

Return of Organization Exempt From Income Tax

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning 01/01, 2013, and ending 12/31, 20 13

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

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

D Employer identification number
31-1717077

E Telephone number
913-831-4752

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

G Gross receipts \$ 945,768

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ www.supportkc.org

K Form of organization: Corporation Trust Association Other ▶

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

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>Providing nonprofit organizations with business and development expertise, empowering them to focus on their missions.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	14
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	17
	6	Total number of volunteers (estimate if necessary)	6	16
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 104,853	Current Year 174,975
	9	Program service revenue (Part VIII, line 2g)	612,564	770,089
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	131	137
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	167	567
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	717,715	945,768
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	504,112	655,507
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>30,566</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	177,431	176,076
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	681,543	831,583	
19	Revenue less expenses. Subtract line 18 from line 12	36,172	114,185	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 276,049	End of Year 443,925
	21	Total liabilities (Part X, line 26)	72,007	125,699
	22	Net assets or fund balances. Subtract line 21 from line 20	204,042	318,226

Part II Signature Block

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

Sign Here

Signature of officer: George Foldes, President Date: _____
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Frances Mayer Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: P00225160

Firm's name ▶ Support Kansas City Inc Firm's EIN ▶ 31-1717077
 Firm's address ▶ 5960 Dearborn Ste 200, Mission, KS 66202 Phone no. 913-831-4752

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response 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 \$ 674,388 including grants of \$ 0) (Revenue \$ 762,667)
The organization provided 14,140 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 forty-two (142) nonprofit 501(c)(3) agencies were served. Supported organizations also benefit from shared spaces with access to conference rooms.

4b (Code:) (Expenses \$ 16,120 including grants of \$) (Revenue \$ 5,500)
The organization promotes "best practices" for nonprofits in the community. Each year we award the Excellence in Nonprofit Leadership awards. The nomination and awards process educates board and staff leadership about the importance of governance, oversight, and transparency. In addition to direct client services, the SKC staff met one-on-one with 34 organizations seeking guidance and resources about best practices for nonprofits. The SKC staff presented 3 workshops on governance, fiscal management, and grant writing.

4c (Code:) (Expenses \$ 2,766 including grants of \$) (Revenue \$ 1,922)
The organization acted as fiscal agent on behalf of the Healthcare Foundation of Greater Kansas City for 19 agencies. The agencies indirectly benefitted from SKC's financial statement audit on which a clean opinion was issued.

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

4e Total program service expenses **▶** 693,274

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts 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"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, 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 checked="" type="checkbox"/>	<input type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a 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 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"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or 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"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		✓
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		✓
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		✓
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		✓
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
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>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	✓	

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

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	1a 2		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 17		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		✓
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d 		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		✓
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		✓
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a 	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b 	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a 	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b 	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b 	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b 	
c	Enter the amount of reserves on hand	13c 	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
	14b 		

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
10b	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?		
11a	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"/>	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12c	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"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		<input checked="" type="checkbox"/>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
16b	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 (or 1024 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 in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Debra Box, (913)831-4752

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Deena Holt President	1.0	✓		✓				0	0	0
George Foldesy Vice President	0	✓		✓				0	0	0
Rachel Cannon Secretary Treasurer	0	✓		✓				0	0	0
Renny Arensberg Board Member	0	✓						0	0	0
Hillary Beuschel Board Member	0	✓						0	0	0
Todd Burton Board Member	0	✓						0	0	0
Shelly Cook Board Member	0	✓						0	0	0
Alicia Falcone Board Member	0	✓						0	0	0
Bill Moore Board Member	0	✓						0	0	0
Ken Nettling Board Member	0	✓						0	0	0
Melissa Robinson Board Member	0	✓						0	0	0
Nanka Schneider Board Member	0	✓						0	0	0
Sherry Turner Board Member	0	✓						0	0	0
Andrea Young Board Member	0	✓						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
Debra L Box	50.0									
Executive Director	0			✓			77,785	0	4,873	
1b Sub-total							77,785	0	4,873	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							77,785	0	4,873	

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
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		✓
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		✓
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		✓

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 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	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	0				
	b	Membership dues	1b	0				
	c	Fundraising events	1c	0				
	d	Related organizations	1d	0				
	e	Government grants (contributions)	1e	0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	174,975				
	g	Noncash contributions included in lines 1a-1f: \$		0				
	h	Total. Add lines 1a-1f ▶		174,975				
Program Service Revenue				Business Code				
	2a	Service fees	561499	770,089	770,089	0	0	
	b							
	c							
	d							
	e							
	f	All other program service revenue		0	0	0	0	
g	Total. Add lines 2a-2f ▶		770,089					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		137	0	0	137	
	4	Income from investment of tax-exempt bond proceeds ▶		0	0	0	0	
	5	Royalties ▶		0	0	0	0	
	6a	Gross rents	(i) Real	(ii) Personal				
			b	Less: rental expenses				
			c	Rental income or (loss)	0	0		
	d	Net rental income or (loss) ▶						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			b	Less: cost or other basis and sales expenses				
			c	Gain or (loss)	0	0		
			d	Net gain or (loss) ▶				
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 a						
	b	Less: direct expenses b						
	c	Net income or (loss) from fundraising events . ▶						
	9a	Gross income from gaming activities. See Part IV, line 19 a						
	b	Less: direct expenses b						
	c	Net income or (loss) from gaming activities . . ▶						
	10a	Gross sales of inventory, less returns and allowances a						
b			Less: cost of goods sold b					
c			Net income or (loss) from sales of inventory . . ▶					
Miscellaneous Revenue			Business Code					
11a	Health Care Credit & Misc Inc	900099	567	567	0	0		
b								
c								
d	All other revenue		0	0	0	0		
e	Total. Add lines 11a-11d ▶		567					
12	Total revenue. See instructions. ▶		945,768	770,656	0	137		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0	0		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	82,658	49,595	20,664	12,399
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	499,794	436,258	54,695	8,841
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0
9 Other employee benefits	28,029	24,586	3,005	438
10 Payroll taxes	45,026	37,647	5,780	1,599
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	638	525	113	0
c Accounting	6,500	5,435	834	231
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	35,960	32,108	3,126	726
12 Advertising and promotion	4,426	0	2,438	1,988
13 Office expenses	30,643	25,621	3,933	1,089
14 Information technology	13,624	11,392	1,749	483
15 Royalties	0	0	0	0
16 Occupancy	41,832	34,977	5,370	1,485
17 Travel	3,444	2,880	442	122
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	2,221	1,857	285	79
20 Interest	739	618	95	26
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	12,570	10,510	1,614	446
23 Insurance	6,965	5,824	894	247
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>Organizational Gifts</u>	1,275	0	1,275	0
b <u>Dues and Subscriptions</u>	1,590	1,330	204	56
c <u>Staff Development</u>	6,427	5,374	825	228
d _____				
e All other expenses	7,222	6,737	402	83
25 Total functional expenses. Add lines 1 through 24e	831,583	693,274	107,743	30,566
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	13,271	1	75,081
	2 Savings and temporary cash investments	159,881	2	225,770
	3 Pledges and grants receivable, net	2,200	3	16,000
	4 Accounts receivable, net	77,461	4	106,352
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	2,386	9	2,504
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	72,753		
	b Less: accumulated depreciation	54,535		
	11 Investments—publicly traded securities	0	11c	18,218
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	276,049	16	443,925	
Liabilities	17 Accounts payable and accrued expenses	3,935	17	4,958
	18 Grants payable	0	18	0
	19 Deferred revenue	8,109	19	5,173
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	58,000
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	6,333	23	5,250
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	53,630	25	52,318
	26 Total liabilities. Add lines 17 through 25	72,007	26	125,699
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	177,422	27	304,626
	28 Temporarily restricted net assets	26,620	28	13,600
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	204,042	33	318,226
34 Total liabilities and net assets/fund balances	276,049	34	443,925	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	945,768
2	Total expenses (must equal Part IX, column (A), line 25)	2	831,583
3	Revenue less expenses. Subtract line 2 from line 1	3	114,185
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	204,042
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	318,226

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2013

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

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated
 - e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	<input checked="" type="checkbox"/>
(ii) A family member of a person described in (i) above?	11g(ii)	<input checked="" type="checkbox"/>
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	<input checked="" type="checkbox"/>

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A) Turner House Childrens Clinic	48-1151382	7		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		0
(B) Nonprofit Connect Network Learn	43-1121678	9		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		0
(C) Cooperative Council Argentine	48-0697177	7		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		0
(D) Neighborhood Development Assn Sch A, Stmt 1	20-1249814	7		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		0
(E)									
Total									0

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2013.** 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—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Information About the supported organizations

		Amount
Name	Associated Youth Services	0
EIN	48-0554802	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Vasculitis Foundation	0
EIN	43-1492959	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Child Protection Center Inc	0
EIN	23-4535728	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Mainstream Education Fdn	0
EIN	48-1143190	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Literacy Kansas City	0
EIN	43-1435729	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Sunflower House Inc	0
EIN	48-0918698	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Youth Symphony Assn of Kansas City Inc	0
EIN	43-0828038	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Shepherds Center of KC Central	0
EIN	43-0994417	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Heartland International Ministries	0
EIN	31-1798448	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	

Schedule A, Part IV, Statement 1

SUPPORT KANSAS CITY INC

Name	Womens Employment Network	0
EIN	43-1508734	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Jackson County CASA	0
EIN	43-1401328	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Wonderscope Inc	0
EIN	48-1068613	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	The Mission Project	0
EIN	83-0393426	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Junior Achievement of Mid America Inc	0
EIN	44-0604809	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Front Porch Alliance	0
EIN	43-1874501	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	American Stroke Foundation	0
EIN	74-2804603	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Down Syndrome Guild of GKC	0
EIN	43-1427760	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Hispanic Economic Development Corp	0
EIN	43-1654693	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Cancer Action Inc	0
EIN	48-0650257	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	

Schedule A, Part IV, Statement 1

SUPPORT KANSAS CITY INC

Organized In US	Yes	
Name	Covenant Network of Presbyterians	0
EIN	94-3356039	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Kansas City Friends of Alvin Ailey	0
EIN	43-1412078	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Communities Creating Opportunities	0
EIN	43-1127845	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Kansas Public Health Assn	0
EIN	48-0764023	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Love Inc of Clay County	0
EIN	43-1570983	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Friendship Inn of Kansas City	0
EIN	43-1727724	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Girls on the Run Jackson County	0
EIN	20-8508128	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Friends of Sacred Structures Inc	0
EIN	43-1629910	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Sherwood Center for the Exceptional Child	0
EIN	23-7413671	
Type Of Organization	2	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Kansas City Regional Transit Alliance	0
EIN	31-1694118	
Type Of Organization	7	
Listed In Governing Documents	No	

Schedule A, Part IV, Statement 1

SUPPORT KANSAS CITY INC

Supported Organization Notified Organized In US	Yes Yes	
Name	Mid-Coast Radio Project Inc	0
EIN	43-1111320	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified Organized In US	Yes Yes	
Name	Gilda's Club Kansas City	0
EIN	20-0493511	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified Organized In US	Yes Yes	
Name	AdHoc Group Against Crime	0
EIN	30-0455147	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified Organized In US	Yes Yes	
Name	Ten Thousand Villages Kansas City Inc	0
EIN	74-2853254	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified Organized In US	Yes Yes	
Name	Foundation for Inclusive Religious Education	0
EIN	43-1771385	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified Organized In US	Yes Yes	
Name	Kansas City Quality Improvement Consortium	0
EIN	20-2294428	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified Organized In US	Yes Yes	
Name	Missouri Coalition for Oral Health Inc	0
EIN	20-5032836	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified Organized In US	Yes Yes	
Name	Sunlight Childrens Advocacy and Rts Fdn	0
EIN	84-1648274	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified Organized In US	Yes Yes	
Name	Youth Volunteer Corps of America	0
EIN	43-1597582	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified Organized In US	Yes Yes	
Name	American Civil Liberties Union of Kansas and Western Missouri	0
EIN	43-0926406	
Type Of Organization	9	

Schedule A, Part IV, Statement 1

SUPPORT KANSAS CITY INC

Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Charlie's House	0
EIN	06-1830922	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Gift of Life Inc	0
EIN	48-1198979	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Global Birthing Home Foundation	0
EIN	41-2156522	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Metropolitan Organization Counter to Sexual	0
EIN	43-1061620	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Vicki Welsh Ovarian Cancer Fund	0
EIN	46-1912384	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Connecting for Good	0
EIN	45-3684984	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Spelman Medical Foundation	0
EIN	43-1270223	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Reaching Out From Within	0
EIN	26-2736145	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Blue River Watershed Assn	0
EIN	43-1834342	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	CASA of Johnson Wyandotte Cos Inc	0
EIN	48-1088233	

Schedule A, Part IV, Statement 1

SUPPORT KANSAS CITY INC

Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Samuel U Rodgers Health Ctr Inc	0
EIN	43-0899356	
Type Of Organization	501(c)(3)	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Kansas Chapter of Childrens Advocacy Ctr	0
EIN	20-8497489	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Unicorn Theatre	0
EIN	43-1094348	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Faith Voices for Jefferson City	0
EIN	45-2843181	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Lazarus Ministries	0
EIN	26-3143007	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Healthy Living Projects	0
EIN	20-4434490	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Argentine Betterment Corp	0
EIN	27-1406579	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Head for the Cure	0
EIN	20-8345719	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Ethnic Enrichment Cultural Council	0
EIN	43-1762455	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Harvest America Corporation	0

Schedule A, Part IV, Statement 1

SUPPORT KANSAS CITY INC

EIN	48-0921462	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	International Relations Council	0
EIN	43-0864912	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	KTEC Pipeline	0
EIN	26-4399870	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	The Wornall Major House Museums	0
EIN	43-1834180	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	High Aspiration Inc	0
EIN	81-0673432	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Puppetry Arts Institute	0
EIN	43-1891966	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Hope Family Care Center	0
EIN	26-4021005	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Missouri Faith Voices	0
EIN	27-4549389	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Heartland Conservation Alliance	0
EIN	35-2434953	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Kansas Land Trust	0
EIN	48-1090912	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	

Schedule A, Part IV, Statement 1

SUPPORT KANSAS CITY INC

Name	Northland Therapeutic Riding Ctr	0
EIN	43-1883210	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	No	
Organized In US	Yes	
Name	Healthcare Fdn of Greater Kansas City	0
EIN	20-0167282	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Country Club Christian Church	0
EIN	44-0545987	
Type Of Organization	501(c)(3)	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Autism Works Inc	0
EIN	27-3370056	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Heartland Chamber Music Ltd	0
EIN	48-1248171	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Arts in Prison Inc	0
EIN	48-1208687	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Wyandot Inc	0
EIN	26-3338038	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Arts Council of Metropolitan Kansas City	0
EIN	43-1840674	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Haiti Episcopal Learning Programs Fdn	0
EIN	43-1722380	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Hope Center Inc	0
EIN	43-4828403	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	

Schedule A, Part IV, Statement 1

SUPPORT KANSAS CITY INC

Organized In US	Yes	
Name	Kansas City Women's Chorus	0
EIN	43-1874616	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Watkins Mill Assn	0
EIN	43-6052704	
Type Of Organization	11e	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Soroptomist Kansas City Fdn	0
EIN	43-1243865	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	National Airline History Museum	0
EIN	43-1428737	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Johnson County Interfaith Hospitality	0
EIN	20-0118693	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Black Health Care Coalition	0
EIN	43-1515095	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Midwest Biomedical Research Foundation	0
EIN	43-1496422	
Type Of Organization	4	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Student Athlete Foundation of Ks	0
EIN	26-0810345	
Type Of Organization	3	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Midwest Foster Care and Adoption Assn	0
EIN	43-1895965	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Unity of the Heartland	0
EIN	44-0668175	
Type Of Organization	9	
Listed In Governing Documents	No	

Schedule A, Part IV, Statement 1

SUPPORT KANSAS CITY INC

Supported Organization Notified Organized In US	Yes Yes	
Name	Kansas City Actors Theater	0
EIN	30-0262481	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified Organized In US	Yes Yes	
Name	Missouri Hospice and Pallative Care Assn	0
EIN	43-1213065	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified Organized In US	Yes Yes	
Name	Assistance League of Kansas City	0
EIN	43-1307672	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified Organized In US	Yes Yes	
Name	Debate Kansas City	0
EIN	71-0954104	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified Organized In US	Yes Yes	
Name	Kansas City Southwest Clinical Society	0
EIN	44-0309060	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified Organized In US	Yes Yes	
Name	MindDrive	0
EIN	27-3644498	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified Organized In US	Yes Yes	
Name	Belles of the American Royal	0
EIN	43-1977291	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified Organized In US	Yes Yes	
Name	Westside Housing Organization Inc	0
EIN	43-1122742	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified Organized In US	Yes Yes	
Name	Kearney Enrichment Council	0
EIN	27-4998652	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified Organized In US	Yes Yes	
Name	Reconciliation Services	0
EIN	36-4580402	
Type Of Organization	7	

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SUPPORT KANSAS CITY INC

Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Mattie Rhodes Center	0
EIN	44-0546343	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Staley Falcon Club	0
EIN	80-0178666	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Mid America Hockey Assn	0
EIN	27-0521211	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Johnson County Christmas Bureau	0
EIN	48-0884400	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Historic Kansas City Foundation	0
EIN	23-7368504	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Central Area Betterment Assn	0
EIN	48-0876365	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Groovability Inc	0
EIN	26-1542130	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Kansas City Youth Jazz Inc	0
EIN	01-0784796	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Autism Society of the Heartland	0
EIN	37-1465199	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Parkinson Foundation of the Heartland	0
EIN	48-1171504	

Schedule A, Part IV, Statement 1

SUPPORT KANSAS CITY INC

Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Rosedale Development Assn	0
EIN	48-0886413	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Owen Cox Dance Group	0
EIN	74-3190852	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Expanding College for Exceptional Learners	0
EIN	27-2414996	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Supporting Kids Foundation	0
EIN	27-2386653	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Jewish Family Services	0
EIN	44-0545829	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Team Smile Inc	0
EIN	75-3250075	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Partnership for Children	0
EIN	43-1854693	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	KC Free Eye Clinic	0
EIN	27-0704299	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Childrens Advocacy Center Inc	0
EIN	48-1239614	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Westport Cooperative Services	0

Schedule A, Part IV, Statement 1

SUPPORT KANSAS CITY INC

EIN	43-0902804	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	American Institute of Graphic Arts KC	0
EIN	43-1574817	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Riverview Health Services	0
EIN	48-1072716	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Shawnee Mission North Opportunity Fund	0
EIN	27-2458327	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Aldersgate United Methodist Church	0
EIN	44-0555216	
Type Of Organization	1	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	WIN for KC	0
EIN	43-1530518	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Wildwood Outdoor Education Ctr Inc	0
EIN	43-1154205	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Newhouse Inc	0
EIN	43-0962293	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Kansas City Anti Violence Project	0
EIN	77-0595867	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	The Drumm Fdn	0
EIN	43-1679248	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	

Schedule A, Part IV, Statement 1

SUPPORT KANSAS CITY INC

Name	Coalition of Hispanic Women Agnst Cancer	0
EIN	48-1230884	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Sudan Sunrise	0
EIN	20-4239298	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Partners in Public Health Inc	0
EIN	35-2268179	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Kansas City Rose Society	0
EIN	23-7356074	
Type Of Organization	9	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	YWCA of Kansas City Ks	0
EIN	48-0543791	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	YouthFriends	0
EIN	43-1854792	
Type Of Organization	11	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Core Legal Advocates	0
EIN	27-3893600	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Marlborough Community Coalition	0
EIN	27-0912336	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Calvary Community Outreach Network	0
EIN	43-1686109	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
Name	Connect CASS	0
EIN	43-1828599	
Type Of Organization	11a	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	

Schedule A, Part IV, Statement 1

SUPPORT KANSAS CITY INC

Organized In US	Yes	
Name	Somali Foundation Inc	0
EIN	43-1844824	
Type Of Organization	7	
Listed In Governing Documents	No	
Supported Organization Notified	Yes	
Organized In US	Yes	
	Total:	0

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

SUPPORT KANSAS CITY INC

Employer identification number

31-1717077

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

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

Table with 2 columns: Question, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, 6 Staff and volunteer hours devoted to monitoring, 7 Amount of expenses incurred in monitoring, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B), 9 In Part XIII, describe how the organization reports conservation easements.

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

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

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

	Amount
1c Beginning balance	0
1d Additions during the year	710,019
1e Distributions during the year	652,019
1f Ending balance	58,000

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a** Board designated or quasi-endowment ▶%
- b** Permanent endowment ▶%
- c** Temporarily restricted endowment ▶%

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

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	

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

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" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	0	0	0
d Equipment	0	72,753	54,535	18,218
e Other	0	0	0	0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ **18,218**

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" to 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) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" to 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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" to 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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

Part X Other Liabilities.

Complete if the organization answered "Yes" to 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 Taxes, Benefits, Accrued Wages	32,526	
(3) Deferred Rent Liability	19,792	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	52,318	

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	950,768
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	0	
b	Donated services and use of facilities	2b	5,000	
c	Recoveries of prior year grants	2c	0	
d	Other (Describe in Part XIII.)	2d	0	
e	Add lines 2a through 2d			
		2e	5,000	
3	Subtract line 2e from line 1		3	945,768
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0	
b	Other (Describe in Part XIII.)	4b	0	
c	Add lines 4a and 4b			
		4c	0	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	945,768

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

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

1	Total expenses and losses per audited financial statements		1	836,583
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	5,000	
b	Prior year adjustments	2b	0	
c	Other losses	2c	0	
d	Other (Describe in Part XIII.)	2d	0	
e	Add lines 2a through 2d			
		2e	5,000	
3	Subtract line 2e from line 1		3	831,583
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0	
b	Other (Describe in Part XIII.)	4b	0	
c	Add lines 4a and 4b			
		4c	0	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	831,583

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 IV, Line 1b - As fiscal agent, the organization receives money from the Healthcare Foundation of Greater Kansas city to pass on to other non-profits as directed by the foundation.

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

Schedule D, Part X, Line 2 - No provision for income taxes is included in the Statement of Activities since the organization is exempt from Federal income taxes under 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. The Organization accounts for income taxes in accordance with FASB ASC 740, Accounting for Income Taxes, which provides guidance on how to measure and account for various tax positions. The Organization has determined that no material unrecognized tax benefits or liabilities exist at December 31, 2013. The Organization is not at the present time under examination by any taxing authority. Effectively, all years for federal and state income examination are closed for any year ended prior to December 31, 2010.

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

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

SUPPORT KANSAS CITY INC

Employer identification number

31-1717077

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

Form 990, 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.

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

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

Form 990, Part XI, Line 9 - Rounding.