAS CITY, MO 64108	44-0646347	501(C)(3)	169,962.				PROGRAM FUNDING
(10) UNITED METHODIST CHURCH OF THE RESURRECTION 13720 ROE AVENUE OVERLAND PARK, KS 66224	48-1107898	501(C)(3)	9,721.				DONOR DESIGNATION FUNDING
(11) UNITED NEGRO COLLEGE FUND-KANSAS CITY PO BOX 8803 SAINT LOUIS, MO 63101	13-1624241	501(C)(3)	5,580.				DONOR DESIGNATION FUNDING
(12) UNITED WAY OF DOUGLAS COUNTY 2518 RIDGE COURT, SUITE 200	48-0796320	501(C)(3)	25,493.				DONOR DESIGNATION FUNDING

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Name of the organization

UNITED WAY OF GREATER KANSAS CITY, INC

Employer identification number

44-0545812

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNITED WAY OF GREATER HOUSTON 50 WAUGH DRIVE HOUSTON, TX 77007	74-1167964	501(C)(3)	19,596.				DONOR DESIGNATION FUNDING
(2) UNITED WAY OF GREATER ST. JOSEPH PO BOX 188 ST. JOSEPH, MO 64502	44-0547802	501(C)(3)	9,193.				DONOR DESIGNATION FUNDING
(3) UNITED WAY OF WYANDOTTE COUNTY, INC. PO BOX 171042 KANSAS CITY, KS 66117	48-0636601	501(C)(3)	14,752.				DONOR DESIGNATION FUNDING
(4) UNIVERSITY OF KANSAS HEALTH SYSTEM 2330 SHAWNEE MISSION PARKWAY, SUITE 302	23-7414917	501(C)(3)	12,261.				DONOR DESIGNATION FUNDING
(5) UNIVERSITY OF KANSAS MEDICAL CENTER 3901 RAINBOW BLVD KANSAS CITY, KS 66160	48-1124839	501(C)(3)	16,512.				PROGRAM FUNDING
(6) URBAN LEAGUE OF GREATER KANSAS CITY 1710 PASEO BLVD. KANSAS CITY, MO 64108	44-0546273	501(C)(3)	102,854.				PROGRAM FUNDING
(7) URBAN NEIGHBORHOOD INITIATIVE 2300 MAIN ST, STE 180 KANSAS CITY, MO 64108	45-4879810	501(C)(3)	63,578.				PROGRAM FUNDING
(8) URBAN RANGER CORPS 5908 SWOPE PARKWAY KANSAS CITY, MO 64130	20-1117569	501(C)(3)	25,045.				PROGRAM FUNDING
(9) VERONICA'S VOICE P.O. BOX 172472 KANSAS CITY, KS 66117	20-3902846	501(C)(3)	19,289.				PROGRAM FUNDING
(10) VILLAGE PRESBYTERIAN CHURCH FOOD PANTRY 6641 MISSION RD. PRAIRIE VILLAGE, KS 66208	48-0559097	501(C)(3)	5,943.				DONOR DESIGNATION FUNDING
(11) VINEYARD COMMUNITY CHURCH 8301 LAMAR AVE. OVERLAND PARK, KS 66207	48-1061919	501(C)(3)	6,538.				DONOR DESIGNATION FUNDING
(12) WEST CENTRAL MISSOURI COMMUNITY ACTION AGEN 106 W 4TH ST. APPLETON CITY, MO 64724	43-0838410	501(C)(3)	31,182.				PROGRAM FUNDING

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
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Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Name of the organization

UNITED WAY OF GREATER KANSAS CITY, INC

Employer identification number

44-0545812

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WESTSIDE CHURCH OF THE NAZARENE 1700 W SANTA FE ST OLATHE, KS 66062	48-0930202	501(C)(3)	6,528.				DONOR DESIGNATION FUNDING
(2) WHATSOEVER COMMUNITY CENTER 1201 EWING AVE. KANSAS CITY, MO 64126	44-0545274	501(C)(3)	82,309.				PROGRAM FUNDING
(3) WOMEN'S EMPLOYMENT NETWORK 920 MAIN ST., SUITE 100	43-1508734	501(C)(3)	9,205.				DONOR DESIGNATION FUNDING
(4) WORKING FAMILIES' FRIEND 1021 PENNSYLVANIA AVE.	65-1169138	501(C)(3)	274,156.				PROGRAM FUNDING
(5) YMCA OF GREATER KANSAS CITY 3100 BROADWAY, SUITE 1020	44-0546002	501(C)(3)	541,988.				PROGRAM FUNDING
(6) YOUTH AMBASSADORS INC 5809 MICHIGAN AVE. KANSAS CITY, MO 64130	45-5220294	501(C)(3)	20,750.				PROGRAM FUNDING
(7) YOUTH VOLUNTEER CORPS 1025 JEFFERSON KANSAS CITY, MO 64105	43-1597582	501(C)(3)	39,887.				PROGRAM FUNDING
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

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

Schedule I (Form 990) (2018)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART I, LINE 2

UNITED WAY OF GREATER KANSAS CITY CONDUCTS AN ANNUAL REVIEW OF GRANTEE PROGRAMS AND AGENCIES. THIS REVIEW INCLUDES THE SUBMISSION OF REPORTS THAT INCLUDE YEAR-END UNITS OF SERVICE, PROGRAM OUTCOMES AND FINANCIAL DATA. IN ADDITION, UWGKC'S FUNDING AGREEMENT WITH EACH RECIPIENT AGENCY REQUIRES COMPLIANCE WITH 28 STANDARDS OF ACCOUNTABILITY. WHEN AGENCIES FIRST SEEK UWGKC FUNDING, THEY MUST DEMONSTRATE COMPLIANCE WITH THE STANDARDS BY COMPLETING A SELF-ASSESSMENT QUESTIONNAIRE AND PARTICIPATE IN AN ON-SITE INTERVIEW WITH UNITED WAY REPRESENTATIVES. CERTIFICATION AND COMMUNITY IMPACT

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

BOARD COMMITTEES HAVE RESPONSIBILITY FOR OVERSIGHT OF THIS PROCESS.

WHEN SIGNIFICANT PROBLEMS OR CONCERNS ARE IDENTIFIED, A MECHANISM IS

IN PLACE FOR ADDITIONAL MEETINGS AND/OR REPORTING, AS NEEDED, TO

MONITOR THE VIABILITY OF FUNDED PROGRAMS AND ORGANIZATIONS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

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

▶ Attach to Form 990.

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF GREATER KANSAS CITY, INC

Employer identification number

44-0545812

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

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

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

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

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

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) 2018

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 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	BRENT STEWART TRUSTEE/CEO	(i) 247,144.	(ii) 10,000.	(iii) 33,545.	36,026.	27,081.	353,796.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
2	MICHELLE HOGERTY CHIEF OPERATING OFFICER	(i) 137,209.	(ii) 0.	(iii) 21,264.	27,222.	22,056.	207,751.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
3	MIKE GOFF CHIEF MARKETING & PHILANTHROPY	(i) 156,767.	(ii) 0.	(iii) 2,181.	21,000.	19,181.	199,129.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
4	JIM MACDONALD CHIEF COMMUNITY INVEST OFFICER	(i) 106,747.	(ii) 0.	(iii) 1,290.	22,603.	20,083.	150,723.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
5	LAURIE MCCORMACK SENIOR VP, INDIVIDUAL GIVING	(i) 103,548.	(ii) 0.	(iii) 2,388.	21,104.	32,213.	159,253.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
6		(i)						
		(ii)						
7		(i)						
		(ii)						
8		(i)						
		(ii)						
9		(i)						
		(ii)						
10		(i)						
		(ii)						
11		(i)						
		(ii)						
12		(i)						
		(ii)						
13		(i)						
		(ii)						
14		(i)						
		(ii)						
15		(i)						
		(ii)						
16		(i)						
		(ii)						

Part III Supplemental Information

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

SCHEDULE J, PART II

OTHER REPORTABLE COMPENSATION INCLUDES THE PERSONAL USE OF A COMPANY

AUTOMOBILE BY OUR CEO, BRENT STEWART.

DEFERRED COMPENSATION INCLUDES THE EMPLOYER'S CONTRIBUTION TO THE 403(B)

RETIREMENT PLAN.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization UNITED WAY OF GREATER KANSAS CITY, INC	Employer identification number 44-0545812
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Part I Types of Property

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

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b If "Yes," describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

Schedule M (Form 990) 2018

JSA

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

SCHEDULE M, PART I, COLUMN B

THIS NUMBER REPRESENTS THE NUMBER OF CONTRIBUTIONS.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF GREATER KANSAS CITY, INC

Employer identification number

44-0545812

FORM 990, PART III, LINE 4A

UNITED WAY OF GREATER KANSAS CITY FOCUSES ON HUMAN SERVICE NEEDS OF THE KANSAS CITY METROPOLITAN AREA. THE FIRST OF THESE INVOLVES PROVIDING ANNUAL FINANCIAL SUPPORT TO PROGRAMS DELIVERING HEALTH AND HUMAN SERVICE OUTCOMES FOR INDIVIDUALS AND FAMILIES IN THREE KEY AREAS: HEALTH, EDUCATION, AND FINANCIAL STABILITY. UNITED WAY PROVIDES SUPPORT TO MORE THAN 200 PROGRAMS IN 190 AREA HEALTH AND HUMAN SERVICE AGENCIES. PROGRAMS ARE SCREENED BASED ON UNIFORM CRITERIA THAT ASSESS THE STRENGTH OF PROGRAMS' METHODOLOGY, CAPACITY, PARTICIPANT OUTCOMES AND FIT WITH UNITED WAY COMMUNITY IMPACT AGENDA.

THROUGH A SECOND APPROACH, UNITED WAY ENGAGES HUMAN SERVICE PROVIDERS AND OTHER COMMUNITY PARTNERS (INCLUDING GOVERNMENT, FOUNDATIONS, PLANNING AGENCIES, AND OTHERS IN COLLABORATIVE WORK AIMED AT CHANGING COMMUNITY CONDITIONS THAT RESULT IN HEALTH AND HUMAN SERVICES NEEDS. THIS WORK IS ORGANIZED UNDER THE THREE PRIORITY OUTCOMES IDENTIFIED ABOVE AND USES A TOOLBOX OF STRATEGIES AIMED AT SPECIFIC TARGET ISSUES. THE TOOLBOX APPROACH INVOLVES PUBLIC POLICY ADVOCACY, DIRECT SERVICE PROGRAMMING, SYSTEMS CHANGE WORK, AND DONOR AND VOLUNTEER ENGAGEMENT. UNITED WAY HAS IDENTIFIED A SPECIFIC COMMUNITY CHANGE OUTCOME AND TARGET POPULATION IN EACH AREA. THEY ARE AS FOLLOWS:

HEALTH: IMPROVE ACCESS TO HEALTH CARE SERVICE PHYSICAL, MENTAL AND DENTAL. PROMOTE WELLNESS AND HEALTHY LIVING. OFFER SUPPORT TO VICTIMS OF

Name of the organization UNITED WAY OF GREATER KANSAS CITY, INC	Employer identification number 44-0545812
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ABUSE/NEGLECT AND VIOLENCE TO HELP THEM REGAIN A HEALTHY AND PRODUCTIVE LIFE. HELP PEOPLE AVOID OR OVERCOME SUBSTANCE ABUSE AND ADDICTION. SUPPORT SENIORS AND PEOPLE WITH DISABILITIES TO LIVE AS INDEPENDENTLY AS POSSIBLE.

EDUCATION: PROVIDE CHILDREN AND YOUTH, AND THEIR FAMILIES WITH DEVELOPMENTALLY APPROPRIATE LEARNING OPPORTUNITIES. PROVIDE ENHANCED ACADEMIC AND SOCIAL SUPPORT FOR STRUGGLING STUDENTS. PROVIDE CHILDREN AND YOUTH WITH EXTRA STRUCTURE AND PERSONAL INTERACTION WITH CARING ADULTS. OFFER EDUCATION AND SKILLS TRAINING TO PREVENT TRAUMA FROM VIOLENCE AND ABUSE/NEGLECT.

FINANCIAL STABILITY: PROMOTE FINANCIAL STABILITY FOR THE WORKING POOR, FAMILIES WITH CHILDREN AND AT-RISK YOUNG ADULTS. PROVIDE ESSENTIAL, LIFE SUSTAINING BASIC NEEDS, SUCH AS FINANCIAL AID, FOOD AND CLOTHING TO INDIVIDUALS AND FAMILIES DURING CRISES. PROVIDE ACCESS TO SHELTER AND TRANSITIONAL HOUSING, AND SUPPORT TO ACHIEVE AND MAINTAIN PERMANENT HOUSING.

FORM 990, PART III, LINE 4B

UNITED WAY 2-1-1 IS AN EASY-TO-REMEMBER CENTRAL PHONE NUMBER CONNECTING PEOPLE WITH AVAILABLE HEALTH AND HUMAN SERVICES AND VOLUNTEER OPPORTUNITIES. UNITED WAY 2-1-1 IS AVAILABLE 24/7/365, AND IS COMPLETELY FREE AND CONFIDENTIAL. TRAINED, PROFESSIONAL CALL SPECIALISTS WORK WITH CALLERS TO DETERMINE THE MOST APPROPRIATE REFERRAL(S), UTILIZING A COMPREHENSIVE RESOURCE DATABASE. UNITED WAY 2-1-1 PROVIDES LANGUAGE

Name of the organization UNITED WAY OF GREATER KANSAS CITY, INC	Employer identification number 44-0545812
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TRANSLATION CAPACITY IN 150 LANGUAGES. UNITED WAY OF GREATER KANSAS CITY 2-1-1 SERVES RESIDENTS OF 16 COUNTIES IN MISSOURI (ANDREW, BATES, BUCHANAN, CALDWELL, CASS, CLAY, CLINTON, DEKALB, HENRY, JACKSON, JOHNSON, LAFAYETTE, PETTIS, PLATTE, SALINE, RAY) AND 7 COUNTIES IN KANSAS (DONAPHAN, FRANKLIN, JOHNSON, LEAVENWORTH, LINN, MIAMI, WYANDOTTE).

UNITED WAY 2-1-1 MAKES IT POSSIBLE FOR PEOPLE IN NEED OF INFORMATION OR SERVICES TO NAVIGATE THE COMPLEX AND FRAGMENTED HUMAN SERVICES DELIVERY SYSTEM. THE ULTIMATE GOAL IS TO EMPOWER INDIVIDUALS TO BECOME THEIR OWN ADVOCATE AND FOSTER SELF-SUFFICIENCY. SHORT-TERM SUCCESS IS MEASURED BY UTILIZATION OF THE SERVICE, ENGAGEMENT INDICATORS SUCH AS CALL VOLUME, NEEDS PRESENTED, AND UNMET NEEDS. IN ADDITION, FOLLOW-UP CALLS ARE CONDUCTED ON A TARGETED PERCENTAGE OF CALLS TO DETERMINE SATISFACTION WITH THE SERVICE, WHETHER THE CALLER RECEIVED ASSISTANCE AS A RESULT OF THE REFERRAL(S), AND HOW THE CALLER HEARD OF UNITED WAY 2-1-1.

FOR THE YEAR ENDED APRIL 30, 2019, CALL VOLUME REACHED 106,988 CALLS AND 322 EMAILS.

INCREASINGLY, UNITED WAY 2-1-1 IS UTILIZED AS A RESOURCE IN COLLABORATIVE EFFORTS THAT ADDRESS HEALTH AND HUMAN SERVICE NEEDS OF THE COMMUNITY. FOR EXAMPLE, KC CASH, A COALITION OF VOLUNTEER INCOME TAX ASSISTANCE (VITA) PROVIDERS FOR LOW-INCOME FAMILIES, UTILIZED UNITED WAY 2-1-1 AS A CENTRALIZED INFORMATION RESOURCE FOR VITA SITES THROUGHOUT THE COMMUNITY. THE NUMBER IS PUBLICIZED WHEN TAX SEASON BEGINS AND 2-1-1 CALL SPECIALISTS HELP CALLERS DETERMINE IF THEY ARE ELIGIBLE FOR ASSISTANCE

Name of the organization UNITED WAY OF GREATER KANSAS CITY, INC	Employer identification number 44-0545812
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AND HELP THEM TO FIND THE VITA SITE CLOSEST TO THE HOME.

FORM 990, PART III, LINE 4C

PROMISE 1000 AN INITIATIVE OF UNITED WAY OF GREATER KANSAS CITY, CHILDREN'S MERCY HOSPITAL AND THE HEALTH CARE FOUNDATION OF GREATER KANSAS CITY CONNECTS FAMILIES WITHIN THE KANSAS CITY REGION TO AGENCIES WITH SPECIAL TRAINING TO PROVIDE IN-HOME SUPPORT. THE PRIMARY POPULATION SERVED IS FAMILIES DURING PREGNANCY THROUGH THE FIRST 3 YEARS (WHICH IS ALSO THE FIRST 1,000 DAYS) OF LIFE IN THE BI-STATE KANSAS CITY METROPOLITAN REGION, WHICH INCLUDES WYANDOTTE AND JOHNSON COUNTIES IN KANSAS AND JACKSON, PLATTE, AND CLAY IN MISSOURI. PROMISE 1000 SERVES PARENTS WHO MAY NOT ALREADY HAVE THE SUPPORT THEY NEED IN PLACE. EXPERIENCED HOME VISITORS PARTNER WITH PROMISE 1000 FAMILIES BY PROVIDING SUPPORT THAT CAN RESULT IN: STRENGTHENING FAMILIES BY ADDRESSING LIFE'S CHALLENGES; ENCOURAGING PARENT-CHILD INTERACTIONS THAT STIMULATE BRAIN DEVELOPMENT AND LEARNING; INCREASING KNOWLEDGE OF CHILD GROWTH AND DEVELOPMENT; PROVIDING TIPS ON POSITIVE PARENTING PRACTICES; HELPING MOTHERS ENGAGE IN THEIR OWN HEALTH CARE; SUPPORTING CHILD HEALTH AND WELL-BEING BY DEVELOPING POSITIVE RELATIONSHIPS BETWEEN PARENTS AND DOCTORS; LINKING FAMILIES TO BENEFICIAL COMMUNITY RESOURCES; AND CONNECTING FAMILIES TO IN HOME SERVICES INCLUDING THERAPEUTIC SUPPORTS FOR MATERNAL DEPRESSION.

HOME VISITING AGENCIES (HVAS) PARTICIPATING IN PROMISE 1000 SERVE FAMILIES WITH CHILDREN PRENATAL THROUGH 36 MONTHS OF AGE WHO ARE AT HIGHEST RISK OF EXPERIENCING ADVERSE CHILDHOOD EXPERIENCES (ACES).

Name of the organization UNITED WAY OF GREATER KANSAS CITY, INC	Employer identification number 44-0545812
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ELIGIBILITY CRITERIA INCLUDE RISK FACTORS THAT ARE ASSOCIATED WITH ACES INCLUDING SINGLE MOTHERS, LOW INCOME, CURRENT OR PREVIOUS ISSUES RELATED TO SUBSTANCE ABUSE, TEEN PARENTS, MENTAL HEALTH ISSUES, DOMESTIC VIOLENCE, FIRST TIME PARENTS, CHILDHOOD HISTORY OF ABUSE, AND LOW EDUCATION STATUS.

PRESENTATIONS ON PROMISE 1000 COLLABORATIVE HOME VISITING ARE REGULARLY OFFERED TO VARIOUS LOCAL AND STATE ENTITIES. PARENTS OR PROVIDERS CAN MAKE A REFERRAL ONLINE AT PROMISE 1000.ORG OR BY PHONE THROUGH UNITED WAY OF GREATER KANSAS CITY. REFERRALS CAN BE MATCHED WITH AN AGENCY OF CHOICE OR MATCHED BASED ON ELIGIBILITY FACTORS, SUCH AS: PREGNANCY STATUS, AGE OF CHILD, LOCATION OF FAMILY, AND NEEDS.

FOR THE YEAR ENDED APRIL 30, 2019, 667 CHILDREN WERE SERVED.

FORM 990, PART VI, SECTION A, LINE 2
SONCI BLECKINGER & DOUG COWAN HAVE AN EMPLOYEE/EMPLOYER BUSINESS RELATIONSHIP.

BRENT STEWART & ESTHER GEORGE HAVE AN EMPLOYEE/EMPLOYER BUSINESS RELATIONSHIP.

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

Name of the organization UNITED WAY OF GREATER KANSAS CITY, INC	Employer identification number 44-0545812
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ORGANIZATION'S WEB SITE.

FORM 990, PART VI, SECTION B, LINE 12C

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

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

IN NOVEMBER, 2016, THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWED SALARY DATA FROM OTHER UNITED WAY ORGANIZATIONS OF SIMILAR SIZE AS WELL AS NON-PROFIT ORGANIZATIONS IN THE KANSAS CITY AREA TO DETERMINE THE APPROPRIATE LEVEL OF COMPENSATION FOR THE CEO.

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. THE FORM 990 AND OUR ANNUAL REPORT ARE ALSO AVAILABLE ON OUR WEBSITE.

Name of the organization UNITED WAY OF GREATER KANSAS CITY, INC	Employer identification number 44-0545812
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FORM 990, PART XI, LINE 9

MINIMUM PENSION LIABILITY ADJUSTMENT (\$116,824)

CHANGE IN TRUST \$ 22,194

(\$ 94,630)

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

For calendar year 2018 or other tax year beginning 05/01, 2018, and ending 04/30, 2019.

2018

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 a 501(c)(3).

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

A Check box if address changed

Name of organization (Check box if name changed and see instructions.)

D Employer identification number (Employees' trust, see instructions.)

B Exempt under section 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a)

Print or Type

UNITED WAY OF GREATER KANSAS CITY, INC

44-0545812

Number, street, and room or suite no. If a P.O. box, see instructions.

801 WEST 47TH STREET STE 500

E Unrelated business activity code (See instructions.)

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

KANSAS CITY, MO 64112

C Book value of all assets at end of year

F Group exemption number (See instructions.)

30,346,727.

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here ATCH 1. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

J The books are in care of MICHELLE HOGERTY Telephone number 816-559-4604

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include 1a Gross receipts or sales, 2 Cost of goods sold, 3 Gross profit, 4a Capital gain net income, 5 Income (loss) from a partnership or an S corporation, 6 Rent income, 7 Unrelated debt-financed income, 8 Interest, annuities, royalties, and rents from a controlled organization, 9 Investment income of a section 501(c)(7), (9), or (17) organization, 10 Exploited exempt activity income, 11 Advertising income, 12 Other income, 13 Total. Combine lines 3 through 12.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 3 columns: Line number, Description, Amount. Rows include 14 Compensation of officers, directors, and trustees, 15 Salaries and wages, 16 Repairs and maintenance, 17 Bad debts, 18 Interest (attach schedule) (see instructions), 19 Taxes and licenses, 20 Charitable contributions (See instructions for limitation rules), 21 Depreciation (attach Form 4562), 22 Less depreciation claimed on Schedule A and elsewhere on return, 23 Depletion, 24 Contributions to deferred compensation plans, 25 Employee benefit programs, 26 Excess exempt expenses (Schedule I), 27 Excess readership costs (Schedule J), 28 Other deductions (attach schedule), 29 Total deductions. Add lines 14 through 28, 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13, 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions), 32 Unrelated business taxable income. Subtract line 31 from line 30.

For Paperwork Reduction Act Notice, see instructions.

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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.

Type or print	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	UNITED WAY OF GREATER KANSAS CITY, INC	44-0545812
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
801 WEST 47TH STREET STE 500		
City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
KANSAS CITY, MO 64112		

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 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

MICHELLE HOGERTY

• The books are in the care of ▶ 801 WEST 47TH STREET KANSAS CITY MO 64112

Telephone No. ▶ 816 559-4604 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 EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 03/16, 2020, 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 05/01, 2018, and ending 04/30, 2019.

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

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, Amount. Includes lines 33-38 for unrelated business taxable income.

Part IV Tax Computation

Table with 3 columns: Line number, Description, Amount. Includes lines 39-44 for tax computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, Amount. Includes lines 45a-45e, 46-49, 50a-50g, 51-55 for tax and payments.

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

Table with 3 columns: Line number, Description, Yes/No. Includes lines 56-58 regarding foreign activities and tax-exempt interest.

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 (MICHAEL J ENGLE), Date (03/16/2020), Title.

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Paid Preparer Use Only: Print/Type preparer's name (MICHAEL J ENGLE), Preparer's signature, Date, Firm's name (BKD, LLP), Firm's EIN (44-0160260), Firm's address (1201 WALNUT, SUITE 1700, KANSAS CITY, MO 64106-2246), Phone no. (816-221-6300).

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ►

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line		
3 Cost of labor	3		6 from line 5. Enter here and in		
4a Additional section 263A costs			Part I, line 2	7	
(attach schedule)	4a				
b Other costs (attach schedule)	4b		8 Do the rules of section 263A (with respect to		
5 Total. Add lines 1 through 4b	5		property produced or acquired for resale) apply		Yes No
			to the organization?		<input type="checkbox"/> <input checked="" type="checkbox"/>

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ►

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ►			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 ►				

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5.

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10.

Totals

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

Table with 5 columns: 1. Description of income, 2. Amount of income, 3. Deductions directly connected (attach schedule), 4. Set-asides (attach schedule), 5. Total deductions and set-asides (col. 3 plus col. 4).

Totals

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

Table with 7 columns: 1. Description of exploited activity, 2. Gross unrelated business income from trade or business, 3. Expenses directly connected with production of unrelated business income, 4. Net income (loss) from unrelated trade or business, 5. Gross income from activity that is not unrelated business income, 6. Expenses attributable to column 5, 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).

Totals

Schedule J—Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss) (col. 2 minus col. 3), 5. Circulation income, 6. Readership costs, 7. Excess readership costs (column 6 minus column 5, but not more than column 4).

Totals (carry to Part II, line (5))

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶						
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2) ATCH 2		%	
(3)		%	
(4)		%	
Total . Enter here and on page 1, Part II, line 14 ▶			

ATTACHMENT 1

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.

ATTACHMENT 2SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
CRAIG L ANDERSON 801 WEST 47TH STREET STE 500 KANSAS CITY, MO 64112	TRUSTEE	0	0.
DAVID A ANDERSON 801 WEST 47TH STREET STE 500 KANSAS CITY, MO 64112	TRUSTEE	0	0.
MOLLY BIWER 801 WEST 47TH STREET STE 500 KANSAS CITY, MO 64112	TRUSTEE	0	0.
SONCI BLECKINGER 801 WEST 47TH STREET STE 500 KANSAS CITY, MO 64112	TRUSTEE	0	0.
DOUG BOESSEN 801 WEST 47TH STREET STE 500 KANSAS CITY, MO 64112	TRUSTEE	0	0.
ROBERT BRATCHER 801 WEST 47TH STREET STE 500 KANSAS CITY, MO 64112	TRUSTEE	0	0.
RON COKER 801 WEST 47TH STREET STE 500 KANSAS CITY, MO 64112	TRUSTEE	0	0.
DOUG COWAN 801 WEST 47TH STREET STE 500 KANSAS CITY, MO 64112	TRUSTEE	0	0.
EVELYN CRAIG 801 WEST 47TH STREET	TRUSTEE	0	0.

ATTACHMENT 2 (CONT'D)SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
STE 500 KANSAS CITY, MO 64112			
STACEY DANIELS-YOUNG 801 WEST 47TH STREET STE 500 KANSAS CITY, MO 64112	TRUSTEE	0	0.
PATRICK (DUKE) DUJAKOVICH 801 WEST 47TH STREET STE 500 KANSAS CITY, MO 64112	TRUSTEE/SECRETARY	0	0.
STEVE EDWARDS 801 WEST 47TH STREET STE 500 KANSAS CITY, MO 64112	TRUSTEE	0	0.
PENNY POSTOAK FERGUSON 801 WEST 47TH STREET STE 500 KANSAS CITY, MO 64112	TRUSTEE	0	0.
SPENCER FIELDS 801 WEST 47TH STREET STE 500 KANSAS CITY, MO 64112	TRUSTEE	0	0.
ESTHER GEORGE 801 WEST 47TH STREET STE 500 KANSAS CITY, MO 64112	TRUSTEE	0	0.
MARIA JENKS 801 WEST 47TH STREET STE 500 KANSAS CITY, MO 64112	TRUSTEE	0	0.
RAY KOWALIK 801 WEST 47TH STREET STE 500 KANSAS CITY, MO 64112	TRUSTEE	0	0.

ATTACHMENT 2 (CONT'D)SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
DEREK LOCKE 801 WEST 47TH STREET STE 500 KANSAS CITY, MO 64112	TRUSTEE	0	0.
KEVIN LOCKETT 801 WEST 47TH STREET STE 500 KANSAS CITY, MO 64112	TRUSTEE/TREASURER	0	0.
MARSHALL LOCKTON 801 WEST 47TH STREET STE 500 KANSAS CITY, MO 64112	TRUSTEE	0	0.
ALISE MARTINY 801 WEST 47TH STREET STE 500 KANSAS CITY, MO 64112	TRUSTEE	0	0.
JOHN MURPHY 801 WEST 47TH STREET STE 500 KANSAS CITY, MO 64112	TRUSTEE	0	0.
DEAN NEWTON 801 WEST 47TH STREET STE 500 KANSAS CITY, MO 64112	TRUSTEE	0	0.
TODD PLEIMANN 801 WEST 47TH STREET STE 500 KANSAS CITY, MO 64112	TRUSTEE	0	0.
JULIE QUIRIN 801 WEST 47TH STREET STE 500 KANSAS CITY, MO 64112	TRUSTEE/VICE CHAIR	0	0.
LAURIE ROBERTS 801 WEST 47TH STREET	TRUSTEE	0	0.

ATTACHMENT 2 (CONT'D)SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
STE 500 KANSAS CITY, MO 64112			
CICI ROJAS 801 WEST 47TH STREET STE 500 KANSAS CITY, MO 64112	TRUSTEE	0	0.
ROB SMITH 801 WEST 47TH STREET STE 500 KANSAS CITY, MO 64112	TRUSTEE	0	0.
WILL SOUDER 801 WEST 47TH STREET STE 500 KANSAS CITY, MO 64112	TRUSTEE	0	0.
BRENT STEWART 801 WEST 47TH STREET STE 500 KANSAS CITY, MO 64112	TRUSTEE/CEO	0	0.
RICK VIAR 801 WEST 47TH STREET STE 500 KANSAS CITY, MO 64112	TRUSTEE	0	0.
W. RUSSELL WELSH 801 WEST 47TH STREET STE 500 KANSAS CITY, MO 64112	TRUSTEE/CHAIR	0	0.
MICHELLE HOGERTY 801 WEST 47TH STREET STE 500 KANSAS CITY, MO 64112	CHIEF OPERATING OFFICER	0	0.
TOTAL COMPENSATION			<u>0.</u>