

# Return of Organization Exempt From Income Tax

# 2019

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

▶ Do not enter social security numbers on this form as it may be made public.

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2019 calendar year, or tax year beginning 01/01, 2019, and ending 12/31, 20 19

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <u>SUPPORT KANSAS CITY INC</u>		<b>D</b> Employer identification number <u>31-1717077</u>
	Doing business as		<b>E</b> Telephone number <u>913-831-4752</u>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<u>6750 Antioch Rd Suite 305</u>		
City or town, state or province, country, and ZIP or foreign postal code <u>Merriam, KS, 66204</u>		<b>G</b> Gross receipts \$ <u>1,580,609</u>	
<b>F</b> Name and address of principal officer: <u>Jenne Vanderbout</u> <u>6750 Antioch Rd Suite 305, Merriam, KS 66204</u>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I</b> 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		<b>H(c)</b> Group exemption number ▶	
<b>J</b> Website: ▶ <u>www.supportkc.org</u>			

<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation: <u>2000</u>	<b>M</b> State of legal domicile: <u>KS</u>
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## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> 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>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>13</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>13</b>
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>27</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>15</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>10,000</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 680,914	<b>Current Year</b> 379,425
	<b>9</b> Program service revenue (Part VIII, line 2g)	1,024,635	1,180,459
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	76	-120
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	817	19,417
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,706,442	1,579,181
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,185,689	1,327,190
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>35,287</u>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	532,934	380,332
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,718,623	1,707,522
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-12,181	-128,341	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 802,796	<b>End of Year</b> 606,023
	<b>21</b> Total liabilities (Part X, line 26)	120,635	52,203
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	682,161	553,820

## 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.

<b>Sign Here</b>	Signature of officer	Date
	<u>Tyson Markham, Treasurer</u> Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <u>Catherine Jay</u>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN <u>P01516006</u>
	Firm's name ▶ <u>Support Kansas City Inc</u>	Firm's EIN ▶ <u>31-1717077</u>			
	Firm's address ▶ <u>6750 Antioch Rd Suite 305, Merriam, KS 66204</u>	Phone no. <u>913-831-4752</u>			

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 or note to any line 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 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 \$ 1,000,212 including grants of \$ 0) (Revenue \$ 1,180,459)  
Nonprofit Organizational Support - Support Kansas City provided 22,731 direct service hours of business and development services to our supported organizations. These services include accounting, database and administrative support, fund development support, and board and strategy development support. These services build capacity, create back office efficiency, and provide tools and expertise that allow supported organizations to focus their time and resources on achieving their stated mission. One hundred seventy (170) nonprofit 501(c)(3) agencies were served. Supported organizations also benefit from shared spaces with access to conference rooms.

**4b** (Code: ) (Expenses \$ 15,543 including grants of \$ 0) (Revenue \$ 0)  
Education and Training - Support Kansas City promotes "best practices" for nonprofits in the community through our training sessions, communications, community presentations, special project research and staff development in best practices. The Support Kansas City (SKC) staff developed and presented 14 workshops and training sessions for nonprofits in the areas of accounting and fiscal management, fund development, database management and governance. In addition to training sessions, the SKC staff provided 2,839 of special project and staff development hours to support the nonprofit community in development of best practices and organizational tools. Support Kansas City met with over 40 agencies one-on-one to provide guidance and resources as they explored ways to build their organizational capacity.

**4c** (Code: ) (Expenses \$ 229,238 including grants of \$ 0) (Revenue \$ 0)  
Community Impact - Support Kansas City acted as the fiscal sponsor and backbone service organization for the Cultural Competency Collective of GKC and the Board Diversity and Inclusion Initiative. These Collectives seek to enhance nonprofit sector skills, organizational effectiveness, and engagement of stakeholders. Support Kansas City also acts as a fiscal agent to agencies with Health Forward Foundation.

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

**4e** Total program service expenses **▶** 1,244,993

**Part IV Checklist of Required Schedules**

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

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

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

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

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b>	9
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	✓

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> <span style="float: right;">27</span>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		✓
<b>b</b>	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		✓
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		✓
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		✓
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	✓
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	✓

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► None
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►

**K Christy Cubbage, (913)831-4752**

**6750 Antioch Rd Suite 305, Merriam, KS 66204**

**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.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
Jennifer Vanderbout Chief Operating Officer	40.00 0.00			✓			81,775	0	4,911	
K Christy Cubbage Chief Financial Officer	32.00 0.00			✓			63,167	0	4,881	
Bill Moore Executive Director (May-Dec)	40.00 0.00			✓			64,792	0	2,456	
Debra L Box Executive Director (Jan-Apr)	40.00 0.00			✓			47,785	0	2,456	
John Engelmann President	1.50 0.00	✓		✓			0	0	0	
Tracy Hale Vice Chair	1.00 40.00	✓					0	0	0	
W Dean Fuhrman Treasurer	1.50 0.00	✓		✓			0	0	0	
Todd Burton Immediate Past Board Chair	1.00 0.00	✓					0	0	0	
Brande Anderson Board Member	1.00 0.00	✓					0	0	0	
Erica Andrade Board Member	1.00 0.00	✓					0	0	0	
Alexandra Brown Board Member (Jun-Dec)	1.00 0.00	✓					0	0	0	
Chan Brown Board Member	1.00 0.00	✓					0	0	0	
Jeremy Davis Board Member (Jan-Aug)	1.00 0.00	✓					0	0	0	
Gail Hoover King Board Member (Jun-Dec)	1.00 0.00	✓					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			
Tyson Markham	1.00									
Board Member (Jun-Dec)	0.00	✓					0	0	0	
Thomas McCoy	1.00									
Board Member	0.00	✓					0	0	0	
Amy Pieper	1.00									
Board Member	0.00	✓					0	0	0	
Pamela J Schmidt	1.00									
Board Member	0.00	✓					0	0	0	
Jabbar Wesley	1.00									
Board Member (Jan-Aug)	0.00	✓					0	0	0	
<b>1b Subtotal</b>							<b>257,519</b>	<b>0</b>	<b>14,704</b>	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							<b>257,519</b>	<b>0</b>	<b>14,704</b>	

**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 **0**

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

**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
None		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**



**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>	0					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>	0					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	0					
	<b>d</b>	Related organizations . . . . .	<b>1d</b>	0					
	<b>e</b>	Government grants (contributions)	<b>1e</b>	0					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	379,425					
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$ 3,299					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		379,425					
	<b>Program Service Revenue</b>	<b>2a</b>	<u>Service Fees</u> . . . . .	Business Code 561499	1,170,459	1,170,459	0	0	
<b>b</b>		<u>Evaluation Project Fees</u> . . . . .	561499	10,000	0	10,000	0		
<b>c</b>		. . . . .							
<b>d</b>		. . . . .							
<b>e</b>		. . . . .							
<b>f</b>		All other program service revenue . . . . .		0	0	0	0		
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . . ▶		1,180,459					
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		83	0	0	83		
	<b>4</b>	Income from investment of tax-exempt bond proceeds ▶		0	0	0	0		
	<b>5</b>	Royalties . . . . . ▶		0	0	0	0		
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>	(i) Real					
				(ii) Personal					
				<b>6b</b>					Less: rental expenses
				<b>6c</b>					Rental income or (loss)
	<b>d</b>	Net rental income or (loss) . . . . . ▶							
	<b>7a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities					
				(ii) Other					
				<b>7b</b>					Less: cost or other basis and sales expenses . . . . .
				<b>7c</b>					Gain or (loss) . . . . .
	<b>d</b>	Net gain or (loss) . . . . . ▶		-203	0	0	-203		
	<b>8a</b>	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>						
				<b>8b</b>					Less: direct expenses . . . . .
				<b>c</b>					Net income or (loss) from fundraising events . . . . . ▶
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>						
<b>9b</b>				Less: direct expenses . . . . .					
<b>c</b>				Net income or (loss) from gaming activities . . . . . ▶					
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>							
			<b>10b</b>					Less: cost of goods sold . . . . .	
			<b>c</b>					Net income or (loss) from sales of inventory . . . . . ▶	
<b>Miscellaneous Revenue</b>	<b>11a</b>	<u>Extended Sick Leave Estimate Adjustment</u> . . . . .	Business Code 900099	17,502	17,502	0	0		
	<b>b</b>	. . . . .							
	<b>c</b>	. . . . .							
	<b>d</b>	All other revenue . . . . .		1,915	1,915	0	0		
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶		19,417					
<b>12</b>	<b>Total revenue.</b> See instructions . . . . . ▶		1,579,181	1,189,876	10,000	-120			

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
2	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
4	Benefits paid to or for members . . . . .				
5	Compensation of current officers, directors, trustees, and key employees . . . . .	272,224	196,169	69,877	6,178
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7	Other salaries and wages . . . . .	911,061	656,527	233,859	20,675
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .				
9	Other employee benefits . . . . .	52,873	37,606	14,036	1,231
10	Payroll taxes . . . . .	91,032	65,902	23,088	2,042
11	Fees for services (nonemployees):				
a	Management . . . . .				
b	Legal . . . . .	5,470	0	5,470	0
c	Accounting . . . . .	11,150	0	11,150	0
d	Lobbying . . . . .				
e	Professional fundraising services. See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	146,869	144,246	2,623	0
12	Advertising and promotion . . . . .	8,453	0	6,167	2,286
13	Office expenses . . . . .	29,804	24,491	4,731	582
14	Information technology . . . . .	48,352	31,434	16,230	688
15	Royalties . . . . .				
16	Occupancy . . . . .	51,677	29,772	21,045	860
17	Travel . . . . .	31,424	25,881	5,471	72
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .				
20	Interest . . . . .	575	0	575	0
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	16,240	11,651	4,223	366
23	Insurance . . . . .	10,687	7,473	2,969	245
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) . . . . .				
a	<u>Dues and Subscriptions</u> . . . . .	5,131	4,547	552	32
b	<u>Staff Development</u> . . . . .	6,328	3,220	3,078	30
c	<u>Recruitment</u> . . . . .	658	0	658	0
d	<u>Other Program Costs</u> . . . . .	1,915	1,915	0	0
e	All other expenses . . . . .	5,599	4,159	1,440	0
25	<b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	1,707,522	1,244,993	427,242	35,287
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	210,816	<b>1</b>	305,041
	<b>2</b> Savings and temporary cash investments . . . . .	171,019	<b>2</b>	30,096
	<b>3</b> Pledges and grants receivable, net . . . . .	265,177	<b>3</b>	95,000
	<b>4</b> Accounts receivable, net . . . . .	98,399	<b>4</b>	133,554
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	5,296	<b>9</b>	4,771
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	91,653		
	<b>b</b> Less: accumulated depreciation . . . . .	54,092		
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	802,796	<b>16</b>	606,023	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	32,173	<b>17</b>	23,818
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .	88,462	<b>25</b>	28,385
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	120,635	<b>26</b>	52,203
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	190,088	<b>27</b>	232,169
	<b>28</b> Net assets with donor restrictions . . . . .	492,073	<b>28</b>	321,651
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	682,161	<b>32</b>	553,820	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	802,796	<b>33</b>	606,023	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,579,181
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,707,522
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-128,341
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	682,161
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	0
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	553,820

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	✓	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		✓
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization <b>SUPPORT KANSAS CITY INC</b>	Employer identification number <b>31-1717077</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 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)(vii)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10  An organization that normally receives: (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box 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 169
- 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) See Schedule A, Part VI, Statement 1				✓		
(B)						
(C)						
(D)						
(E)						
<b>Total</b>					<b>0</b>	<b>354,964</b>

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 33 1/3% support test—2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First 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**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests—2019.** 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—2018.** 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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	✓	
c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		✓
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		✓
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		✓
<b>b</b> A family member of a person described in (a) above?		✓
<b>c</b> 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>		✓

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		✓

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>		
<b>b</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>		
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</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>		

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

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

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C—Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			



**Part VI** **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 A, Part IV, Section A, Line 1 - Part IV Section A Line 1 - Organizations supported by Support Kansas City are all charitable, religious, educational or scientific organizations operating in Kansas or Missouri that are described in Section 501(c)(3) and Section 509(a)(1) or Section 509(a)(2) of the Internal Revenue Code (IRC) so long as they are exempt from federal income taxation under Section 501(a) of the IRC.

Schedule A, Part IV, Section A, Line 5a - Part IV Section A Line 5a - Twenty-nine new supported organizations received support and services during 2019. These organizations were part of the existing class of supported organizations as described in the bylaws and no action was required. Organizations added in 2019 were the following: The Bacchus Foundation 43-1334516 Elevate Metro KC 83-3698822 Food Equality Initiative 47-2377396 Friends of Infant Toddler Services 43-1899723 Giving Hope & Help 47-2005923 The Greater Kansas City Hispanic Development Fund The Healing Chair 46-3001826 Kansas City Artists Coalition 43-1840674 Kansas City Anti-Violence Project 77-0595867 KC CARE Health Center 43-0967292 KC Creates Inc 04-3810756 Kansas City Medical Society & Foundation 56-2552704 Life Model Works 95-3269033 Neighborhood Legal Support of Kansas City 81-3880382 Mission Project - Personal Care Assistants, LLC 30-1116348 NourishKC 43-1525298 The Parkinson's Exercise and Wellness Center 83-2228108 Pharmacy of Grace 82-5372375 Restoration House of Greater Kansas City 27-4837279 Reaching Out From Within 26-2736145 Superhero Yoga 81-5398373 Te Deum Inc 26-3397045 Uncover KC 46-5027619 Union Cemetery Historical Society 43-1418672 The Urban Scholastic Center 56-2484548 Warriors' Ascent 47-1029701 W.E.B. DuBois Learning Center 43-1225401 During the year, nine organizations were removed since they no longer required the services of Support Kansas City. These organizations were: Hope Family Care Center 26-4021005 Lazarus Ministries 26-3143007 Mid America Freedom Band 20-1605768 Marlborough Community Coalition 27-0912336 Metro Lutheran Ministry 43-0970991 Missouri Coalition for Oral Health, Inc. 20-5032836 Missouri Hospice and Palliative Care Association 43-1213065 Mattie Rhodes Center 44-0546343 Sunlight Children's Advocacy & Rights Foundation 84-1648274

## Information About the supported organizations

Name Of Org.	EIN	Type Of Organization	Listed In Governing Documents	Support Amount	Other Support Amount
Argentine Betterment Corporation	27-1406579	7	No	0	2,255
American Civil Liberties Union Foundation of Kansas	43-0926406	10	No	0	0
AdHoc Group Against Crime	30-0455147	7	No	0	5,612
American Institute of Graphic Arts Kansas City	43-1574817	10	No	0	1,790
Kansas City Friends of Alvin Ailey	43-1412078	7	No	0	408
Arts In Prison	48-1208687	7	No	0	1,393
Advocates for Immigrant Rights and Reconciliation	47-4636795	7	No	0	812
American Jazz Museum	73-1650922	10	No	0	3,803
Alexandra's House	43-1781842	10	No	0	1,863
Aligned	27-3553781	7	No	0	2,471
Argentine Neighborhood Development Assoc	20-1249814	7	No	0	1,889
American Public Square	47-1579944	7	No	0	3,324
Arts & AGEing KC	47-1128594	7	No	0	767
Art in the Loop	20-2468361	7	No	0	641
American Stroke Foundation	74-2804603	10	No	0	2,332
After the Harvest	46-5385534	10	No	0	2,343
Black Archives of Mid-America	51-0191768	7	No	0	2,645
The Bacchus Foundation	43-1334516	10	No	0	357
Belles of the American Royal	43-1937291	7	No	0	3,370
BoysGrow Corp	27-2647539	7	No	0	2,276
The Black Repertory Theatre of Kansas City	47-5563828	10	No	0	1,007
Blue River Watershed Association	43-1834342	7	No	0	2,222
Central Area Betterment Association	48-0876365	10	No	0	2,302
Cancer Action	48-0650257	7	No	0	3,899
Child Abuse Prevention Association	43-1067711	7	No	0	2,957
Communities Creating Opportunities	43-1127845	10	No	0	1,657
Calvary Community Outreach Network	43-1686109	7	No	0	2,902
Camps for Kids	43-1244326	7	No	0	2,004
Charlie's House	06-1830922	10	No	0	2
Connecting for Good	45-3684984	10	No	0	4,563
Child Protection Center	20-4535728	10	No	0	3,797
Cross-Lines Community Outreach Inc	48-0697177	7	No	0	5,239
Coalition of Hispanic Women Against Cancer	48-1230884	10	No	0	106
Kansas City Consensus	43-1305776	7	No	0	0
COVERSA	43-1918057	10	No	0	4,807
Covenant Network of Presbyterians	94-3356039	7	No	0	710
Charlotte Street Foundation	27-0040902	10	No	0	6,439

## Schedule A, Part VI, Statement 1

## SUPPORT KANSAS CITY INC

Dismas House of Kansas City Inc	43-0986270	7	No	0	0
DEBATE Kansas City	71-0954101	10	No	0	2,745
Down Syndrome Guild of Greater Kansas City	43-1427760	10	No	0	8,311
The Economic Club of Kansas City	86-1147091	10	No	0	241
Early Learning Commission	46-5562334	7	No	0	158
El Centro Inc	36-2904073	7	No	0	0
Elevate Metro KC	83-3698822	7	No	0	1,045
Matthew 19 14 Inc DBA EMBRACE	81-2414216	7	No	0	1,361
EPEC INC	46-4112524	10	No	0	4,839
Ethnic Enrichment Commission of Kansas City	43-1762455	7	No	0	1,555
Expanding College for Exceptional Learners	27-2414996	7	No	0	162
Staley Falcon Club	80-0178666	10	No	0	157
The Farmer's House	32-0171681	10	No	0	24
Feed Northland Kids Inc	46-5073376	7	No	0	0
Food Equality Initiative	47-2377396	10	No	0	1,884
Falling Forward Foundation	47-4332787	7	No	0	0
Friends and Family of LCKS	82-4039395	7	No	0	470
Friendship Inn	43-1727724	10	No	0	1,318
Foundation for Inclusive Religious Education	43-1771385	7	No	0	3,492
Friends of Infant Toddler Services	43-1899723	7	No	0	4,154
Friends of Sacred Structures	43-1629910	10	No	0	1,787
Front Porch Alliance	43-1874501	7	No	0	5,623
Grandparents Against Gun Violence	47-4529133	7	No	0	601
Gate Way of Hope	22-3922901	10	No	0	368
Global Birthing Home Foundation	41-2156522	7	No	0	2,212
Gladstone Economic Betterment Council	43-1550694	7	No	0	1,850
Gift of Life Inc	48-1198979	7	No	0	3,568
Giving Hope & Help	47-2005923	7	No	0	1,209
Girls on the Run Serving Greater KCMO	20-8508128	10	No	0	3,560
Green Works	32-0195433	10	No	0	104
Harvest America Corporation	48-0921462	7	No	0	5,705
High Aspirations	81-0673432	7	No	0	4,845
HopeBUILDERS Home Repair Inc	48-1248881	7	No	0	442
The Healing Chair	46-3001826	10	No	0	360
Hispanic Economic Development Corp	43-1654693	7	No	0	4,690
KU Hillel	48-6121370	7	No	0	4,504
Heartland International Ministries	31-1798748	7	No	0	3,941
Healthy Living Projects Inc	20-4434490	7	No	0	1,398
HNC Living Foundation	46-4214254	7	No	0	4,208
The Hope Center	43-1828403	7	No	0	6,334
Hope-wrx	26-4706755	7	No	0	759
International Relations Council	43-0864912	10	No	0	1,466

## Schedule A, Part VI, Statement 1

## SUPPORT KANSAS CITY INC

InterUrban ArtHouse	45-3049864	10	No	0	2,448
Jackson County CASA	43-1401328	7	No	0	710
Junior Achievement of Middle America	44-0604809	7	No	0	4,155
Jewish Family Services	44-0545829	7	No	0	275
JobOne	43-1057288	7	No	0	402
Johnson County Interfaith Hospitality Network	20-0118693	10	No	0	1,561
Kansas City Artists Coalition	43-1840674	7	No	0	1,497
Kansas City Actors Theater	30-0262481	10	No	0	2,049
Kansas City Anti-Violence Project	77-0595867	7	No	0	52
KC CARE Health Center	43-0967292	7	No	0	2,660
KC Creates Inc	04-3810756	7	No	0	1,298
Kansas City House of Hope	20-1752186	7	No	0	3,449
Kansas City Museum Foundation	46-1878591	7	No	0	1,432
Kansas City Medical Society Foundation	56-2552704	7	No	0	58
Kansas City Rose Society	23-7356074	10	No	0	2,300
Kansas City Southwest Clinical Society	44-0309060	7	No	0	1,286
Kansas City Streetcar Authority	46-1005930	7	No	0	1,829
Mid-Coast Radio Project Inc	43-1111320	10	No	0	4,971
Kansas Public Health Association	48-0764023	7	No	0	1,884
Lansing Educational Foundation	26-2273288	7	No	0	62
Lorraine's House	81-2940008	7	No	0	64
LivingIntegrated	81-3067092	7	No	0	1,026
Liberty Hospital Foundation	43-1356176	7	No	0	5,781
Life Model Works	95-3269033	7	No	0	4,628
The Living Room Theatre	45-5176458	7	No	0	1,406
Love INC of Clay County	43-1570983	10	No	0	2,888
Neighborhood Legal Support of Kansas City	81-3880382	10	No	0	62
Mid America Hockey Association	27-0521211	10	No	0	10
Marian Hope	42-1622474	2	No	0	3,584
Mt Carmel Redevelopment Corporation	48-1160735	7	No	0	2,886
The Mission Project	83-0393426	7	No	0	7,285
Mesner Puppet Theater	43-1458119	10	No	0	1,423
Mission Project - Personal Care Assistants LLC	30-1116348	7	No	0	2,312
Mission Project Transportation Company	46-3639288	7	No	0	2,533
Newhouse	43-0962293	7	No	0	7,874
Nonprofit Leadership Alliance	44-0546869	10	No	0	2,444
Negro Leagues Baseball Museum Inc	43-1570612	10	No	0	119
NourishKC	43-1525298	7	No	0	1,775
Northland Therapeutic Riding Center	43-1883210	7	No	0	351
Males to Men	47-4628339	7	No	0	917
Operation BBQ Relief	45-2442792	10	No	0	220
Owen-Cox Dance Group	74-3190852	7	No	0	1,319

**Schedule A, Part VI, Statement 1**

**SUPPORT KANSAS CITY INC**

The Parkinson's Exercise and Wellness Center	83-2228108	10	No	0	63
Children's Advocacy Center Inc	48-1239614	7	No	0	832
Planet Play	46-3096097	7	No	0	1,579
Pharmacy of Grace	82-5372375	7	No	0	600
Partners in Public Health Inc	35-2268179	7	No	0	167
Puppetry Arts Institute	43-1891966	10	No	0	1,193
Restoration House of Greater Kansas City	27-4837279	7	No	0	1,566
Riverview Health Services	48-1072716	10	No	0	3,079
Reaching Out From Within	26-2736145	7	No	0	1,874
River of Refuge	27-0280023	7	No	0	1,566
Kansas City Regional Transit Alliance	31-1694118	7	No	0	569
Sherwood Autism Center	23-7413671	2	No	0	5,556
Shepherd's Center of Kansas City Central	43-0994417	10	No	0	80
Superhero Yoga	81-5398373	7	No	0	842
Supporting Kids Foundation	27-2386653	7	No	0	312
St Michael's Veterans Center Apartments	90-0765963	10	No	0	10
Soroptomist Kansas City Foundation	44-6011903	7	No	0	925
Samuel U Rodgers Health Center	43-0899356	3	No	0	0
Stephanie Waterman Tennis Foundation	43-1394444	7	No	0	914
Symphony in the Flint Hills Inc	74-3135493	7	No	0	340
Trinity Anglican Church	02-0423165	1	No	0	2,068
TeamSmile	75-3250075	7	No	0	120
Te Deum Inc	26-3397045	7	No	0	938
Ten Thousand Villages Overland Park Inc	74-2853254	10	No	0	1,843
United Community Services of Johnson County	48-0914699	7	No	0	2,951
Uncover KC	46-5027619	10	No	0	208
Unicorn Theatre	43-1094348	10	No	0	1,270
Union Cemetery Historical Society	43-1418672	7	No	0	617
Unity of the Heartland	27-5304987	10	No	0	0
The Urban Scholastic Center	56-2484548	7	No	0	1,544
Uzazi Village	46-0589830	10	No	0	2,932
Vasculitis Foundation	43-1492959	7	No	0	8,731
Vibrant Health - Wyandotte Neighborhood Clinics	48-1151382	7	No	0	5,470
MainStream Education Foundation	48-1143190	7	No	0	6,570
Warriors' Ascent	47-1029701	10	No	0	549
Watkins Mill Association	43-6052704	10	No	0	1,223
Wonderscope Children's Museum of Kansas City	48-1068613	10	No	0	3,675
WEB DuBois Learning Center	43-1225401	10	No	0	2,585
Welcome House	43-0984039	7	No	0	7,877
Vicki Welsh Ovarian Cancer Fund	46-1912384	7	No	0	997



**Schedule A, Part VI, Statement 1****SUPPORT KANSAS CITY INC**

Women's Employment Network	43-1508734	7	No	0	4,618
Wildwood Outdoor Education Center	43-1154205	10	No	0	1,486
Women's Foundation	43-1584928	7	No	0	161
The Wornall-Majors House Museums	43-1834180	7	No	0	456
CASA of Johnson and Wyandotte Counties	48-1088233	7	No	0	1,179
Youth Ambassadors	45-5220294	7	No	0	3,485
Youth Volunteer Corps	43-1597582	7	No	0	2,753
Youth Symphony of Kansas City	43-0828038	10	No	0	4,892

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization: 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" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions about donor advisement.

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

Form for Part II with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes and a table for held easements at the end of the tax year.

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.

Form for Part III with questions (1a, 1b, 2) regarding collections of art and historical treasures, including checkboxes and dollar amounts.

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

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

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |   | Amount |
|---|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

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

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

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

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

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

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land	0	0		0
<b>b</b> Buildings	0	0	0	0
<b>c</b> Leasehold improvements	0	7,746	1,597	6,149
<b>d</b> Equipment	0	83,907	52,495	31,412
<b>e</b> Other	0	0	0	0
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>37,561</b>

**Part VII Investments—Other Securities.**

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

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

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) Payroll Federal, State and Local Tax Liabilities	13,463
(3) Deferred Client Service Fees	2,000
(4) Capital Lease Obligation	5,635
(5) Deferred Rent Liability	3,244
(6) Due to Grant Recipient	4,043
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . .	28,385

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	1,614,250
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	0	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	34,868	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	0	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	0	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	34,868	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	1,579,382
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	0	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	-201	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	-201	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	1,579,181

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	1,742,591
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	34,868	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	0	
<b>c</b>	Other losses . . . . .	<b>2c</b>	0	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	201	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	35,069	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	1,707,522
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	0	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	0	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	1,707,522

**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.

Schedule D, Part X, Line 2 - The Organization has been granted an exemption from income taxes by the Internal Revenue Service under the provisions of Section 501(c)(3) of the Internal Revenue Code. Additionally, the Organization has been classified as a Section 509(a)(3) Organization which is a supporting organization rather than a private foundation. As such, no provision is made for income taxes in these statements. The Organization has adopted the standards requiring disclosure of uncertain tax positions under the ASC topic "Income Taxes." There has been no interest or penalties recognized in the financial statements related to uncertain tax positions. The Organization files its federal Exempt Organization Business Income Tax Return (Form 990) annually. The Organization is no longer subject to income tax examinations by taxing authorities for years before 2016.

Schedule D, Part XI, Line 4b - \$203 realized loss on sale of fixed assets included in 990 revenue; \$2 rounding

Schedule D, Part XII, Line 2d - \$203 realized loss on sale of fixed assets included in 990 revenue; \$2 rounding

**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.

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

**SUPPORT KANSAS CITY INC**

Employer identification number

**31-1717077**

Form 990, Part VI, Section A, Line 7a - Part VI Section A Line 7a - Qualifying supported organizations are sent a Board ballot. A qualifying supported organization is defined as an organization Support Kansas City has provided services to within the last 60 days and who is not more than 60 days in arrears for any funds due to Support Kansas City. The supported organizations have 30 days in which to respond by casting their vote via email or hand delivery to Support Kansas City. A response rate of at least 33% of qualifying organizations is deemed sufficient for the acceptance or rejection of the Board.

Form 990, Part VI, Section B, Line 11b - Part VI Section B Line 11b - The Audit Committee reviews the 990, provides feedback and asks questions. A final version of the 990 is provided to the full Board before filing.

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

Form 990, Part VI, Section B, Line 15 - Part VI Section B Line 15 - Compensation of the Executive Director is review annually by the Board of Directors. Compensation for the executive director is compared to that of other organizations with similar responsibilities, type, and size.

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

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**SUPPORT KANSAS CITY INC**

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

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

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Employer identification number

**31-1717077**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) _____					
(2) _____					
(3) _____					
(4) _____					
(5) _____					
(6) _____					

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) <a href="#">Argentine Betterment Corporation (27-1406579)</a> PO Box 6613, Kansas City, KS 66106	Public, Societal Benefit	KS	501(c)(3)	7	N/A		✓
(2) <a href="#">American Civil Liberties Union Foundation of Kansas (43-0926406)</a> 6701 West 64th St Suite 210, Overland Park, KS 66202	Public, Societal Benefit	KS	501(c)(3)	10	N/A		✓
(3) <a href="#">AdHoc Group Against Crime (30-0455147)</a> 2701 E 31st St, Kansas City, MO 64128	Human Services	MO	501(c)(3)	7	N/A		✓
(4) <a href="#">American Institute of Graphic Arts Kansas City (43-1574817)</a> 6750 Antioch Rd Suite 305A, Merriam, KS 66204	Arts, Culture and Humanities	KS	501(c)(3)	7	N/A		✓
(5) <a href="#">Kansas City Friends of Alvin Ailey (43-1412078)</a> 1714 East 18th Street, Kansas City, MO 64108	Arts, Culture and Humanities	MO	501(c)(3)	7	N/A		✓
(6) <a href="#">Arts In Prison (48-1208687)</a> PO Box 23502, Overland Park, KS 66283	Arts, Culture and Humanities	KS	501(c)(3)	10	N/A		✓
(7) (Continued on Schedule R, Part VII, Statement 1)							

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									



**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		✓
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		✓
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		✓
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		✓
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		✓
<b>f</b> Dividends from related organization(s) . . . . .		✓
<b>g</b> Sale of assets to related organization(s) . . . . .		✓
<b>h</b> Purchase of assets from related organization(s) . . . . .		✓
<b>i</b> Exchange of assets with related organization(s) . . . . .		✓
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		✓
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		✓
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	✓	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		✓
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		✓
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		✓
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		✓
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	✓	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		✓
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		✓

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part VI** **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													
(12) .....													
(13) .....													
(14) .....													
(15) .....													
(16) .....													



## Description of Identification of Related Tax-Exempt Organizations

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**Name and EIN** Advocates for Immigrant Rights and Reconciliation (47-4636795)  
**Address** P O Box 171603  
 Kansas City, KS 66117  
**Primary activities** Public, Societal Benefit  
**State or foreign country** KS  
**Exempt code section** 501(c)(3)  
**Public charity status** 7  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

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**Name and EIN** American Jazz Museum (73-1650922)  
**Address** 1616 East 18th Street  
 Kansas City, MO 64108  
**Primary activities** Arts, Culture and Humanities  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 10  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

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**Name and EIN** Alexandra's House (43-1781842)  
**Address** 638 West 39th Terrace  
 Kansas City, MO 64111  
**Primary activities** Health  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 7  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

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**Name and EIN** Aligned (27-3553781)  
**Address** 22052 West 66th Street Suite 200  
 Shawnee, KS 66226  
**Primary activities** Education  
**State or foreign country** KS  
**Exempt code section** 501(c)(3)  
**Public charity status** 10  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

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**Name and EIN** Argentine Neighborhood Development Assoc (20-1249814)  
**Address** PO Box 6146  
 Kansas City, KS 66106  
**Primary activities** Human Services  
**State or foreign country** KS  
**Exempt code section** 501(c)(3)  
**Public charity status** 7  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

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**Name and EIN** American Public Square (47-1579944)  
**Address** 300 E 39 Street 4F  
 Kansas City, MO 64111  
**Primary activities** Public, Societal Benefit  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 10

## Schedule R, Part VII, Statement 1

SUPPORT KANSAS CITY INC

Direct controlling entity N/A  
 512(b)(13) controlled organization? No

**Name and EIN** Arts & AGEing KC (47-1128594)  
**Address** PO Box 165303  
 Kansas City, MO 64116  
**Primary activities** Arts, Culture and Humanities  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 7  
 Direct controlling entity N/A  
 512(b)(13) controlled organization? No

**Name and EIN** Art in the Loop (20-2468361)  
**Address** 1000 Walnut Suite 200  
 Kansas City, MO 64106  
**Primary activities** Arts, Culture and Humanities  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 7  
 Direct controlling entity N/A  
 512(b)(13) controlled organization? No

**Name and EIN** American Stroke Foundation (74-2804603)  
**Address** 6405 Metcalf Ave Suite 214  
 Overland Park, KS 66202  
**Primary activities** Human Services  
**State or foreign country** KS  
**Exempt code section** 501(c)(3)  
**Public charity status** 7  
 Direct controlling entity N/A  
 512(b)(13) controlled organization? No

**Name and EIN** After the Harvest (46-5385534)  
**Address** 406 West 34th St Suite 816  
 Kansas City, MO 64111  
**Primary activities** Human Services  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 7  
 Direct controlling entity N/A  
 512(b)(13) controlled organization? No

**Name and EIN** Black Archives of Mid-America (51-0191768)  
**Address** 1722 E 17th Terrace  
 Kansas City, MO 64108  
**Primary activities** Education  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 7  
 Direct controlling entity N/A  
 512(b)(13) controlled organization? No

**Name and EIN** The Bacchus Foundation (43-1334516)  
**Address** PO Box 7264  
 Kansas City, MO 64113  
**Primary activities** Arts, Culture and Humanities  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 10  
 Direct controlling entity N/A  
 512(b)(13) controlled organization? No

## Schedule R, Part VII, Statement 1

SUPPORT KANSAS CITY INC

**Name and EIN** Belles of the American Royal (43-1937291)  
**Address** 6750 Antioch Rd Suite 305B  
 Merriam, KS 66204  
**Primary activities** Human Services  
**State or foreign country** KS  
**Exempt code section** 501(c)(3)  
**Public charity status** 10  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** BoysGrow Corp (27-2647539)  
**Address** PO Box 10102  
 Kansas City, MO 64171  
**Primary activities** Human Services  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 7  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** The Black Repertory Theatre of Kansas City (47-5563828)  
**Address** 8434 E 56th Terrace  
 Kansas City, MO 64129  
**Primary activities** Arts, Culture and Humanities  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 7  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** Blue River Watershed Association (43-1834342)  
**Address** PO Box 7276  
 Kansas City, MO 64132  
**Primary activities** Environment and Animals  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 7  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** Central Area Betterment Association (48-0876365)  
**Address** PO Box 171262  
 Kansas City, KS 66117  
**Primary activities** Public, Societal Benefit  
**State or foreign country** KS  
**Exempt code section** 501(c)(3)  
**Public charity status** 7  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** Cancer Action (48-0650257)  
**Address** 10520 Barkley Suite 100  
 Overland Park, KS 66212  
**Primary activities** Health  
**State or foreign country** KS  
**Exempt code section** 501(c)(3)  
**Public charity status** 10  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** Child Abuse Prevention Association (43-1067711)  
**Address** 503 East 23rd Street

## Schedule R, Part VII, Statement 1

SUPPORT KANSAS CITY INC

Independence, MO 64055

**Primary activities** Human Services

**State or foreign country** MO

**Exempt code section** 501(c)(3)

**Public charity status** 7

**Direct controlling entity** N/A

**512(b)(13) controlled organization?** No

**Name and EIN** Communities Creating Opportunities (43-1127845)

**Address** 2400 Troost Avenue Suite 4300  
Kansas City, MO 64108

**Primary activities** Public, Societal Benefit

**State or foreign country** MO

**Exempt code section** 501(c)(3)

**Public charity status** 7

**Direct controlling entity** N/A

**512(b)(13) controlled organization?** No

**Name and EIN** Calvary Community Outreach Network (43-1686109)

**Address** 2940 Holmes Street  
Kansas City, MO 64109

**Primary activities** Human Services

**State or foreign country** MO

**Exempt code section** 501(c)(3)

**Public charity status** 7

**Direct controlling entity** N/A

**512(b)(13) controlled organization?** No

**Name and EIN** Camps for Kids (43-1244326)

**Address** 5913 Woodson Rd Suite 211  
Mission, KS 66202

**Primary activities** Human Services

**State or foreign country** KS

**Exempt code section** 501(c)(3)

**Public charity status** 10

**Direct controlling entity** N/A

**512(b)(13) controlled organization?** No

**Name and EIN** Connecting for Good (45-3684984)

**Address** 3210 Michigan Ave Ste A  
Kansas City, MO 64109

**Primary activities** Human Services

**State or foreign country** MO

**Exempt code section** 501(c)(3)

**Public charity status** 7

**Direct controlling entity** N/A

**512(b)(13) controlled organization?** No

**Name and EIN** Charlie's House (06-1830922)

**Address** 6324 N Chatham Avenue Suite 223  
Kansas City, MO 64151

**Primary activities** Human Services

**State or foreign country** MO

**Exempt code section** 501(c)(3)

**Public charity status** 10

**Direct controlling entity** N/A

**512(b)(13) controlled organization?** No

**Name and EIN** Child Protection Center (20-4535728)

**Address** 3101 Broadway Suite 750  
Kansas City, MO 64111

**Primary activities** Human Services

## Schedule R, Part VII, Statement 1

SUPPORT KANSAS CITY INC

State or foreign country MO  
 Exempt code section 501(c)(3)  
 Public charity status 10  
 Direct controlling entity N/A  
 512(b)(13) controlled organization? No

Name and EIN Cross-Lines Community Outreach Inc (48-0697177)  
 Address 736 Shawnee Avenue  
 Kansas City, KS 66105  
 Primary activities Human Services  
 State or foreign country KS  
 Exempt code section 501(c)(3)  
 Public charity status 7  
 Direct controlling entity N/A  
 512(b)(13) controlled organization? No

Name and EIN Coalition of Hispanic Women Against Cancer (48-1230884)  
 Address 650 Minnesota Ave Suite 114  
 Kansas City, KS 66101-2806  
 Primary activities Health  
 State or foreign country KS  
 Exempt code section 501(c)(3)  
 Public charity status 10  
 Direct controlling entity N/A  
 512(b)(13) controlled organization? No

Name and EIN Kansas City Consensus (43-1305776)  
 Address 5301 Charlotte  
 Kansas City, MO 64171  
 Primary activities Public, Societal Benefit  
 State or foreign country MO  
 Exempt code section 501(c)(3)  
 Public charity status 7  
 Direct controlling entity N/A  
 512(b)(13) controlled organization? No

Name and EIN COVERSA (43-1918057)  
 Address 1317 W 13th Ter  
 Kansas City, MO 64102  
 Primary activities Health  
 State or foreign country MO  
 Exempt code section 501(c)(3)  
 Public charity status 7  
 Direct controlling entity N/A  
 512(b)(13) controlled organization? No

Name and EIN Covenant Network of Presbyterians (94-3356039)  
 Address 3210 Michigan Avenue Suite 300  
 Kansas City, MO 64109  
 Primary activities Religion Related  
 State or foreign country MO  
 Exempt code section 501(c)(3)  
 Public charity status 7  
 Direct controlling entity N/A  
 512(b)(13) controlled organization? No

Name and EIN Charlotte Street Foundation (27-0040902)  
 Address 1000 West 25th St  
 Kansas City, MO 64108  
 Primary activities Arts, Culture and Humanities  
 State or foreign country MO  
 Exempt code section 501(c)(3)



## Schedule R, Part VII, Statement 1

SUPPORT KANSAS CITY INC

Public charity status 7  
 Direct controlling entity N/A  
 512(b)(13) controlled organization? No

Name and EIN Dismas House of Kansas City Inc (43-0986270)  
 Address 301 East Armour Ste 201  
 Kansas City, MO 64111

Primary activities Health  
 State or foreign country MO  
 Exempt code section 501(c)(3)  
 Public charity status 7  
 Direct controlling entity N/A  
 512(b)(13) controlled organization? No

Name and EIN DEBATE Kansas City (71-0954101)  
 Address 5100 Rockhill Road 202 Haag Hall  
 Kansas City, MO 64110

Primary activities Human Services  
 State or foreign country MO  
 Exempt code section 501(c)(3)  
 Public charity status 7  
 Direct controlling entity N/A  
 512(b)(13) controlled organization? No

Name and EIN Down Syndrome Guild of Greater Kansas City (43-1427760)  
 Address 5960 Dearborn Street Suite 100  
 Mission, KS 66202

Primary activities Human Services  
 State or foreign country KS  
 Exempt code section 501(c)(3)  
 Public charity status 7  
 Direct controlling entity N/A  
 512(b)(13) controlled organization? No

Name and EIN The Economic Club of Kansas City (86-1147091)  
 Address PO Box 15655  
 Lenexa, KS 66285

Primary activities Public, Societal Benefit  
 State or foreign country KS  
 Exempt code section 501(c)(3)  
 Public charity status 10  
 Direct controlling entity N/A  
 512(b)(13) controlled organization? No

Name and EIN Early Learning Commission (46-5562334)  
 Address Attn George Lopez 3748 Washington  
 Kansas City, MO 64111

Primary activities Education  
 State or foreign country MO  
 Exempt code section 501(c)(3)  
 Public charity status 7  
 Direct controlling entity N/A  
 512(b)(13) controlled organization? No

Name and EIN El Centro Inc (36-2904073)  
 Address 650 Minnesota Ave  
 Kansas City, KS 66101

Primary activities Public, Societal Benefit  
 State or foreign country KS  
 Exempt code section 501(c)(3)  
 Public charity status 7  
 Direct controlling entity N/A

512(b)(13) controlled organization? No

**Name and EIN** Elevate Metro KC (83-3698822)  
**Address** 820 Rockwell Ln  
 Kansas City, MO 64112  
**Primary activities** Education  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 7  
**Direct controlling entity** N/A  
 512(b)(13) controlled organization? No

**Name and EIN** Matthew 19 14 Inc DBA EMBRACE (81-2414216)  
**Address** 8900 State Line Rd Suite 500  
 Leawood, KS 66206  
**Primary activities** Public, Societal Benefit  
**State or foreign country** KS  
**Exempt code section** 501(c)(3)  
**Public charity status** 10  
**Direct controlling entity** N/A  
 512(b)(13) controlled organization? No

**Name and EIN** EPEC INC (46-4112524)  
**Address** 5829 Troost Ave Suite B  
 Kansas City, MO 64110  
**Primary activities** Human Services  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 10  
**Direct controlling entity** N/A  
 512(b)(13) controlled organization? No

**Name and EIN** Ethnic Enrichment Commission of Kansas City (43-1762455)  
**Address** 4600 E 63rd Street  
 Kansas City, MO 64130  
**Primary activities** Arts, Culture and Humanities  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 10  
**Direct controlling entity** N/A  
 512(b)(13) controlled organization? No

**Name and EIN** Expanding College for Exceptional Learners (27-2414996)  
**Address** 5420 Locust Street  
 Kansas City, MO 64110  
**Primary activities** Education  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 7  
**Direct controlling entity** N/A  
 512(b)(13) controlled organization? No

**Name and EIN** Staley Falcon Club (80-0178666)  
**Address** 2800 NE Shoal Creek Parkway  
 Kansas City, MO 64156-1313  
**Primary activities** Education  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 10  
**Direct controlling entity** N/A  
 512(b)(13) controlled organization? No

**Name and EIN** The Farmer's House (32-0171681)

## Schedule R, Part VII, Statement 1

SUPPORT KANSAS CITY INC

**Address** 415 Main St  
 Weston, MO 64098  
**Primary activities** Human Services  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 10  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** Feed Northland Kids Inc (46-5073376)  
**Address** 8105 N Cosby Ave  
 Kansas City, MO 64151  
**Primary activities** Human Services  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 7  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** Food Equality Initiative (47-2377396)  
**Address** 300 E 39th Street Suite 30  
 Kansas City, MO 64111  
**Primary activities** Human Services  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 10  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** Falling Forward Foundation (47-4332787)  
**Address** 4513 Goldfield  
 Lawrence, KS 66049  
**Primary activities** Health  
**State or foreign country** KS  
**Exempt code section** 501(c)(3)  
**Public charity status** 7  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** Friends and Family of LCKS (82-4039395)  
**Address** PO Box 3023  
 Olathe, KS 66063  
**Primary activities** Human Services  
**State or foreign country** KS  
**Exempt code section** 501(c)(3)  
**Public charity status** 7  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** Friendship Inn (43-1727724)  
**Address** 6750 Antioch Rd Suite 305D  
 Merriam, KS 66204  
**Primary activities** Health  
**State or foreign country** KS  
**Exempt code section** 501(c)(3)  
**Public charity status** 7  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** Foundation for Inclusive Religious Education (43-1771385)  
**Address** 20 W 9th St  
 Kansas City, MO 64105

## Schedule R, Part VII, Statement 1

SUPPORT KANSAS CITY INC

**Primary activities** Religion Related  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 7  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** Friends of Infant Toddler Services (43-1899723)  
**Address** 6405 Metcalf Ave Suite 120  
 Overland Park, KS 66202

**Primary activities** Human Services  
**State or foreign country** KS  
**Exempt code section** 501(c)(3)  
**Public charity status** 7  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** Friends of Sacred Structures (43-1629910)  
**Address** 6750 Antioch Rd Suite 305C  
 Merriam, KS 66204

**Primary activities** Arts, Culture and Humanities  
**State or foreign country** KS  
**Exempt code section** 501(c)(3)  
**Public charity status** 10  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** Front Porch Alliance (43-1874501)  
**Address** 3210 Michigan  
 Kansas City, MO 64109

**Primary activities** Public, Societal Benefit  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 7  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** Grandparents Against Gun Violence (47-4529133)  
**Address** PO Box 11193  
 Overland Park, KS 66207

**Primary activities** Public, Societal Benefit  
**State or foreign country** KS  
**Exempt code section** 501(c)(3)  
**Public charity status** 10  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** Gate Way of Hope (22-3922901)  
**Address** 801 N Murlen Ste 111  
 Olathe, KS 66062

**Primary activities** Unknown/Unclassified  
**State or foreign country** KS  
**Exempt code section** 501(c)(3)  
**Public charity status** 10  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** Global Birthing Home Foundation (41-2156522)  
**Address** 5000 West 134th Street  
 Leawood, KS 66209-7806

**Primary activities** Health  
**State or foreign country** KS

## Schedule R, Part VII, Statement 1

SUPPORT KANSAS CITY INC

Exempt code section 501(c)(3)  
 Public charity status 7  
 Direct controlling entity N/A  
 512(b)(13) controlled organization? No

**Name and EIN** Gladstone Economic Betterment Council (43-1550694)  
**Address** PO Box 10719  
 Gladstone, MO 64188-0719  
**Primary activities** Public, Societal Benefit  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 7  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** Gift of Life Inc (48-1198979)  
**Address** 6405 West Metcalf Avenue Suite 109  
 Mission, KS 66202  
**Primary activities** Health  
**State or foreign country** KS  
**Exempt code section** 501(c)(3)  
**Public charity status** 7  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** Giving Hope & Help (47-2005923)  
**Address** PO Box 2446  
 Lees Summit, MO 64063-2446  
**Primary activities** Human Services  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 7  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** Girls on the Run Serving Greater KCMO (20-8508128)  
**Address** 211 W 18th St  
 Kansas City, MO 64108  
**Primary activities** Human Services  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 10  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** Green Works (32-0195433)  
**Address** 607 E 31st St  
 Kansas City, MO 64109  
**Primary activities** Education  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 10  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** Harvest America Corporation (48-0921462)  
**Address** 10000 West 75th Suite 247  
 Shawnee Mission, KS 66204  
**Primary activities** Human Services  
**State or foreign country** KS  
**Exempt code section** 501(c)(3)  
**Public charity status** 10

## Schedule R, Part VII, Statement 1

SUPPORT KANSAS CITY INC

Direct controlling entity N/A  
 512(b)(13) controlled organization? No

**Name and EIN** High Aspirations (81-0673432)  
**Address** 803 E 27th Street  
 Kansas City, MO 64108  
**Primary activities** Human Services  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 10  
 Direct controlling entity N/A  
 512(b)(13) controlled organization? No

**Name and EIN** HopeBUILDERS Home Repair Inc (48-1248881)  
**Address** 7851 West 119th Street  
 Overland Park, KS 66213  
**Primary activities** Public, Societal Benefit  
**State or foreign country** KS  
**Exempt code section** 501(c)(3)  
**Public charity status** 7  
 Direct controlling entity N/A  
 512(b)(13) controlled organization? No

**Name and EIN** The Healing Chair (46-3001826)  
**Address** 14547 Granada Circle  
 Leawood, KS 66224  
**Primary activities** Health  
**State or foreign country** KS  
**Exempt code section** 501(c)(3)  
**Public charity status** 10  
 Direct controlling entity N/A  
 512(b)(13) controlled organization? No

**Name and EIN** Hispanic Economic Development Corp (43-1654693)  
**Address** 2130 Jefferson Street  
 Kansas City, MO 64108  
**Primary activities** Public, Societal Benefit  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 10  
 Direct controlling entity N/A  
 512(b)(13) controlled organization? No

**Name and EIN** KU Hillel (48-6121370)  
**Address** 722 New Hampshire St  
 Lawrence, KS 66044  
**Primary activities** Education  
**State or foreign country** KS  
**Exempt code section** 501(c)(3)  
**Public charity status** 7  
 Direct controlling entity N/A  
 512(b)(13) controlled organization? No

**Name and EIN** Heartland International Ministries (31-1798748)  
**Address** PO Box 23  
 Shawnee Mission, KS 66201  
**Primary activities** Human Services  
**State or foreign country** KS  
**Exempt code section** 501(c)(3)  
**Public charity status** 10  
 Direct controlling entity N/A  
 512(b)(13) controlled organization? No

## Schedule R, Part VII, Statement 1

SUPPORT KANSAS CITY INC

**Name and EIN** Healthy Living Projects Inc (20-4434490)  
**Address** 8650 West 95th Street Suite 3  
 Overland Park, KS 66212  
**Primary activities** Health  
**State or foreign country** KS  
**Exempt code section** 501(c)(3)  
**Public charity status** 7  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

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**Name and EIN** HNC Living Foundation (46-4214254)  
**Address** 6240 W 135th St Ste 200  
 Overland Park, KS 66223-4849  
**Primary activities** Health  
**State or foreign country** KS  
**Exempt code section** 501(c)(3)  
**Public charity status** 7  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

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**Name and EIN** The Hope Center (43-1828403)  
**Address** 2800 E Linwood Boulevard  
 Kansas City, MO 64128  
**Primary activities** Human Services  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 10  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

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**Name and EIN** Hope-wrx (26-4706755)  
**Address** 900 NE Vivion Rd  
 Kansas City, MO 64118  
**Primary activities** Human Services  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 10  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

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**Name and EIN** International Relations Council (43-0864912)  
**Address** 30 W Pershing Road Suite 201  
 Kansas City, MO 64108  
**Primary activities** International, Foreign Affairs  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 10  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

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**Name and EIN** InterUrban ArtHouse (45-3049864)  
**Address** 8001 Newton Street  
 Overland Park, KS 66204  
**Primary activities** Arts, Culture and Humanities  
**State or foreign country** KS  
**Exempt code section** 501(c)(3)  
**Public charity status** 10  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

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**Name and EIN** Jackson County CASA (43-1401328)  
**Address** 2544 Holmes

## Schedule R, Part VII, Statement 1

SUPPORT KANSAS CITY INC

Kansas City, MO 64108  
**Primary activities** Public, Societal Benefit  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 7  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** Junior Achievement of Middle America (44-0604809)  
**Address** 4001 Blue Pkwy 210  
 Kansas City, MO 64130  
**Primary activities** International, Foreign Affairs  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 10  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** Jewish Family Services (44-0545829)  
**Address** 5801 W 115th Street Ste 103  
 Overland Park, KS 66211  
**Primary activities** Human Services  
**State or foreign country** KS  
**Exempt code section** 501(c)(3)  
**Public charity status** 7  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** JobOne (43-1057288)  
**Address** 1085 S Yuma  
 Independence, MO 64056  
**Primary activities** Health  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 7  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** Johnson County Interfaith Hospitality Network (20-0118693)  
**Address** 6315 W 110th St  
 Overland Park, KS 66211  
**Primary activities** Human Services  
**State or foreign country** KS  
**Exempt code section** 501(c)(3)  
**Public charity status** 10  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** Kansas City Artists Coalition (43-1840674)  
**Address** 201 Wyandotte St  
 Kansas City, MO 64105  
**Primary activities** Arts, Culture and Humanities  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 10  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** Kansas City Actors Theater (30-0262481)  
**Address** PO Box 414260  
 Kansas City, MO 64141  
**Primary activities** Arts, Culture and Humanities



## Schedule R, Part VII, Statement 1

SUPPORT KANSAS CITY INC

State or foreign country MO  
 Exempt code section 501(c)(3)  
 Public charity status 7  
 Direct controlling entity N/A  
 512(b)(13) controlled organization? No

Name and EIN Kansas City Anti-Violence Project (77-0595867)  
 Address 4050 Pennsylvania Ave Suite 135  
 Kansas City, MO 64111

Primary activities Human Services  
 State or foreign country MO  
 Exempt code section 501(c)(3)  
 Public charity status 7  
 Direct controlling entity N/A  
 512(b)(13) controlled organization? No

Name and EIN KC CARE Health Center (43-0967292)  
 Address 3515 Broadway  
 Kansas City, MO 64111

Primary activities Health  
 State or foreign country MO  
 Exempt code section 501(c)(3)  
 Public charity status 10  
 Direct controlling entity N/A  
 512(b)(13) controlled organization? No

Name and EIN KC Creates Inc (04-3810756)  
 Address PO Box 415001  
 Kansas City, MO 64141-5001

Primary activities Arts, Culture and Humanities  
 State or foreign country MO  
 Exempt code section 501(c)(3)  
 Public charity status 10  
 Direct controlling entity N/A  
 512(b)(13) controlled organization? No

Name and EIN Kansas City House of Hope (20-1752186)  
 Address PO Box 4073  
 Overland Park, KS 66204

Primary activities Education  
 State or foreign country KS  
 Exempt code section 501(c)(3)  
 Public charity status 7  
 Direct controlling entity N/A  
 512(b)(13) controlled organization? No

Name and EIN Kansas City Museum Foundation (46-1878591)  
 Address 3218 Gladstone Blvd  
 Kansas City, MO 64123

Primary activities Arts, Culture and Humanities  
 State or foreign country MO  
 Exempt code section 501(c)(3)  
 Public charity status 7  
 Direct controlling entity N/A  
 512(b)(13) controlled organization? No

Name and EIN Kansas City Medical Society & Foundation (56-2552704)  
 Address 300 E 39th Street Suite 2M  
 Kansas City, MO 64111

Primary activities Health  
 State or foreign country MO  
 Exempt code section 501(c)(3)

## Schedule R, Part VII, Statement 1

SUPPORT KANSAS CITY INC

Public charity status 7  
 Direct controlling entity N/A  
 512(b)(13) controlled organization? No

**Name and EIN** Kansas City Rose Society (23-7356074)  
**Address** 5200 Pennsylvania Avenue  
 Kansas City, MO 64112  
**Primary activities** Environment and Animals  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 10  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** Kansas City Southwest Clinical Society (44-0309060)  
**Address** 9229 Ward Parkway Suite 280  
 Kansas City, MO 64114  
**Primary activities** Health  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 10  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** Kansas City Streetcar Authority (46-1005930)  
**Address** 600 E 3rd St  
 Kansas City, MO 64106  
**Primary activities** Public, Societal Benefit  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 10  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** Mid-Coast Radio Project Inc (43-1111320)  
**Address** PO Box 32250  
 Kansas City, MO 64171  
**Primary activities** Arts, Culture and Humanities  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 10  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** Kansas Public Health Association (48-0764023)  
**Address** PO BOX 67085  
 Topeka, KS 66667  
**Primary activities** Human Services  
**State or foreign country** KS  
**Exempt code section** 501(c)(3)  
**Public charity status** 7  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** Lansing Educational Foundation (26-2273288)  
**Address** 401 S 2nd  
 Lansing, KS 66043  
**Primary activities** Education  
**State or foreign country** KS  
**Exempt code section** 501(c)(3)  
**Public charity status** 7  
**Direct controlling entity** N/A

512(b)(13) controlled organization? No

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**Name and EIN** Lorraine's House (81-2940008)  
**Address** 117 N Cooper  
 Olathe, KS 66061  
**Primary activities** Human Services  
**State or foreign country** KS  
**Exempt code section** 501(c)(3)  
**Public charity status** 7  
**Direct controlling entity** N/A  
 512(b)(13) controlled organization? No

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**Name and EIN** LivingIntegrated (81-3067092)  
**Address** 6750 Antioch Rd Suite 305F  
 Merriam, KS 66204  
**Primary activities** Health  
**State or foreign country** KS  
**Exempt code section** 501(c)(3)  
**Public charity status** 10  
**Direct controlling entity** N/A  
 512(b)(13) controlled organization? No

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**Name and EIN** Liberty Hospital Foundation (43-1356176)  
**Address** PO Box 1002  
 Liberty, MO 64069  
**Primary activities** Health  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 10  
**Direct controlling entity** N/A  
 512(b)(13) controlled organization? No

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**Name and EIN** Life Model Works (95-3269033)  
**Address** 8605 Santa Monica Blvd 17808  
 West Hollywood, CA 90069-4109  
**Primary activities** Public, Societal Benefit  
**State or foreign country** CA  
**Exempt code section** 501(c)(3)  
**Public charity status** 7  
**Direct controlling entity** N/A  
 512(b)(13) controlled organization? No

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**Name and EIN** The Living Room Theatre (45-5176458)  
**Address** 1818 McGee  
 Kansas City, MO 64108  
**Primary activities** Arts, Culture and Humanities  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 7  
**Direct controlling entity** N/A  
 512(b)(13) controlled organization? No

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**Name and EIN** Love INC of Clay County (43-1570983)  
**Address** 2050 Plumbers Way Suite 160  
 Liberty, MO 64068  
**Primary activities** Religion Related  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 7  
**Direct controlling entity** N/A  
 512(b)(13) controlled organization? No

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**Name and EIN** Neighborhood Legal Support of Kansas City (81-3880382)

## Schedule R, Part VII, Statement 1

SUPPORT KANSAS CITY INC

**Address** 1318 Cleveland Ave  
Kansas City, MO 64127

**Primary activities** Human Services

**State or foreign country** MO

**Exempt code section** 501(c)(3)

**Public charity status** 7

**Direct controlling entity** N/A

**512(b)(13) controlled organization?** No

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**Name and EIN** Mid America Hockey Association (27-0521211)

**Address** 19100 E Valleyview Parkway  
Independence, MO 64055

**Primary activities** Human Services

**State or foreign country** MO

**Exempt code section** 501(c)(3)

**Public charity status** 7

**Direct controlling entity** N/A

**512(b)(13) controlled organization?** No

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**Name and EIN** Marian Hope (42-1622474)

**Address** 14820 E 42nd Street South  
Independence, MO 64055

**Primary activities** Human Services

**State or foreign country** MO

**Exempt code section** 501(c)(3)

**Public charity status** 2

**Direct controlling entity** N/A

**512(b)(13) controlled organization?** No

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**Name and EIN** Mt Carmel Redevelopment Corporation (48-1160735)

**Address** 1130 Troup Ave  
Kansas City, KS 66104

**Primary activities** Human Services

**State or foreign country** KS

**Exempt code section** 501(c)(3)

**Public charity status** 7

**Direct controlling entity** N/A

**512(b)(13) controlled organization?** No

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**Name and EIN** The Mission Project (83-0393426)

**Address** 5960 Dearborn Suite 225  
Mission, KS 66202

**Primary activities** Human Services

**State or foreign country** KS

**Exempt code section** 501(c)(3)

**Public charity status** 7

**Direct controlling entity** N/A

**512(b)(13) controlled organization?** No

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**Name and EIN** Mission Project - Personal Care Assistants LLC (30-1116348)

**Address** 5960 Dearborn Suite 225  
Mission, KS 66202

**Primary activities** Human Services

**State or foreign country** KS

**Exempt code section** 501(c)(3)

**Public charity status** 7

**Direct controlling entity** N/A

**512(b)(13) controlled organization?** No

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**Name and EIN** Mission Project Transportation Company (46-3639288)

**Address** 5960 Dearborn Suite 225  
Mission, KS 66202

## Schedule R, Part VII, Statement 1

SUPPORT KANSAS CITY INC

**Primary activities** Public, Societal Benefit  
**State or foreign country** KS  
**Exempt code section** 501(c)(3)  
**Public charity status** 7  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** Newhouse (43-0962293)  
**Address** PO Box 240019  
 Kansas City, MO 64124

**Primary activities** Human Services  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 3  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** Nonprofit Leadership Alliance (44-0546869)  
**Address** 1801 Main Street Suite 200  
 Kansas City, MO 64108

**Primary activities** Unknown/Unclassified  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 7  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** Negro Leagues Baseball Museum Inc (43-1570612)  
**Address** 1616 E 18th St  
 Kansas City, MO 64108

**Primary activities** Arts, Culture and Humanities  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 10  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** NourishKC (43-1525298)  
**Address** 11 East 40th Street  
 Kansas City, MO 64111-4909

**Primary activities** Human Services  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 10  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** Northland Therapeutic Riding Center (43-1883210)  
**Address** PO Box 1267  
 Kearney, MO 64060-1267

**Primary activities** Health  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 7  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** Males to Men (47-4628339)  
**Address** 2905 Wabash  
 Kansas City, MO 64109

**Primary activities** Human Services  
**State or foreign country** MO

## Schedule R, Part VII, Statement 1

SUPPORT KANSAS CITY INC

Exempt code section 501(c)(3)  
 Public charity status 7  
 Direct controlling entity N/A  
 512(b)(13) controlled organization? No

**Name and EIN** Operation BBQ Relief (45-2442792)  
**Address** 15514 S McClintock Dr  
 Pleasant Hill, MO 64080  
**Primary activities** Human Services  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 7  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** Owen-Cox Dance Group (74-3190852)  
**Address** 3925 Main St Suite B  
 Kansas City, MO 64111  
**Primary activities** Arts, Culture and Humanities  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 7  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** The Parkinson's Exercise and Wellness Center (83-2228108)  
**Address** 3665 W 95th St  
 Overland Park, KS 66206  
**Primary activities** Health  
**State or foreign country** KS  
**Exempt code section** 501(c)(3)  
**Public charity status** 7  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** Children's Advocacy Center Inc (48-1239614)  
**Address** 123 W Adams St  
 Pittsburg, KS 66762  
**Primary activities** Human Services  
**State or foreign country** KS  
**Exempt code section** 501(c)(3)  
**Public charity status** 10  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** Planet Play (46-3096097)  
**Address** 15001 W 77th Terrace  
 Lenexa, KS 66216  
**Primary activities** Arts, Culture and Humanities  
**State or foreign country** KS  
**Exempt code section** 501(c)(3)  
**Public charity status** 7  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** Mesner Puppet Theater (43-1458119)  
**Address** 1006 E Linwood Boulevard  
 Kansas City, MO 64109  
**Primary activities** Arts, Culture and Humanities  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 10

## Schedule R, Part VII, Statement 1

SUPPORT KANSAS CITY INC

Direct controlling entity N/A  
 512(b)(13) controlled organization? No

Name and EIN Pharmacy of Grace (82-5372375)  
 Address 24000 W Valley Pkwy  
 Olathe, KS 66061

Primary activities Health  
 State or foreign country KS  
 Exempt code section 501(c)(3)  
 Public charity status 10  
 Direct controlling entity N/A  
 512(b)(13) controlled organization? No

Name and EIN Partners in Public Health Inc (35-2268179)  
 Address 11875 South Sunset Drive Suite 300  
 Olathe, KS 66061

Primary activities Health  
 State or foreign country KS  
 Exempt code section 501(c)(3)  
 Public charity status 10  
 Direct controlling entity N/A  
 512(b)(13) controlled organization? No

Name and EIN Puppetry Arts Institute (43-1891966)  
 Address 11025 East Winner Road  
 Independence, MO 64052

Primary activities Arts, Culture and Humanities  
 State or foreign country MO  
 Exempt code section 501(c)(3)  
 Public charity status 7  
 Direct controlling entity N/A  
 512(b)(13) controlled organization? No

Name and EIN Restoration House of Greater Kansas City (27-4837279)  
 Address 808 W Main Street  
 Greenwood, MO 64034

Primary activities Human Services  
 State or foreign country MO  
 Exempt code section 501(c)(3)  
 Public charity status 10  
 Direct controlling entity N/A  
 512(b)(13) controlled organization? No

Name and EIN Riverview Health Services (48-1072716)  
 Address 722 Reynolds Avenue  
 Kansas City, KS 66101

Primary activities Health  
 State or foreign country KS  
 Exempt code section 501(c)(3)  
 Public charity status 10  
 Direct controlling entity N/A  
 512(b)(13) controlled organization? No

Name and EIN Reaching Out From Within (26-2736145)  
 Address PO BOX 8527  
 Prairie Village, KS 66208

Primary activities Human Services  
 State or foreign country KS  
 Exempt code section 501(c)(3)  
 Public charity status 7  
 Direct controlling entity N/A  
 512(b)(13) controlled organization? No

## Schedule R, Part VII, Statement 1

SUPPORT KANSAS CITY INC

**Name and EIN** River of Refuge (27-0280023)  
**Address** 5155 Raytown Road Ste 101  
 Kansas City, MO 64133  
**Primary activities** Human Services  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 10  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** Kansas City Regional Transit Alliance (31-1694118)  
**Address** Union Station PO Box 410075  
 Kansas City, MO 64141  
**Primary activities** Public, Societal Benefit  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 7  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** Sherwood Autism Center (23-7413671)  
**Address** 8030 Ward Parkway Plaza  
 Kansas City, MO 64114  
**Primary activities** Education  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 2  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** Shepherd's Center of Kansas City Central (43-0994417)  
**Address** 1111 W 39th St Suite 200  
 Kansas City, MO 64111  
**Primary activities** Human Services  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 7  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** Superhero Yoga (81-5398373)  
**Address** 8317 Delmar Lane  
 Prairie Village, KS 66207  
**Primary activities** Human Services  
**State or foreign country** KS  
**Exempt code section** 501(c)(3)  
**Public charity status** 7  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** Supporting Kids Foundation (27-2386653)  
**Address** 21617 W 98th Terrace  
 Lenexa, KS 66220  
**Primary activities** Human Services  
**State or foreign country** KS  
**Exempt code section** 501(c)(3)  
**Public charity status** 7  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** St Michael's Veterans Center Apartments (90-0765963)  
**Address** 3838 Chelsea Drive



## Schedule R, Part VII, Statement 1

SUPPORT KANSAS CITY INC

Kansas City, MO 64128  
**Primary activities** Human Services  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 10  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** Soroptomist Kansas City Foundation (44-6011903)  
**Address** 520 West 103rd St Suite 224  
 Kansas City, MO 64114  
**Primary activities** Public, Societal Benefit  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 7  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** Samuel U Rodgers Health Center (43-0899356)  
**Address** 825 Euclid  
 Kansas City, MO 64124  
**Primary activities** Health  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 10  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** Stephanie Waterman Tennis Foundation (43-1394444)  
**Address** PO Box 8425  
 Kansas City, MO 64114  
**Primary activities** Human Services  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 7  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** Symphony in the Flint Hills Inc (74-3135493)  
**Address** 331 Broadway  
 Cottonwood Falls, KS 66845  
**Primary activities** Arts, Culture and Humanities  
**State or foreign country** KS  
**Exempt code section** 501(c)(3)  
**Public charity status** 7  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** Trinity Anglican Church (02-0423165)  
**Address** 3920 W 63rd Street  
 Prairie Village, KS 66208  
**Primary activities** Religion Related  
**State or foreign country** KS  
**Exempt code section** 501(c)(3)  
**Public charity status** 1  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

**Name and EIN** Te Deum Inc (26-3397045)  
**Address** 6641 Mission Road  
 Prairie Village, KS 66208  
**Primary activities** Arts, Culture and Humanities

## Schedule R, Part VII, Statement 1

SUPPORT KANSAS CITY INC

State or foreign country KS  
 Exempt code section 501(c)(3)  
 Public charity status 7  
 Direct controlling entity N/A  
 512(b)(13) controlled organization? No

Name and EIN TeamSmile (75-3250075)  
 Address 2000 Swift Street  
 North Kansas City, MO 64116

Primary activities Health  
 State or foreign country MO  
 Exempt code section 501(c)(3)  
 Public charity status 7  
 Direct controlling entity N/A  
 512(b)(13) controlled organization? No

Name and EIN Ten Thousand Villages Overland Park Inc (74-2853254)  
 Address 7947 Santa Fe Drive  
 Overland Park, KS 66204

Primary activities Human Services  
 State or foreign country KS  
 Exempt code section 501(c)(3)  
 Public charity status 7  
 Direct controlling entity N/A  
 512(b)(13) controlled organization? No

Name and EIN United Community Services of Johnson County (48-0914699)  
 Address 12351 West 96th Terrace  
 Lenexa, KS 66215

Primary activities Human Services  
 State or foreign country KS  
 Exempt code section 501(c)(3)  
 Public charity status 7  
 Direct controlling entity N/A  
 512(b)(13) controlled organization? No

Name and EIN Uncover KC (46-5027619)  
 Address 10010 NW 70th Court  
 Kansas City, MO 64152

Primary activities Public, Societal Benefit  
 State or foreign country MO  
 Exempt code section 501(c)(3)  
 Public charity status 10  
 Direct controlling entity N/A  
 512(b)(13) controlled organization? No

Name and EIN Unicorn Theatre (43-1094348)  
 Address 3828 Main Street  
 Kansas City, MO 64111

Primary activities Arts, Culture and Humanities  
 State or foreign country MO  
 Exempt code section 501(c)(3)  
 Public charity status 7  
 Direct controlling entity N/A  
 512(b)(13) controlled organization? No

Name and EIN Union Cemetery Historical Society (43-1418672)  
 Address 227 East 28th Terrace  
 Kansas City, MO 64108

Primary activities Unknown/Unclassified  
 State or foreign country MO  
 Exempt code section 501(c)(3)

## Schedule R, Part VII, Statement 1

SUPPORT KANSAS CITY INC

Public charity status 7  
 Direct controlling entity N/A  
 512(b)(13) controlled organization? No

Name and EIN Unity of the Heartland (27-5304987)  
 Address 720 S Rogers Rd A  
 Olathe, KS 66062

Primary activities Religion Related  
 State or foreign country KS  
 Exempt code section 501(c)(3)  
 Public charity status 10  
 Direct controlling entity N/A  
 512(b)(13) controlled organization? No

Name and EIN The Urban Scholastic Center (56-2484548)  
 Address PO Box 171035  
 Kansas City, KS 66117

Primary activities Human Services  
 State or foreign country KS  
 Exempt code section 501(c)(3)  
 Public charity status 7  
 Direct controlling entity N/A  
 512(b)(13) controlled organization? No

Name and EIN Uzazi Village (46-0589830)  
 Address 4232 Troost  
 Kansas City, MO 64110

Primary activities Public, Societal Benefit  
 State or foreign country MO  
 Exempt code section 501(c)(3)  
 Public charity status 10  
 Direct controlling entity N/A  
 512(b)(13) controlled organization? No

Name and EIN Vasculitis Foundation (43-1492959)  
 Address PO Box 28660  
 Kansas City, MO 64188

Primary activities Health  
 State or foreign country MO  
 Exempt code section 501(c)(3)  
 Public charity status 7  
 Direct controlling entity N/A  
 512(b)(13) controlled organization? No

Name and EIN Vibrant Health - Wyandotte Neighborhood Clinics (48-1151382)  
 Address 21 North 12th Street Suite 300  
 Kansas City, KS 66102

Primary activities Health  
 State or foreign country KS  
 Exempt code section 501(c)(3)  
 Public charity status 10  
 Direct controlling entity N/A  
 512(b)(13) controlled organization? No

Name and EIN MainStream Education Foundation (48-1143190)  
 Address 6750 Antioch Rd Suite 305G  
 Merriam, KS 66204

Primary activities Education  
 State or foreign country KS  
 Exempt code section 501(c)(3)  
 Public charity status 7  
 Direct controlling entity N/A

512(b)(13) controlled organization? No

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**Name and EIN** Warriors' Ascent (47-1029701)  
**Address** 1600 Genessee St 306  
 Kansas City, MO 64102  
**Primary activities** Health  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 10  
**Direct controlling entity** N/A  
 512(b)(13) controlled organization? No

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**Name and EIN** Watkins Mill Association (43-6052704)  
**Address** Lawson Bank 401 N Pennsylvania  
 Lawson, MO 64062  
**Primary activities** Arts, Culture and Humanities  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 7  
**Direct controlling entity** N/A  
 512(b)(13) controlled organization? No

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**Name and EIN** Wonderscope Children's Museum of Kansas City (48-1068613)  
**Address** 5700 King Street  
 Shawnee, KS 66203  
**Primary activities** Education  
**State or foreign country** KS  
**Exempt code section** 501(c)(3)  
**Public charity status** 7  
**Direct controlling entity** N/A  
 512(b)(13) controlled organization? No

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**Name and EIN** WEB DuBois Learning Center (43-1225401)  
**Address** 4510 E Linwood Boulevard  
 Kansas City, MO 64128  
**Primary activities** Education  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 10  
**Direct controlling entity** N/A  
 512(b)(13) controlled organization? No

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**Name and EIN** Welcome House (43-0984039)  
**Address** 1414 E 27th St  
 Kansas City, MO 64108  
**Primary activities** Health  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 7  
**Direct controlling entity** N/A  
 512(b)(13) controlled organization? No

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**Name and EIN** Vicki Welsh Ovarian Cancer Fund (46-1912384)  
**Address** 5960 Dearborn Suite 235  
 Mission, KS 66202  
**Primary activities** Health  
**State or foreign country** KS  
**Exempt code section** 501(c)(3)  
**Public charity status** 7  
**Direct controlling entity** N/A  
 512(b)(13) controlled organization? No

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**Name and EIN** Women's Employment Network (43-1508734)

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SUPPORT KANSAS CITY INC

**Address** 4328 Madison Ave  
Kansas City, MO 64111

**Primary activities** Human Services

**State or foreign country** MO

**Exempt code section** 501(c)(3)

**Public charity status** 7

**Direct controlling entity** N/A

**512(b)(13) controlled organization?** No

**Name and EIN** Wildwood Outdoor Education Center (43-1154205)

**Address** 7095 W 399th St  
Lacygne, KS 66040-4062

**Primary activities** Environment and Animals

**State or foreign country** KS

**Exempt code section** 501(c)(3)

**Public charity status** 7

**Direct controlling entity** N/A

**512(b)(13) controlled organization?** No

**Name and EIN** Women's Foundation (43-1584928)

**Address** 2100 Central St Suite 11E  
Kansas City, MO 64108

**Primary activities** Unknown/Unclassified

**State or foreign country** MO

**Exempt code section** 501(c)(3)

**Public charity status** 7

**Direct controlling entity** N/A

**512(b)(13) controlled organization?** No

**Name and EIN** The Wornall-Majors House Museums (43-1834180)

**Address** 6115 Wornall Road  
Kansas City, MO 64113

**Primary activities** Arts, Culture and Humanities

**State or foreign country** MO

**Exempt code section** 501(c)(3)

**Public charity status** 7

**Direct controlling entity** N/A

**512(b)(13) controlled organization?** No

**Name and EIN** CASA of Johnson and Wyandotte Counties (48-1088233)

**Address** 6950 Squibb Rd Suite 300  
Mission, KS 66202

**Primary activities** Public, Societal Benefit

**State or foreign country** KS

**Exempt code section** 501(c)(3)

**Public charity status** 7

**Direct controlling entity** N/A

**512(b)(13) controlled organization?** No

**Name and EIN** Youth Ambassadors (45-5220294)

**Address** 5809 Michigan Avenue  
Kansas City, MO 64130

**Primary activities** Arts, Culture and Humanities

**State or foreign country** MO

**Exempt code section** 501(c)(3)

**Public charity status** 10

**Direct controlling entity** N/A

**512(b)(13) controlled organization?** No

**Name and EIN** Youth Volunteer Corps (43-1597582)

**Address** 1025 Jefferson Street  
Kansas City, MO 64105

**Schedule R, Part VII, Statement 1**

**SUPPORT KANSAS CITY INC**

**Primary activities** Human Services  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 7  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

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**Name and EIN** Youth Symphony of Kansas City (43-0828038)  
**Address** 1111 W 39th Street Suite A128  
Kansas City, MO 64111  
**Primary activities** Arts, Culture and Humanities  
**State or foreign country** MO  
**Exempt code section** 501(c)(3)  
**Public charity status** 10  
**Direct controlling entity** N/A  
**512(b)(13) controlled organization?** No

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