

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning 01/01, 2010, and ending 12/31, 20 10

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization SUPPORT KANSAS CITY INC
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
5960 Dearborn Suite 200
 City or town, state or country, and ZIP + 4
Mission, KS 66202

D Employer identification number
31-1717077

E Telephone number
913-831-4752

F Name and address of principal officer: Debra L Box
5960 Dearborn Suite 200, Mission, KS 66202

G Gross receipts \$ 609,344

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶ _____

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ www.supportkc.org

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: 2000 **M** State of legal domicile: KS

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>Providing nonprofit organizations with business and development expertise, empowering them to focus on their missions.</u>		
	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	13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	11
	6	Total number of volunteers (estimate if necessary)	6	15
	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	Current Year
	9	Program service revenue (Part VIII, line 2g)	82,050	96,700
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	474,167	509,418
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	138	93
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	3,133
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	556,355	609,344
	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)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	413,938	437,814
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>21,066</u>	0	0
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	133,696	145,815
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	547,634	583,629
19	Revenue less expenses. Subtract line 18 from line 12	8,721	25,715	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	176,660	205,031
	22	Net assets or fund balances. Subtract line 21 from line 20	52,622	55,274
			124,038	149,757

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 _____
Debra Box, Executive Director
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name _____ Preparer's signature _____ Date _____ Check if self-employed PTIN _____
Frances Mayer

Firm's name ▶ Support Kansas City Inc Firm's EIN ▶ _____
 Firm's address ▶ 5960 Dearborn, Mission, KS 66202 Phone no. 913-831-4752

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:
Providing nonprofit organizations with business and development expertise, empowering them to focus on their missions.

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 469,366 including grants of \$ 0) (Revenue \$ 509,418)
The organization provided 10,075 direct service hours to our supported organizations. These services included accounting, database management, general administrative support, strategy management, and fund development support. These services provided backoffice efficiencies and tools allowing supported organizations to focus their time and resources on achieving their stated mission. One hundred eight (108) nonprofit agencies were served.

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses **▶** 469,366

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)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14 a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20 a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		✓
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		✓
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		✓
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		✓
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		✓
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		✓
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	✓	

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

Check if Schedule O contains a response to any question in this Part V

		Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	11		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2b	✓		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓	
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		✓	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			

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 to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<input checked="" type="checkbox"/>
6	Does the organization have members or stockholders?	6	<input checked="" type="checkbox"/>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	<input checked="" type="checkbox"/>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	<input checked="" type="checkbox"/>
b	Each committee with authority to act on behalf of the governing body?	8b	<input checked="" type="checkbox"/>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<input checked="" type="checkbox"/>

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	<input checked="" type="checkbox"/>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	<input checked="" type="checkbox"/>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	<input checked="" type="checkbox"/>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<input checked="" type="checkbox"/>
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	<input checked="" type="checkbox"/>
13	Does the organization have a written whistleblower policy?	13	<input checked="" type="checkbox"/>
14	Does the organization have a written document retention and destruction policy?	14	<input checked="" type="checkbox"/>
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	<input checked="" type="checkbox"/>
b	Other officers or key employees of the organization	15b	<input checked="" type="checkbox"/>
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	<input checked="" type="checkbox"/>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	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 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Debra Box, (913)831-4752
5960 Dearborn, Mission, KS 66202

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

Check if Schedule O contains a response to any question 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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Mary Padilla President	1.0	✓		✓			0	0	0	
Deena Holt Vice President	1.0	✓		✓			0	0	0	
Nanka Schneider Board Member & Scty Treas Aug thru Dec	1.0	✓		✓			0	0	0	
Gail Hoover King Secretary Treasurer serving Jan thru July	1.0	✓		✓			0	0	0	
Keith Anderson Board Member	1.0	✓					0	0	0	
Hillary Beuschel Board Member	1.0	✓					0	0	0	
Rachel Cannon Board Member	1.0	✓					0	0	0	
Alicia Falcone Board Member	1.0	✓					0	0	0	
George Foldesy Board Member	1.0	✓					0	0	0	
Jody Joiner Board Member	1.0	✓					0	0	0	
Amy Mulligan Kennedy Board Member	1.0	✓					0	0	0	
Ken Nettling Board Member	1.0	✓					0	0	0	
Janay Reliford Davis Board Member	1.0	✓					0	0	0	
Cheryl Schmitz Board Member	1.0	✓					0	0	0	
Debra L Box Executive Director	50.00			✓			67,422	0	3,748	

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a	0				
	b	Membership dues	1b	0				
	c	Fundraising events	1c	0				
	d	Related organizations	1d	0				
	e	Government grants (contributions)	1e	0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	96,700				
	g	Noncash contributions included in lines 1a-1f: \$		0				
	h	Total. Add lines 1a-1f ▶		96,700				
Program Service Revenue				Business Code				
	2a	<u>Service Fees</u>		561499	509,418	509,418	0	
	b	-----						
	c	-----						
	d	-----						
	e	-----						
	f	All other program service revenue .		0	0	0	0	
g	Total. Add lines 2a-2f ▶		509,418					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		93	0	0	93	
	4	Income from investment of tax-exempt bond proceeds ▶		0	0	0	0	
	5	Royalties ▶		0	0	0	0	
	6a	Gross Rents	(i) Real	(ii) Personal				
			b	Less: rental expenses				
			c	Rental income or (loss)	0	0		
			d	Net rental income or (loss) ▶				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			b	Less: cost or other basis and sales expenses	0	0		
			c	Gain or (loss)	0	0		
			d	Net gain or (loss) ▶	0	0	0	0
	8a	Gross income from fundraising events (not including \$ <u>0</u> of contributions reported on line 1c). See Part IV, line 18 a						
			b	Less: direct expenses b				
			c	Net income or (loss) from fundraising events . ▶				
	9a	Gross income from gaming activities. See Part IV, line 19 a						
			b	Less: direct expenses b				
			c	Net income or (loss) from gaming activities . . ▶				
	10a	Gross sales of inventory, less returns and allowances a						
			b	Less: cost of goods sold b				
			c	Net income or (loss) from sales of inventory . . ▶				
Miscellaneous Revenue			Business Code					
11a	<u>Health Care Credit</u>		900099	439	439	0	0	
b	<u>Lunch Event</u>		900099	2,694	2,694	0	0	
c	-----							
d	All other revenue			0	0	0	0	
e	Total. Add lines 11a-11d ▶			3,133				
12	Total revenue. See instructions. ▶			609,344	512,551	0	93	

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	71,170	42,702	17,792	10,676
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	0	0	0
7	Other salaries and wages	315,726	275,533	39,030	1,163
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	18,292	15,787	2,424	81
10	Payroll taxes	32,626	26,698	4,975	953
11	Fees for services (non-employees):				
a	Management	0	0	0	0
b	Legal	352	352	0	0
c	Accounting	5,874	4,806	896	172
d	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other	10,113	8,210	1,610	293
12	Advertising and promotion	2,298	0	1,168	1,130
13	Office expenses	30,313	24,319	5,126	868
14	Information technology	16,382	13,405	2,499	478
15	Royalties	0	0	0	0
16	Occupancy	41,832	34,231	6,379	1,222
17	Travel	1,881	1,539	287	55
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	1,855	1,518	283	54
20	Interest	784	637	124	23
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	7,662	6,270	1,168	224
23	Insurance	6,171	5,050	941	180
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a	<u>Organizational Gifts</u>	1,164	0	1,164	0
b	<u>Subscriptions and Dues</u>	1,986	1,625	303	58
c	<u>Staff Development</u>	2,840	2,324	433	83
d	<u>Taxes, Licenses, Fees</u>	1,276	1,044	195	37
e	<u>Workshop Expenses</u>	9,948	3,316	3,316	3,316
f	All other expenses	3,084	0	3,084	0
25	Total functional expenses. Add lines 1 through 24f	583,629	469,366	93,197	21,066
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	9,536	1	13,730
	2 Savings and temporary cash investments	82,458	2	88,380
	3 Pledges and grants receivable, net		3	0
	4 Accounts receivable, net	55,922	4	77,102
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	0
	6 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)		6	0
	7 Notes and loans receivable, net		7	0
	8 Inventories for sale or use		8	0
	9 Prepaid expenses and deferred charges	8,323	9	2,273
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	59,636		
	b Less: accumulated depreciation	36,090		
		20,421	10c	23,546
	11 Investments—publicly traded securities		11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11		13	0
	14 Intangible assets		14	0
15 Other assets. See Part IV, line 11		15	0	
16 Total assets. Add lines 1 through 15 (must equal line 34)	176,660	16	205,031	
Liabilities	17 Accounts payable and accrued expenses	8,850	17	9,419
	18 Grants payable		18	
	19 Deferred revenue	1,850	19	2,098
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	7,436	23	4,736
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	34,486	25	39,021
	26 Total liabilities. Add lines 17 through 25	52,622	26	55,274
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	123,012	27	130,388
	28 Temporarily restricted net assets	1,026	28	19,369
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117, 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	124,038	33	149,757
34 Total liabilities and net assets/fund balances	176,660	34	205,031	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	609,344
2	Total expenses (must equal Part IX, column (A), line 25)	2	583,629
3	Revenue less expenses. Subtract line 2 from line 1	3	25,715
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	124,038
5	Other changes in net assets or fund balances (explain in Schedule O)	5	4
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	149,757

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question 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?
- b** Were the organization's financial statements audited by an independent accountant?
- 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.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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		✓
2b	✓	
2c	✓	
3a		✓
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

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. ▶ See separate instructions.

Name of the organization SUPPORT KANSAS CITY INC	Employer identification number 31-1717077
--	---

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 11, 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.)
- 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		✓
11g(ii)		✓
11g(iii)		✓

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A) Argentine Betterment Corp	27-1406579	7		✓	✓		✓		0
(B) AdHoc Group Against Crime	30-0455147	7		✓	✓		✓		0
(C) American Humanics Inc	44-0546869	7		✓	✓		✓		0
(D) American Institute of Graphic Arts KC	43-1574817	9		✓	✓		✓		0
(E) Sch A, Stmt 1									
Total									0

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
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 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2010. 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 type="checkbox"/>		
b 33 1/3% support test—2009. 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—2010. 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 IV 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—2009. 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 IV 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 9 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 IV.)						
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2010.** 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—2009.** 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

Information About the supported organizations

		Amount
Name	Arts in Prison Inc	0
EIN	48-1208687	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Argentine Neighborhood Development Assn	0
EIN	20-1249814	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	American Stroke Foundation	0
EIN	74-2804603	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Associated Youth Services	0
EIN	48-0554802	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Bring Democracy Home	0
EIN	27-1666974	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Brain injury Asso of Ks & GKC	0
EIN	48-0941609	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Belles of the American Royal	0
EIN	43-1977291	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Blue River Watershed Assn	0
EIN	43-1834342	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Baptist Trinity Lutheran Legacy Fdn	0
EIN	23-7432481	
Type Of Organization	11	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	

Schedule A, Part IV, Statement 1

SUPPORT KANSAS CITY INC

Name	Central Area Betterment Assn	0
EIN	48-0876365	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Cancer Action Inc	0
EIN	48-0650257	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Camp Fire USA Heartland Council Inc	0
EIN	13-1623921	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Calvery Community Outreach Network	0
EIN	43-1686109	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Child Protection Center Inc	0
EIN	23-4535728	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Community Housing Network	0
EIN	43-1645335	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	CrossLines Cooperative Council	0
EIN	48-0697177	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Coalition of Hispanic Women Agnst Cancer	0
EIN	48-1230884	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Chain of Hope	0
EIN	27-1886993	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Collaboration Works	0
EIN	43-1682978	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	

Schedule A, Part IV, Statement 1

SUPPORT KANSAS CITY INC

Organized In US	Yes	
Name	Kansas City Creative Inc	0
EIN	02-0800884	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Community Resource Network Inc	0
EIN	43-1677854	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Debate Kansas City	0
EIN	71-0954104	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	The Drumm Fdn	0
EIN	43-1679248	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Down Syndrome Guild of GKC	0
EIN	43-1427760	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Episcopal Community Services inc	0
EIN	43-1525298	
Type Of Organization	1	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Education First Athletics Second Coalition	0
EIN	43-1820092	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	eHealthAlign	0
EIN	27-2968128	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Ethnic Enrichment Cultural Council	0
EIN	43-1762455	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Friendship Inn of Kansas City	0
EIN	43-1727724	
Type Of Organization	9	
Listed In Governing Documents	No	

Schedule A, Part IV, Statement 1

SUPPORT KANSAS CITY INC

Supported Organization Notified Organized In US	Yes Yes	
Name	Foundation for Inclusive Religious Education	0
EIN	43-1771385	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified Organized In US	Yes Yes	
Name	Alliance on Aging	0
EIN	48-1135509	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified Organized In US	Yes Yes	
Name	Friends of Sacred Structures Inc	0
EIN	43-1629910	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified Organized In US	Yes Yes	
Name	Foundation Workshop for the Handicapped	0
EIN	43-1057288	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified Organized In US	Yes Yes	
Name	Gift of Life Inc	0
EIN	48-1198979	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified Organized In US	Yes Yes	
Name	Girls on the Run Jackson County	0
EIN	20-8508128	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified Organized In US	Yes Yes	
Name	Grandview Park Presbyterian Church	0
EIN	67-0360237	
Type Of Organization	1	
Listed In Governing Documents	No	
Supported Organization Notified Organized In US	Yes Yes	
Name	Groovability Inc	0
EIN	26-1542130	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified Organized In US	Yes Yes	
Name	Heart of America Indian Center	0
EIN	43-1012392	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified Organized In US	Yes Yes	
Name	Heartland Chamber Music Ltd	0
EIN	48-1248171	
Type Of Organization	7	

Schedule A, Part IV, Statement 1

SUPPORT KANSAS CITY INC

Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Hispanic Economic Development Corp	0
EIN	43-1654693	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Heartland Habitat for Humanity Inc	0
EIN	48-1041839	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Healthcare Fdn of Greater Kansas City	0
EIN	20-0167282	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Historic Kansas City Fdn	0
EIN	23-7368504	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Healthy Living Projects	0
EIN	20-4434490	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Hope Network of Raytown	0
EIN	26-0240331	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Hope Center Inc	0
EIN	43-1828403	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	HORSE Helping Others Reach Success Excellence	0
EIN	30-0224968	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Health Partnership of Johnson Co	0
EIN	48-1115529	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Imago Dei Friends of Christianity & Arts	0
EIN	20-0164779	

Schedule A, Part IV, Statement 1

SUPPORT KANSAS CITY INC

Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	International Relations Council	0
EIN	43-0864912	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Jackson County CASA	0
EIN	43-1401328	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Junior Achievement of Mid America Inc	0
EIN	44-0604809	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Kansas City Chronic Disease Coalition	0
EIN	68-0663374	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Kansas City Anti Violence Project	0
EIN	77-0595867	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Kansas Chapter of Childrens Advocacy Ctr	0
EIN	20-8497489	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Kansas City Ctr for Urban Agriculture	0
EIN	20-2365320	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Kansas City Rose Society	0
EIN	23-7356074	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Kansas City String Quartet Program	0
EIN	43-1707098	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Kansas City Youth Jazz inc	0

Schedule A, Part IV, Statement 1

SUPPORT KANSAS CITY INC

EIN	01-0784796	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Mid-Coast Radio Project Inc	0
EIN	43-1111320	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Love Inc of Clay County	0
EIN	43-1570983	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	The Foundation-Alumni Assn of the Metro Comm	0
EIN	51-0181875	
Type Of Organization	11	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Maison de Naissance	0
EIN	41-2156522	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	No	
Organized In US	Yes	
Name	Mainstream Education Fdn	0
EIN	48-1143190	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Midwest Foster Care and Adoption Assn	0
EIN	43-1895965	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Missouri Hospice and Pallative Care Assn	0
EIN	43-1213065	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Mattie Rhodes Center	0
EIN	44-0546343	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Natl Law Enforcement Training Ctr	0
EIN	14-1998851	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	

Schedule A, Part IV, Statement 1

SUPPORT KANSAS CITY INC

Name	Nonprofit Connect Network Learn Grow	0
EIN	43-1121678	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Northland Therapeutic Riding Ctr	0
EIN	43-1883210	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Civic Opera Theater of KC	0
EIN	48-1011387	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Kansas City Civic Orchestra	0
EIN	43-6043416	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	ORDA US	0
EIN	20-0290065	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Project AIM Inc	0
EIN	31-1706771	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	PE4Life Foundation	0
EIN	32-0044523	
Type Of Organization	11	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Childrens Advocacy Center Inc	0
EIN	48-1239614	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Partners in Public Health Inc	0
EIN	35-2268179	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Puppetry Arts Institute	0
EIN	43-1891966	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	

Schedule A, Part IV, Statement 1

SUPPORT KANSAS CITY INC

Organized In US	Yes	
Name	Reconciliation Services	0
EIN	36-4580402	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Reaching Out From Within	0
EIN	26-2736145	
Type Of Organization	7	
Listed In Governing Documents	Yes	
Supported Organization Notified	Yes	
Organized In US	No	
Name	Safe Homes Inc	0
EIN	48-1043062	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Sunlight Childrens Advocacy and Rts Fdn	0
EIN	84-1648274	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Sherwood Center for the Exceptional Child	0
EIN	23-7413671	
Type Of Organization	2	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Shepherds Center of KC Central	0
EIN	43-0994417	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Shepherds Center of the Northland	0
EIN	43-1567162	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Somali Foundation Inc	0
EIN	43-1844824	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	The Simon Carrington Chamber Singers	0
EIN	30-0461576	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Shawnee Mission North Opportunity Fund	0
EIN	27-2458327	
Type Of Organization	7	
Listed In Governing Documents	No	

Schedule A, Part IV, Statement 1

SUPPORT KANSAS CITY INC

Supported Organization Notified Organized In US	Yes Yes	
Name	Surplus Exchange Inc	0
EIN	43-1328139	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified Organized In US	Yes Yes	
Name	Ten Thousand Villages Kansas City Inc	0
EIN	74-2853254	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified Organized In US	Yes Yes	
Name	Turner House Childrens Clinic	0
EIN	48-1151382	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified Organized In US	Yes Yes	
Name	Unicorn Theatre	0
EIN	43-1094348	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified Organized In US	Yes Yes	
Name	Unity of the Heartland	0
EIN	44-0668175	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified Organized In US	Yes Yes	
Name	Variety of Greater Kansas City Tent	0
EIN	23-7431670	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified Organized In US	Yes Yes	
Name	Vasculitis Foundation	0
EIN	43-1492959	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified Organized In US	Yes Yes	
Name	Watkins Mill Assn	0
EIN	43-6052704	
Type Of Organization	11e	
Listed In Governing Documents	No	
Supported Organization Notified Organized In US	Yes Yes	
Name	Wonderscope Inc	0
EIN	48-1068613	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified Organized In US	Yes Yes	
Name	Westport Cooperative Services Inc	0
EIN	43-0902804	
Type Of Organization	7	

Schedule A, Part IV, Statement 1

SUPPORT KANSAS CITY INC

Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Womens Employment Network	0
EIN	43-1508734	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Wildwood Outdoor Education Ctr Inc	0
EIN	43-1154205	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	CASA of Johnson Wyandotte Cos Inc	0
EIN	48-1088233	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	YouthFriends	0
EIN	43-1854792	
Type Of Organization	11	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Youth Symphony Assn of Kansas City Inc	0
EIN	43-0828038	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	YWCA of Kansas City Ks	0
EIN	48-0543791	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Total:		0

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

SUPPORT KANSAS CITY INC

Employer identification number

31-1717077

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to 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 contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? Yes No, 9 In Part XIV, 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" to Form 990, Part IV, line 8.

Table with 2 columns: \$, \$, \$, \$. 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 XIV, the text of the footnote to its financial statements that describes these items. b 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) Revenues included in 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 Revenues included in Form 990, Part VIII, line 1 \$, b Assets included in Form 990, Part X \$.

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 XIV.

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" to 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 XIV and complete the following table:

	Amount
1c Beginning balance	0
1d Additions during the year	860,448
1e Distributions during the year	860,448
1f Ending balance	0

2a Did the organization include an amount on Form 990, Part X, line 21? **Yes** **No**

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment _____ %
- b** Permanent endowment _____ %
- c** Term endowment _____ %

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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	0	0	0
d Equipment	0	59,636	36,090	23,546
e Other	0	0	0	0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 23,546

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes	0	
(2) PR tax, retiremt benefits, bonus payable	17,031	
(3) Deferred rent liability	21,990	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	39,021	

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	609,344
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	583,629
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	25,715
4	Net unrealized gains (losses) on investments	4	0
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV.)	8	4
9	Total adjustments (net). Add lines 4 through 8	9	4
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	25,719

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

1	Total revenue, gains, and other support per audited financial statements	1	612,342
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	0
b	Donated services and use of facilities	2b	3,000
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIV.)	2d	-2
e	Add lines 2a through 2d	2e	2,998
3	Subtract line 2e from line 1	3	609,344
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	0
b	Other (Describe in Part XIV.)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	609,344

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	586,623
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	3,000
b	Prior year adjustments	2b	0
c	Other losses	2c	0
d	Other (Describe in Part XIV.)	2d	-6
e	Add lines 2a through 2d	2e	2,994
3	Subtract line 2e from line 1	3	583,629
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	0
b	Other (Describe in Part XIV.)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	583,629

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D, Part IV, Line 1b - The organization receives money from the Healthcare Foundation of Greater Kansas City to pass on to other non-profits as directed by the foundation.

Schedule D, Part IV, Line 2b - The organization receives money from the Healthcare Foundation of Greater Kansas City to pass on to other non-profits as directed by the foundation.

Schedule D, Part XI, Line 8 - Difference due to rounding.

Schedule D, Part XII, Line 2d - Difference due to rounding.

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

SUPPORT KANSAS CITY INC

Employer identification number

31-1717077

Form 990, Part VI, Section B, Line 11a - The Executive Director emails a copy of the final version of Form 990 to each Board member before filing for their review.

Form 990, Part VI, Section B, Line 12c - Directors annually review the list of supported organizations and disclose any potential conflicts of interest. Board members are required to withdraw from decisions that present potential conflicts.

Form 990, Part VI, Section B, Line 15 - Compensation of Executive Director is reviewed annually by the Board of Directors. Compensation is compared to other organizations of similar responsibilities, type, and size. This process was last undertaken in 2009.

Form 990, Part VI, Section C, Line 19 - The organization's governing documents, conflict of interest policy, and financial statements are available upon request. It's Form 990 and Annual Reports are available on the organization's website.

Form 990, Part XI, Line 5 - Difference due to rounding.