

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

**2019**

Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>HEALTH CARE FOUNDATION OF GREATER KC</b>		<b>D</b> Employer identification number <b>20-0167282</b>
	Doing business as <b>HEALTH FORWARD FOUNDATION</b>		<b>E</b> Telephone number <b>816-241-7006</b>
	Number and street (or P.O. box if mail is not delivered to street address) <b>2300 MAIN STREET</b>	Room/suite <b>304</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>KANSAS CITY, MO 64108</b>		<b>G</b> Gross receipts \$ <b>100,451,852.</b>
	<b>F</b> Name and address of principal officer: <b>RICHARD ZIMMER</b> <b>2300 MAIN STREET, SUITE 304, KANSAS CITY, MO</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶

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

**J** Website: ▶ **WWW.HEALTHFORWARD.ORG**

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ **L** Year of formation: **2003** **M** State of legal domicile: **MO**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO ELIMINATE BARRIERS TO HEALTH FOR THE UNINSURED AND UNDERSERVED IN OUR SERVICE AREA.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>21</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>21</b>
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>26</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>21</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>-45,383.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	<b>-45,383.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>105,204.</b>	<b>Current Year</b> <b>161,112.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>55,557,689.</b>	<b>31,218,266.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0.</b>	<b>0.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>55,662,893.</b>	<b>31,379,378.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>20,567,835.</b>	<b>21,015,528.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>3,155,367.</b>	<b>3,383,064.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>7,851,999.</b>	<b>9,609,906.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>31,575,201.</b>	<b>34,008,498.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>24,087,692.</b>	<b>-2,629,120.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>725,880,922.</b>	<b>End of Year</b> <b>805,912,359.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>18,369,352.</b>	<b>20,388,009.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>707,511,570.</b>	<b>785,524,350.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date	
	<b>RICHARD ZIMMER, CFO</b> Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KIMBERLY A RYAN</b>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN <b>P00829977</b>
	Firm's name ▶ <b>RUBINBROWN LLP</b>	Firm's EIN ▶ <b>43-0765316</b>		
	Firm's address ▶ <b>1200 MAIN STREET, SUITE 1000 KANSAS CITY, MO 64105</b>		Phone no. <b>816-472-1122</b>	

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

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

HEALTH FORWARD'S MISSION IS TO ELIMINATE BARRIERS TO HEALTH FOR THE UNINSURED AND UNDERSERVED IN ITS SERVICE AREA, WHICH INCLUDES KANSAS CITY, MISSOURI; CASS, JACKSON AND LAFAYETTE COUNTIES IN MISSOURI; AND ALLEN, JOHNSON AND WYANDOTTE COUNTIES IN KANSAS.

**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 \$ 5,608,793. including grants of \$ 4,783,271. ) (Revenue \$ )

SAFETY NET HEALTH CARE FUNDING ACTIVITIES PROMOTE THE DEVELOPMENT OF A HEALTH CARE DELIVERY SYSTEM THAT PROVIDES EASY ACCESS TO QUALITY HEALTH CARE RESULTING IN BETTER HEALTH, BETTER CARE AND LOWER COST. FUNDING TO SAFETY NET PROVIDERS ARE THOSE THAT DELIVER A SIGNIFICANT LEVEL OF HEALTH CARE TO UNINSURED, MEDICAID, AND OTHER VULNERABLE PATIENTS. CORE SAFETY NET PROVIDERS MAINTAIN A COMMITMENT TO SERVE ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY.

**4b** (Code: ) (Expenses \$ 5,704,274. including grants of \$ 4,698,900. ) (Revenue \$ )

MENTAL HEALTH FUNDING ACTIVITIES EMPHASIZE BEHAVIORAL HEALTH SERVICES FOR CHILDREN AND ADULTS, AND FAMILY VIOLENCE. FUNDING IS PROVIDED FOR SUPPORT AND TREATMENT, PREVENTION, AND ADVOCACY.

**4c** (Code: ) (Expenses \$ 4,507,593. including grants of \$ 3,651,028. ) (Revenue \$ )

HEALTHY LIFESTYLES FUNDING ACTIVITIES PROMOTE HEALTHY EATING, ACTIVE LIVING AND/OR DISCOURAGING TOBACCO USE FOR THE UNINSURED AND UNDERSERVED IN THE FOUNDATION'S SERVICE AREA. THE OVERALL GOAL OF THE FOUNDATION'S FUNDING IS TO CREATE COMMUNITY ENVIRONMENTS THAT CAN REINFORCE HEALTHY CHOICES.

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ 9,634,670. including grants of \$ 7,882,330. ) (Revenue \$ )

**4e** Total program service expenses **25,455,330.**

**Part IV Checklist of Required Schedules**

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

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

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

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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	63
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	

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

	Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	26
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
<b>b</b> If "Yes," enter the name of the foreign country		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	9a	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders	11a	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state?	13a	
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b> Enter the amount of reserves on hand	13c	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see instructions and file Form 4720, Schedule N.		
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.		

Form 990 (2019)

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

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

☒ X

**Section A. Governing Body and Management**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	21			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent		21		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?				X
<b>6</b> Did the organization have members or stockholders?				X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?			X	
<b>b</b> Each committee with authority to act on behalf of the governing body?			X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O				X

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **NONE**

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records **CHRISTENA DIVEN - 816-241-7006**  
**2300 MAIN STREET, SUITE 304, KANSAS CITY, MO 64108**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PEG VANWAGONER CHAIR	1.00	X		X				0.	0.	0.
(2) MARSHAUN BUTLER VICE CHAIR	1.00	X		X				0.	0.	0.
(3) KIMBERLY R RILEY SECRETARY	1.00	X		X				0.	0.	0.
(4) JIM PRYDE TREASURER	1.00	X		X				0.	0.	0.
(5) MARY ANN ARNOTT BOARD MEMBER	1.00	X						0.	0.	0.
(6) IRENE CAUDILLO BOARD MEMBER	1.00	X						0.	0.	0.
(7) PAT CONTRERAS BOARD MEMBER	1.00	X						0.	0.	0.
(8) TOM CRANSHAW BOARD MEMBER	1.00	X						0.	0.	0.
(9) JIM DOCKINS BOARD MEMBER	1.00	X						0.	0.	0.
(10) ED ELLERBECK BOARD MEMBER	1.00	X						0.	0.	0.
(11) CHUCK FOUDDREE BOARD MEMBER	1.00	X						0.	0.	0.
(12) KENT HAWKINS BOARD MEMBER	1.00	X						0.	0.	0.
(13) ANN MESLE BOARD MEMBER	1.00	X						0.	0.	0.
(14) MICHAEL O'DELL BOARD MEMBER	1.00	X						0.	0.	0.
(15) WAYNE POWELL BOARD MEMBER	1.00	X						0.	0.	0.
(16) ROY L ROBINSON BOARD MEMBER	1.00	X						0.	0.	0.
(17) JULIA SIMMONS BOARD MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) STEPHENIE SMITH BOARD MEMBER	1.00	X						0.	0.	0.
(19) LYNETTE WHEELER BOARD MEMBER	1.00	X						0.	0.	0.
(20) DONNIE WILSON BOARD MEMBER	1.00	X						0.	0.	0.
(21) TONIA WRIGHT BOARD MEMBER	1.00	X						0.	0.	0.
(22) BRIDGET MCCANDLESS M.D. PRESIDENT/CEO THRU 10/19	40.00			X				240,929.	0.	26,007.
(23) GRACIELA COUCHONNAL VP PROGRAMS/ASST SECRETARY	40.00			X				185,617.	0.	31,428.
(24) RICHARD ZIMMER CFO/ASST TREASURER	40.00			X				227,471.	0.	43,822.
(25) PAULA CORNWELL VP HUMAN CAPITAL THRU 5/19	40.00			X				120,260.	0.	36,686.
(26) JANE MOSLEY DIRECTOR OF EVALUATIONS	40.00					X		127,566.	0.	30,973.
<b>1b Subtotal</b>								901,843.	0.	168,916.
<b>c Total from continuation sheets to Part VII, Section A</b>								225,555.	0.	52,890.
<b>d Total (add lines 1b and 1c)</b>								1,127,398.	0.	221,806.

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 **7**

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

**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
HBK CAPITAL MANAGEMENT, 2101 CEDAR SPRINGS RD, SUITE 700, DALLAS, TX 75201	INVESTMENT MANAGEMENT	795,031.
BLACKROCK 400 HOWARD STREET, SAN FRANCISCO, CA 94105	INVESTMENT MANAGEMENT	430,722.
HARBOURVEST PARTNERS LLC, ONE FINANCIAL CENTER, 44TH FLOOR, BOSTON, MA 02111	INVESTMENT MANAGEMENT	407,601.
RREEF (DWS) 875 N. MICHIGAN AVE., CHICAGO, IL 60611	INVESTMENT MANAGEMENT	317,382.
UBS REALTY INVESTORS LLC, 10 STATE HOUSE SQUARE, 15TH FLOOR, HARTFORD, CT 06103	INVESTMENT MANAGEMENT	268,411.

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 **25**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2019)



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

[illegible]

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	161,112.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f .....			161,112.			
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2 a</b> .....						
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			12,866,426.		-142,427.	13,008,853.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real (ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities (ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	87,424,314. 448.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	69,072,026. -448.				
	<b>d</b> Net gain or (loss) .....						
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>					
	<b>b</b> Less: direct expenses .....	<b>8b</b>					
	<b>c</b> Net income or (loss) from fundraising events .....						
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>					
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
	<b>11 a</b> .....						
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....				31,379,378.	0.	-45,383.	31,263,649.

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	21,015,528.	21,015,528.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,353,494.	776,863.	576,631.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	1,312,932.	1,024,087.	288,845.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	118,315.	92,286.	26,029.	
<b>9</b> Other employee benefits	422,963.	318,096.	104,867.	
<b>10</b> Payroll taxes	175,360.	129,166.	46,194.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management	160,117.		160,117.	
<b>b</b> Legal	63,704.		63,704.	
<b>c</b> Accounting	27,170.		27,170.	
<b>d</b> Lobbying	171,212.	171,212.		
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	6,909,692.		6,909,692.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	992,600.	973,599.	19,001.	
<b>12</b> Advertising and promotion	16,336.		16,336.	
<b>13</b> Office expenses	66,988.	50,180.	16,808.	
<b>14</b> Information technology	212,767.	169,973.	42,794.	
<b>15</b> Royalties				
<b>16</b> Occupancy	253,426.	182,467.	70,959.	
<b>17</b> Travel	46,681.	39,242.	7,439.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	133,208.	91,890.	41,318.	
<b>20</b> Interest	54,244.		54,244.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	57,299.	41,255.	16,044.	
<b>23</b> Insurance	39,220.		39,220.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>COMMUNICATIONS</b>	171,913.	158,561.	13,352.	
<b>b</b> <b>SPECIAL INITIATIVE</b>	125,000.	125,000.		
<b>c</b> <b>OTHER</b>	108,329.	95,925.	12,404.	
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	34,008,498.	25,455,330.	8,553,168.	0.
<b>26</b> 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 ☐ if following SOP 98-2 (ASC 958-720)

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	168,624.	<b>1</b>	22,522.
	<b>2</b> Savings and temporary cash investments .....	1,637,781.	<b>2</b>	682,220.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	109,553.	<b>9</b>	100,723.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 389,259.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 115,813.	<b>10c</b>	273,446.
	<b>11</b> Investments - publicly traded securities .....	469,984,641.	<b>11</b>	500,564,404.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	253,451,760.	<b>12</b>	304,269,044.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	332,400.	<b>15</b>	0.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	725,880,922.	<b>16</b>	805,912,359.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	576,295.	<b>17</b>	552,227.
	<b>18</b> Grants payable .....	17,793,057.	<b>18</b>	17,835,782.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	0.	<b>23</b>	2,000,000.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	18,369,352.	<b>26</b>	20,388,009.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	707,511,570.	<b>27</b>	785,524,350.
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> .....	707,511,570.	<b>32</b>	785,524,350.
	<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	725,880,922.	<b>33</b>	805,912,359.

Form 990 (2019)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	31,379,378.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	34,008,498.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-2,629,120.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	707,511,570.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	80,641,900.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	785,524,350.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

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

Form 990 (2019)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

HEALTH CARE FOUNDATION OF GREATER KC

Employer identification number

20-0167282

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

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

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

f Enter the number of supported organizations

1

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
THE COMMUNITY ADVISORY COMMITTEE	27-2536603	7	X		0.	0.
<b>Total</b>					0.	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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

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

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

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

Schedule A (Form 990 or 990-EZ) 2019

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

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

**Section A. Public Support**

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

**Section B. Total Support**

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

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

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

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

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

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	X	
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		X
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		X
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		X
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		X
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		X
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		X
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		X
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		X
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		X
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		X
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		X
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>2a</b>			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2019

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2019</b>	<b>(iii) Distributable Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

## Supplemental Information.

[illegible]

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Name of the organization

Employer identification number

HEALTH CARE FOUNDATION OF GREATER KC

20-0167282

Organization type (check one):

**Filers of:****Section:**

Form 990 or 990-EZ

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

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

**Special Rules**

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

HEALTH CARE FOUNDATION OF GREATER KC

20-0167282

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TIDES FOUNDATION 1012 TORNEY AVENUE SAN FRANCISCO, CA 94129	\$ 87,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MISSOURI FOUNDATION FOR HEALTH 1000 ST. LOUIS UNION STATE, SUITE 400 ST. LOUIS, MO 63103	\$ 73,612.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)





Name of organization

Employer identification number

**HEALTH CARE FOUNDATION OF GREATER KC****20-0167282****Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

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

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

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

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

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

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

Name of organization

HEALTH CARE FOUNDATION OF GREATER KC

Employer identification number

20-0167282

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2019

LHA

932041 11-26-19

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

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....		8,167.													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....		1,034,100.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....		1,042,267.													
<b>d</b> Other exempt purpose expenditures .....		32,966,231.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....		34,008,498.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....		250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....		0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....		42,267.													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	197,172.	302,644.	902,354.	1,042,267.	2,444,437.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	16,174.	28,983.	32,169.	8,167.	85,493.

Schedule C (Form 990 or 990-EZ) 2019

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

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

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

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**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization

HEALTH CARE FOUNDATION OF GREATER KC

Employer identification number

20-0167282

**Part I**

**Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II**

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III**

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

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

1a If the organization elected, as permitted under FASB 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ .....

(ii) Assets included in Form 990, Part X .....

▶ \$ .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ .....

b Assets included in Form 990, Part X .....

▶ \$ .....

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

Schedule D (Form 990) 2019

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

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

- a ☐ Public exhibition d ☐ Loan or exchange program  
 b ☐ Scholarly research e ☐ Other \_\_\_\_\_  
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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 Term endowment ☐ %

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

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

- (i) Unrelated organizations  
 (ii) Related organizations

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		11,812.	1,969.	9,843.
d Equipment		147,283.	76,321.	70,962.
e Other		230,164.	37,523.	192,641.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				273,446.

Schedule D (Form 990) 2019

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) PRIVATE EQUITIES &		
(B) ALTERNATIVE INVESTMENTS	238,772,049.	END-OF-YEAR MARKET VALUE
(C) REAL ESTATE FUNDS	65,496,995.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	304,269,044.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

Schedule D (Form 990) 2019

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	105,112,034.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	80,641,900.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	448.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	80,642,348.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	24,469,686.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	6,909,692.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	6,909,692.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	31,379,378.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	27,099,254.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	448.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	448.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	27,098,806.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	6,909,692.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	6,909,692.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	34,008,498.

**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.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

LOSS ON DISPOSAL OF EQUIPMENT 448.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

LOSS ON DISPOSAL OF EQUIPMENT 448.



**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

Employer identification number

HEALTH CARE FOUNDATION OF GREATER KC

20-0167282

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... ☐ Yes ☐ No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		113,038,625.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		8,438,841.
<b>3 a Subtotal</b> .....	0	0			121,477,466.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			121,477,466.

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

Schedule F (Form 990) 2019

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter .....

**3** Enter total number of other organizations or entities .....



**Part IV Foreign Forms**

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ..... ☒ Yes ☐ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ..... ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ..... ☒ Yes ☐ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ..... ☒ Yes ☐ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ..... ☒ Yes ☐ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* ..... ☐ Yes ☒ No

Schedule F (Form 990) 2019

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

**HEALTH CARE FOUNDATION OF GREATER KC**

**Employer identification number**

**20-0167282**

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
AD HOC GROUP AGAINST CRIME 2701 EAST 31ST STREET KANSAS CITY, MO 64128	30-0455147	501(C)(3)	55,000.	0.			MENTAL HEALTH SERVICES
AFTER THE HARVEST 406 WEST 34ST STREET, SUITE 816 KANSAS CITY, MO 64111	46-5385534	501(C)(3)	75,000.	0.			GROWING OUR REACH INTO THE COMMUNITY
AFTER THE HARVEST 406 WEST 34ST STREET, SUITE 816 KANSAS CITY, MO 64111	46-5385534	501(C)(3)	150,000.	0.			HEALTHY FOOD FOR HUNGRY PEOPLE
ALIVE AND WELL COMMUNITIES 3407 S. JEFFERSON AVE ST. LOUIS, MO 63118	82-1919438	501(C)(3)	100,000.	0.			ALIVE AND WELL KANSAS CITY YEAR 2
ALLEN COUNTY 1 N. WASHINGTON IOLA, KS 66749	48-6039815	GOVERNMENTAL ENTITY	37,500.	0.			ANCHORING THE RURAL FOOD SYSTEM: FARMERS' MARKET IN 2020
AMERICAN HEART ASSOCIATION 6800 93RD STREET OVERLAND PARK, KS 66212	13-5613797	501(C)(3)	160,520.	0.			REDUCING THE BURDEN OF TOBACCO

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **193.**

**3** Enter total number of other organizations listed in the line 1 table ▶ **10.**

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

**Schedule I (Form 990) (2019)**

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMETHYST PLACE INC. 2735 TROOST, APT. A KANSAS CITY, MO 64109	43-1887442	501(C)(3)	45,160.	0.			THERAPEUTIC FAMILY SUPPORT SERVICES
AMETHYST PLACE INC. 2735 TROOST, APT. A KANSAS CITY, MO 64109	43-1887442	501(C)(3)	63,000.	0.			SUPPORTIVE HOUSING
ARTISTS HELPING THE HOMELESS 11412 KNOX ST OVERLAND PARK, KS 66210	26-2063489	501(C)(3)	85,000.	0.			BE THE CHANGE PROGRAM
BAPTIST-TRINITY LUTHERAN LEGACY FOUNDATION - 6675 HOLMES RD., SUITE 470 - KANSAS CITY, MO 64131	23-7432481	501(C)(3)	100,000.	0.			KANSAS CITY'S MEDICINE CABINET
BAPTIST-TRINITY LUTHERAN LEGACY FOUNDATION - 6675 HOLMES RD., SUITE 470 - KANSAS CITY, MO 64131	23-7432481	501(C)(3)	60,000.	0.			KANSAS CITY'S MEDICINE CABINET: HEARING AIDS FOR SENIORS
BELTON SCHOOL DISTRICT #124 110 W WALNUT BELTON, MO 64012	44-6001808	EDUCATION	300,000.	0.			ACCESS 2019
BIKEWALKKC 1106 EAST 30TH STREET, SUITE G KANSAS CITY, MO 64109	45-3832438	501(C)(3)	240,000.	0.			COALITION BUILDING FOR ACTIVE COMMUNITIES, YEAR TWO
BRIGHT FUTURES FUND 20 WEST 9TH STREET KANSAS CITY, MO 64105	46-1012192	501(C)(3)	25,000.	0.			VIRTUES BASED RESTORATIVE DISCIPLINE CREATES BRIGHTER FUTURES, YEAR 2
BUDGET AND FINANCIAL MANAGEMENT ASSISTANCE - 908 BALTIMORE AVE. SUITE 102 - KANSAS CITY, MO 64105	43-1747260	501(C)(3)	18,068.	0.			FINANCIAL CASE MANAGEMENT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANCER ACTION INC 10520 BARKLEY, SUITE 100 OVERLAND PARK, KS 66212	48-0650257	501(C)(3)	50,000.	0.			PATIENT SERVICES PROGRAM
CARITAS CLINICS 636 TAUROMEE AVENUE KANSAS CITY, KS 66101	48-1009910	501(C)(3)	33,000.	0.			ESTAR SALUDABLE: LEVERAGING TECHNOLOGY AND INTERPRETIVE SERVICES TO INCREASE AND STREAMLINE
CARITAS CLINICS 636 TAUROMEE AVENUE KANSAS CITY, KS 66101	48-1009910	501(C)(3)	157,466.	0.			ESTAR SALUDABLE: PRIMARY CARE FOR UNINSURED, UNSERVED HISPANIC PATIENTS IN WYANDOTTE
CASA OF JOHNSON AND WYANDOTTE COUNTIES - 6950 SQUIBB ROAD, SUITE 300 - MISSION, KS 66219	48-1088233	501(C)(3)	30,760.	0.			MOVING THE VISION FORWARD: BUILDING CAPACITY TO SERVE ABUSED AND NEGLECTED CHILDREN
CASS COMMUNITY HEALTH FOUNDATION 2316 E. MEYER BOULEVARD KANSAS CITY, MO 64132	43-1349495	501(C)(3)	184,000.	0.			CASS COUNTY DENTAL CLINIC
CASS COMMUNITY HEALTH FOUNDATION 2316 E. MEYER BOULEVARD KANSAS CITY, MO 64132	43-1349495	501(C)(3)	28,125.	0.			CASS COUNTY DENTAL CLINIC - STUDENT LOAN STIPEND PROGRAM FOR DENTIST
CENTER FOR CONFLICT RESOLUTION 6285 PASEO BLVD. KANSAS CITY, MO 64110	43-1890891	501(C)(3)	50,000.	0.			CONFLICT RESOLUTION HUB
CENTER FOR DEVELOPMENTALLY DISABLED - 9150 E. 41ST TERRACE - KANSAS CITY, MO 64133	43-1104134	501(C)(3)	44,909.	0.			NURSE SUPERVISOR/TRAINER RENEWAL
CENTER FOR DEVELOPMENTALLY DISABLED - 9150 E. 41ST TERRACE - KANSAS CITY, MO 64133	43-1104134	501(C)(3)	31,000.	0.			IMPROVING CAPACITY AND QUALITY CARE WITH BEHAVIORAL INTERVENTIONS AND TRAINING.

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL AVENUE BETTERMENT ASSOCIATION - 1621 CENTRAL AVENUE - KANSAS CITY, KS 66102	48-0876365	501(C)(3)	51,656.	0.			FREE WHEELS FOR KIDS PROGRAM
CHILD PROTECTION CENTER, INC. 3101 BROADWAY KANSAS CITY, MO 64111-2455	20-4535728	501(C)(3)	171,073.	0.			MENTAL HEALTH SERVICES PROGRAM
CHILDREN'S CENTER FOR THE VISUALLY IMPAIRED - 3101 MAIN ST. - KANSAS CITY, MO 64111	44-0574397	501(C)(3)	65,000.	0.			SPECIALIZED THERAPY SERVICES
CHILDREN'S MERCY HOSPITAL 2401 GILLHAM ROAD KANSAS CITY, MO 64108	44-0605373	501(C)(3)	117,277.	0.			ADELANTE CULTURE AND LANGUAGE COACHING
CHILDREN'S RIGHTS INC 88 PINE ST STE 800 NEW YORK, NY 10005	13-3801864	501(C)(3)	60,000.	0.			IMPROVING MENTAL HEALTHCARE FOR CHILDREN IN THE KANSAS FOSTER CARE SYSTEM
CITY OF INDEPENDENCE, MISSOURI 111 EAST MAPLE STREET INDEPENDENCE, MO 64050	44-6000190	GOVERNMENTAL ENT	73,788.	0.			IMPROVING CRIMINAL JUSTICE RESPONSE TO DOMESTIC VIOLENCE
COMMUNITY HEALTH CENTER OF SOUTHEAST KANSAS INC - 3011 N. MICHIGAN - PITTSBURG, KS 66762	75-3002264	501(C)(3)	200,000.	0.			PRESERVING AND EXPANDING THE SAFETY NET IN ALLEN COUNTY KANSAS
COMMUNITY HEALTH COUNCIL OF WYANDOTTE COUNTY - 803 ARMSTRONG AVENUE - KANSAS CITY, KS 66101	01-0674969	501(C)(3)	70,000.	0.			CRADLE KANSAS CITY
COMMUNITY HEALTH COUNCIL OF WYANDOTTE COUNTY - 803 ARMSTRONG AVENUE - KANSAS CITY, KS 66101	01-0674969	501(C)(3)	280,000.	0.			CHW BRIDGES TO HEALTH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH COUNCIL OF WYANDOTTE COUNTY - 803 ARMSTRONG AVENUE - KANSAS CITY, KS 66101	01-0674969	501(C)(3)	150,000.	0.			HEAT INITIATIVE
COMMUNITY HEALTH COUNCIL OF WYANDOTTE COUNTY - 803 ARMSTRONG AVENUE - KANSAS CITY, KS 66101	01-0674969	501(C)(3)	50,000.	0.			2019 BUILDING HEALTH THROUGH SPACE & PLACE
COMMUNITY HEALTH COUNCIL OF WYANDOTTE COUNTY - 803 ARMSTRONG AVENUE - KANSAS CITY, KS 66101	01-0674969	501(C)(3)	55,000.	0.			MARKETPLACE
COMMUNITY NETWORK FOR BEHAVIORAL HEALTHCARE, INC. - 1627 MAIN STREET, SUITE 700 - KANSAS CITY, MO 64108	43-1718104	501(C)(3)	75,000.	0.			COMM CARE TECHNOLOGY GRANT
COMPASS HEALTH INC (FORMERLY PATHWAYS COMMUNITY BEHAVIORAL HEALTH) - 1800 COMMUNITY DRIVE - CLINTON, MO 64735	43-1032835	501(C)(3)	120,000.	0.			COMPASS HEALTH NETWORK COMPREHENSIVE BEHAVIORAL HEALTH CARE PROGRAMMING
COMPREHENSIVE MENTAL HEALTH SERVICES INC. - 17844 EAST 23RD STREET - INDEPENDENCE, MO 64057	43-0949079	501(C)(3)	70,059.	0.			MEDICATION ASSISTED TREATMENT (MAT) PROJECT
CORNERSTONES OF CARE 300 E 36TH ST KANSAS CITY, MO 64111	43-1689138	501(C)(3)	288,264.	0.			PATHWAY TO SUSTAINABILITY FOR HEALTHY LIVING AND FOOD SYSTEMS PROGRAM
COUNSELORS OBEDIENTLY PREVENTING SUBSTANCE ABUSE (COPS) - 3800 AGNES AVENUE - KANSAS CITY, MO 64128	26-4439275	501(C)(3)	32,500.	0.			DIAGNOSING MENTAL HEALTH
CRISTO REY KANSAS CITY 211 W LINWOOD KANSAS CITY, MO 64111	20-2842522	501(C)(3)	50,000.	0.			HEALTHY KIDS AT CRISTO REY

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CULTIVATE KANSAS CITY, INC. 300 E 39TH STREET, 4B KANSAS CITY, MO 64111	20-2365320	501(C)(3)	125,000.	0.			CULTIVATE KC
CULTIVATE KANSAS CITY, INC. 300 E 39TH STREET, 4B KANSAS CITY, MO 64111	20-2365320	501(C)(3)	60,755.	0.			METRO FARMS AND FOOD SYSTEMS
CURATORS OF THE UNIVERSITY OF MISSOURI ON BEHALF OF UMKC - 202 ADMINISTRATIVE CENTER - KANSAS CITY, MO 64110	43-6003859	501(C)(3)	263,381.	0.			COLLECTIVE COMMUNITY IMPACT AND INTERVENTION FOR DIABETES PREVENTION (CCII-DM)
DEVELOPING POTENTIAL, INC. 251 NW EXECUTIVE WAY SUITE 200 LEE'S SUMMIT, MO 64063	43-1661167	501(C)(3)	50,000.	0.			INCREASE ACCESS TO SERVICES
DONNELLY COLLEGE 608 N. 18TH STREET KANSAS CITY, KS 66102	48-0623882	501(C)(3)	49,342.	0.			DONNELLY COLLEGE COUNSELING CENTER PROGRAM
EL CENTRO 650 MINNESOTA AVE KANSAS CITY, KS 66101	36-2904073	501(C)(3)	136,230.	0.			COMPRANDO RICO Y SANO: PORQUE ME QUIERO, CUIDO MI SALUD, CUIDO MI DINERO
EL CENTRO 650 MINNESOTA AVE KANSAS CITY, KS 66101	36-2904073	501(C)(3)	186,780.	0.			HEALTH NAVIGATION PROGRAM
EMMANUEL FAMILY & CHILD DEVELOPMENT CENTER & EMERGENCY SHELTER - 2416 SWOPE PARKWAY - KANSAS CITY, MO 64130	74-2925720	501(C)(3)	40,516.	0.			TRAUMA SMART APPROACH AT EMMANUEL FAMILY AND CHILD DEVELOPMENT CENTER (EFCDC)
FIRST CALL ALCOHOL DRUG PREVENTION AND RECOVERY - 9091 STATE LINE ROAD - KANSAS CITY, MO 64114	44-0641486	501(C)(3)	50,192.	0.			FIRST CALL CRISIS CALL LINE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD EQUALITY INITIATIVE INC 300 E. 39TH ST. KANSAS CITY, MO 64111	47-2377396	501(C)(3)	37,500.	0.			ALLERGY FRIENDLY AND GLUTEN FREE NUTRITION ASSISTANCE
FOOD EQUALITY INITIATIVE INC 300 E. 39TH ST. KANSAS CITY, MO 64111	47-2377396	501(C)(3)	75,000.	0.			ALLERGY FRIENDLY AND GLUTEN FREE NUTRITION ASSISTANCE
FRONT PORCH ALLIANCE 3210 MICHIGAN AVENUE KANSAS CITY, MO 64109	43-1874501	501(C)(3)	50,800.	0.			NEIGHBORHOOD FAMILIES: LEVERAGING UNDERSERVED FAMILIES AS A FULCRUM OF COMMUNITY HEALTH
GENESIS SCHOOL 3800 E 44TH STREET KANSAS CITY, MO 64130	43-1196717	501(C)(3)	167,664.	0.			COUNSELING PROGRAM WITH FAMILY SERVICES
GILDAS CLUB KANSAS CITY 21 WEST 43RD STREET KANSAS CITY, MO 64111	20-0493511	501(C)(3)	36,873.	0.			CANCER EDUCATION AND SUPPORT FOR THE UNINSURED AND UNDERINSURED OF OUR COMMUNITY
GORDON PARKS ELEMENTARY SCHOOL 3715 WYOMING STREET KANSAS CITY, MO 64111	43-1837978	EDUCATION	62,000.	0.			IMPROVING BEHAVIOR AND RESILIENCY FOR LOW-INCOME URBAN CHILDREN THROUGH SCHOOL-BASED
GORDON PARKS ELEMENTARY SCHOOL 3715 WYOMING STREET KANSAS CITY, MO 64111	43-1837978	EDUCATION	70,500.	0.			IMPROVED ACCESS TO MENTAL AND BEHAVIORAL HEALTH ASSESSMENT AND CARE FOR LOW-INCOME CHILDREN IN
GRANDPARENTS AGAINST GUN VIOLENCE PO BOX 11193 OVERLAND PARK, KS 66207	47-4529133	501(C)(3)	6,375.	0.			GRANDPARENTS AGAINST GUN VIOLENCE - LOCK IT FOR LOVE PROGRAM
GREATER KANSAS CITY COMMUNITY FOUNDATION - 1055 BROADWAY, S-130 - KANSAS CITY, MO 64105	43-1152398	501(C)(3)	25,000.	0.			CENSUS EQUITY FUND

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GUADALUPE CENTER, INC. 1015 AVENIDA CESAR E. CHAVEZ KANSAS CITY, MO 64108	44-0610781	501(C)(3)	150,000.	0.			COMMISSARY KITCHEN FOR FRESHER, HEALTHIER SCHOOL MEALS
HARRIS PARK MIDTOWN SPORTS AND ACTIVITY CENTER - 4029 WAYNE - KANSAS CITY, MO 64110	81-4579459	501(C)(3)	36,250.	0.			HARRIS PARK OPERATING SUPPORT
HARVESTERS - THE COMMUNITY FOOD NETWORK - 3801 TOPPING AVENUE - KANSAS CITY, MO 64129	43-1208665	501(C)(3)	180,000.	0.			RESPONDING TO FOOD INSECURITY AT THE INTERSECTION OF HUNGER & HEALTH
HARVESTERS - THE COMMUNITY FOOD NETWORK - 3801 TOPPING AVENUE - KANSAS CITY, MO 64129	43-1208665	501(C)(3)	50,000.	0.			BACKSNACK CHILDHOOD WEEKEND FEEDING PROGRAM
HEALING HOUSE, INC 4505 ST. JOHN AVENUE KANSAS CITY, MO 64123	20-1877757	501(C)(3)	63,000.	0.			FIRST STEP FITNESS
HEALTH CARE COALITION OF LAFAYETTE COUNTY - 825 S BUSINESS HWY 13 - LEXINGTON, MO 64067	30-0349221	501(C)(3)	200,000.	0.			HCC LEXINGTON FQHC
HEALTH PARTNERSHIP OF JOHNSON COUNTY - 407 S. CLAIRBORNE RD., SUITE 104 - OLATHE, KS 66062	48-1115529	501(C)(3)	280,000.	0.			MEDICAL HOME FOR JOHNSON COUNTY UNDERSERVED
HEARTLAND CONSERVATION ALLIANCE 4750 TROOST KANSAS CITY, MO 64110	35-2434953	501(C)(3)	120,700.	0.			VACANT LOT RESTORATION PROJECT
HEARTLAND OUTREACH PROVIDERS 1215 A NW 7 HWY BLUE SPRINGS, MO 64014	27-4387842	501(C)(3)	50,000.	0.			HOPE DENTAL

Schedule I (Form 990)

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HILLCREST MINISTRIES OF MIDAMERICA, INC. - PO BOX 901924 - KANSAS CITY, MO 64190	20-3093292	501(C)(3)	30,000.	0.			INCREASED ACCESS TO HEALTH CARE FOR HOMELESS CHILDREN, YOUNG ADULTS, AND FAMILIES IN
HOPE FAMILY CARE CENTER LLC 3027 PROSPECT AVENUE KANSAS CITY, MO 64128	26-4021005	501(C)(3)	45,000.	0.			HOPE FAMILY CARE CENTER - EVENING CLINIC
HOPE HOUSE, INC. PO BOX 577 LEE'S SUMMIT, MO 64063	43-1265685	501(C)(3)	55,000.	0.			HOPE HOUSE CONTINUOUS QUALITY IMPROVEMENT
HOPE HOUSE, INC. PO BOX 577 LEE'S SUMMIT, MO 64063	43-1265685	501(C)(3)	225,000.	0.			HOPE HOUSE CLINICAL SERVICES PROGRAM
HOUSE OF HOPE, INC. 301 SOUTH BROADWAY STREET LEXINGTON, MO 64067	43-1730519	501(C)(3)	45,715.	0.			FAMILY SUPPORT SPECIALIST
HUMANITY HOUSE FOUNDATION 110 EAST STREET IOLA, KS 66749	81-1799536	501(C)(3)	30,000.	0.			HUMANITY HOUSE FOUNDATION CORE OPERATING FUNDS
IVANHOE NEIGHBORHOOD COUNCIL 3700 WOODLAND AVE KANSAS CITY, MO 64109	43-1843831	501(C)(3)	125,000.	0.			SUSTAINABLE HEALTHY URBAN LIVING INITIATIVE (SHUL)
JACKSON COUNTY CASA 2544 HOLMES STREET KANSAS CITY, MO 64108	43-1401328	501(C)(3)	30,000.	0.			COURT APPOINTED SPECIAL ADVOCATES SERVING ABUSED AND NEGLECTED CHILDREN IN FOSTER CARE
JEWISH FAMILY SERVICES 5801 W. 115TH STREET OVERLAND PARK, KS 66211	44-0545829	501(C)(3)	85,000.	0.			OLDER ADULT CARE MANAGEMENT

Schedule I (Form 990)

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JEWISH FAMILY SERVICES 5801 W. 115TH STREET OVERLAND PARK, KS 66211	44-0545829	501(C)(3)	76,500.	0.			OUTPATIENT MENTAL HEALTH COUNSELING
JEWISH VOCATIONAL SERVICE 4600 THE PASEO KANSAS CITY, MO 64110	44-0545994	501(C)(3)	100,000.	0.			JVS WRAP PROJECT
JEWISH VOCATIONAL SERVICE 4600 THE PASEO KANSAS CITY, MO 64110	44-0545994	501(C)(3)	53,000.	0.			REFUGEE-IMMIGRANT HEALTH ACCESS PROGRAM
JEWISH VOCATIONAL SERVICE 4600 THE PASEO KANSAS CITY, MO 64110	44-0545994	501(C)(3)	50,000.	0.			JVS GLOBAL GARDENS PROJECT
KANBE'S MARKETS 3119 TERRACE STREET KANSAS CITY, MO 64111	81-1505292	501(C)(3)	45,000.	0.			HEALTHY CORNER STORES
KANSAS ACTION FOR CHILDREN 709 S KANSAS AVE. STE. 200 TOPEKA, KS 66603	48-0879502	501(C)(3)	60,000.	0.			CORE SUPPORT FOR KANSAS ACTION FOR CHILDREN
KANSAS APPLESEED 211 E 8TH STREET LAWRENCE, KS 66044	48-1219759	501(C)(3)	60,000.	0.			HEALTHY, AFFORDABLE HOUSING ADVOCACY
KANSAS ASSOCIATION FOR THE MEDICALLY UNDERSERVED - 700 SW JACKSON ST, SUITE 600 - TOPEKA, KS 66603	48-1110925	501(C)(3)	135,000.	0.			ALLIANCE FOR A HEALTHY KANSAS
KANSAS CITY CARE CLINIC 3515 BROADWAY BLVD KANSAS CITY, MO 64111	43-0967292	501(C)(3)	50,000.	0.			PRENATAL & POSTPARTUM CARE COORDINATION

Schedule I (Form 990)

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KANSAS CITY CARE CLINIC 3515 BROADWAY BLVD KANSAS CITY, MO 64111	43-0967292	501(C)(3)	250,000.	0.			BEHAVIORAL HEALTH PROGRAM
KANSAS CITY CARE CLINIC 3515 BROADWAY BLVD KANSAS CITY, MO 64111	43-0967292	501(C)(3)	335,000.	0.			KC CARE CORE OPERATIONS
KANSAS CITY COMMUNITY GARDENS, INC 6917 KENSINGTON AVE KANSAS CITY, MO 64132	43-1356677	501(C)(3)	291,603.	0.			GROWING A HEALTHIER, STRONGER KANSAS CITY: SCHOOLYARD GARDENS AND COMMUNITY PARTNER GARDENS
KANSAS CITY COMMUNITY GARDENS, INC 6917 KENSINGTON AVE KANSAS CITY, MO 64132	43-1356677	501(C)(3)	54,747.	0.			GIVING GROVE: CREATING SUSTAINING ORCHARDS
KANSAS CITY CONSENSUS PO BOX 10252 KANSAS CITY, MO 64171	43-1305776	501(C)(3)	23,764.	0.			CONSENSUS CAPACITY BUILDING
KANSAS CITY FRIENDS OF ALVIN AILEY 1714 E. 18TH STREET KANSAS CITY, MO 64108	43-1412078	501(C)(3)	15,000.	0.			KCFAA AILEYCAMP/AILEYCAMP THE GROUP
KANSAS CITY KANSAS COMMUNITY COLLEGE - 7250 STATE AVENUE - KANSAS CITY, KS 66112	48-0947391	GOVERNMENTAL ENT	50,000.	0.			KUMC MEDICAL CAMP AND INTERNSHIPS
KANSAS CITY MEDICAL SOCIETY FOUNDATION - 420 NICHOLS ROAD - KANSAS CITY, MO 64112	56-2552704	501(C)(3)	500,000.	0.			PROJECT ACCESS - SPECIALTY CARE FOR THE UNINSURED (YEAR 10)
KANSAS CITY PUBLIC SCHOOLS 2901 TROOST AVENUE KANSAS CITY, MO 64109	44-6003108	EDUCATION	60,000.	0.			EARLY LEARNING SOCIAL - EMOTIONAL WELLNESS

Schedule I (Form 990)



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KANSAS UNIVERSITY ENDOWMENT ASSOCIATION - PO BOX 928 - LAWRENCE, KS 66044	48-0547734	501(C)(3)	50,000.	0.			JAYDOC FREE CLINIC
KC HEALTHY KIDS 650 MINNESOTA AVENUE KANSAS CITY, KS 66101	20-4613795	501(C)(3)	87,500.	0.			NCP - FOOD, FARMING, ACCESS & POLICY (YEAR II)
KC HEALTHY KIDS 650 MINNESOTA AVENUE KANSAS CITY, KS 66101	20-4613795	501(C)(3)	150,652.	0.			TRAUMA IN EARLY CHILDHOOD
KC HEALTHY KIDS 650 MINNESOTA AVENUE KANSAS CITY, KS 66101	20-4613795	501(C)(3)	300,000.	0.			ADVOCACY FOR THRIVING COMMUNITIES
KIDSTLC, INC 480 S. ROGERS ROAD OLATHE, KS 66062	48-0774593	501(C)(3)	179,699.	0.			LOTUS BEHAVIORAL HEALTH SPECIALTY CLINICS FOR YOUTH (& FAMILIES)
KIM WILSON HOUSING 730 ARMSTRONG AVE. KANSAS CITY, KS 66101	26-3389292	501(C)(3)	46,660.	0.			HOUSING LOCATION SERVICES
LAFAYETTE COUNTY C-1 SCHOOL DISTRICT - 805 W 31ST - HIGGINSVILLE, MO 64037	44-6005459	EDUCATION	35,000.	0.			BRIGHTER FUTURES MENTAL HEALTH CONSORTIUM
LAFAYETTE COUNTY HEALTH DEPARTMENT 547 SOUTH BUSINESS HIGHWAY 13 LEXINGTON, MO 64067	43-1241723	GOVERNMENTAL ENT	55,000.	0.			SAVING SMILES IN LAFAYETTE COUNTY
LEE'S SUMMIT CARES, INC. 1555 NE RICE ROAD LEE'S SUMMIT, MO 64086	43-1301288	501(C)(3)	106,240.	0.			A COMMUNITY APPROACH TO UNDERAGE E-CIGARETTE USE

Schedule I (Form 990)

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LEGAL AID OF WESTERN MISSOURI 4001 BLUE PARKWAY, SUITE 300 KANSAS CITY, MO 64130	43-0824638	501(C)(3)	70,842.	0.			MEDICAID APPEALS PROJECT
LEGAL AID OF WESTERN MISSOURI 4001 BLUE PARKWAY, SUITE 300 KANSAS CITY, MO 64130	43-0824638	501(C)(3)	90,000.	0.			ADOPT-A-NEIGHBORHOOD PROJECT
LEVEL UP KIDS, INC. 5416 NE ANTIOCH ROAD KANSAS CITY, MO 64119	20-3664224	501(C)(3)	65,285.	0.			REACHING MORE LOW-INCOME CHILDREN IN KANSAS CITY WITH FREE DENTAL CARE THROUGH INNOVATIVE
LEVEL UP KIDS, INC. 5416 NE ANTIOCH ROAD KANSAS CITY, MO 64119	20-3664224	501(C)(3)	150,000.	0.			PROGRAM SUPPORT TO DELIVER FREE, SAFETY NET, ACCESSIBLE DENTAL CARE TO LOW-INCOME, SCHOOL-AGE
LION'S BEAUTY QUEENS PO BOX 6425 LEE'S SUMMIT, MO 64064	45-3953181	501(C)(3)	15,000.	0.			ADMINISTRATIVE AND PROGRAM SUPPORT TO EMPOWER EXPLOITED WOMEN
LOCAL INITIATIVES SUPPORT CORPORATION - 600 BROADWAY, STE 280 - KANSAS CITY, MO 64106	13-3030229	501(C)(3)	100,000.	0.			HEALTH HAPPENS IN NEIGHBORHOODS: COMMUNITY ACTION FOR SAFE AND WALKABLE COMMUNITIES
M2M COMMUNITY FOUNDATION 2905 WABASH KANSAS CITY, MO 64109	81-4305400	501(C)(3)	40,000.	0.			NILE VALLEY AQUAPONICS 100,000 POUND FOOD PROJECT
MARLBOROUGH COMMUNITY COALITION INC - 1809 E. 80TH ST. - KANSAS CITY, MO 64132	27-0912336	501(C)(3)	72,985.	0.			FORGING A HEALTHY MARLBOROUGH
MERCY AND TRUTH MEDICAL MISSIONS 721 NORTH 31ST STREET KANSAS CITY, KS 66102	74-2847917	501(C)(3)	50,000.	0.			SHAWNEE CLINIC EXPANSION--YEAR 2--NEW PROVIDER NEEDED

Schedule I (Form 990)

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METROPOLITAN ORGANIZATION TO COUNTER SEXUAL ASSAULT - 3100 BROADWAY, SUITE 400 - KANSAS CITY, MO 64111	43-1061620	501(C)(3)	219,464.	0.			MENTAL HEALTH SERVICES FOR VICTIMS OF SEXUAL VIOLENCE
MID-AMERICA REGIONAL COUNCIL COMMUNITY SERVICES CORPORATION - 600 BROADWAY - KANSAS CITY, MO 64105-1659	20-1824454	501(C)(3)	55,356.	0.			CENSUS 2020 CCC
MID-AMERICA REGIONAL COUNCIL COMMUNITY SERVICES CORPORATION - 600 BROADWAY - KANSAS CITY, MO 64105-1659	20-1824454	501(C)(3)	40,000.	0.			OUTREACH SERVICES FOR HEALTH INSURANCE MARKETPLACE NAVIGATORS AND CACS IN KANSAS CITY
MID-AMERICA REGIONAL COUNCIL COMMUNITY SERVICES CORPORATION - 600 BROADWAY - KANSAS CITY, MO 64105-1659	20-1824454	501(C)(3)	72,255.	0.			ACHIEVING A COMPLETE COUNT FOR METRO KC IN THE 2020 CENSUS
MISSOURI BUDGET PROJECT 1 CAMPBELL PLAZA, SUITE 101-BUILDING A - SAINT LOUIS, MO 63139	26-0062334	501(C)(3)	37,500.	0.			PROTECTING AND STRENGTHENING MEDICAID
MISSOURI COALITION FOR ORAL HEALTH P.O. BOX 1432 JEFFERSON CITY, MO 65102-1432	20-5032836	501(C)(3)	11,000.	0.			STRATEGIC REFRESH AND FRAMING
MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES - 920 WILDWOOD DRIVE - JEFFERSON CITY, MO 65109	44-6000987	GOVERNMENTAL ENT	176,403.	0.			ORAL HEALTH PREVENTION AND WORKFORCE IMPROVEMENT PROJECT
MISSOURI HEALTH CARE FOR ALL P.O. BOX 190429 ST. LOUIS, MO 63119	27-3885910	501(C)(3)	30,000.	0.			STATEWIDE GRASSROOTS ORGANIZING AND POLICY LEADERSHIP
MISSOURI PUBLIC HEALTH ASSOCIATION 711 E. CAPITOL AVENUE JEFFERSON CITY, MO 65101	43-0985000	501(C)(6)	174,689.	0.			PHRASE II - TRANSFORMING THE FUTURE OF PUBLIC HEALTH IN MISSOURI (#HEALTHIERMO)

Schedule I (Form 990)

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MISSOURIANS FOR HEALTH CARE P.O. BOX 144 JEFFERSON CITY, MO 65102	84-2480884	501(C)(4) SOCIAL	750,000.	0.			MISSOURI MEDICAID EXPANSION
NEWHOUSE, INC. PO BOX 240019 KANSAS CITY, MO 64124	43-0962293	501(C)(3)	71,273.	0.			ESTABLISHING QUALITY INITIATIVES TO PROMOTE SHELTER STABILITY AND FUTURE ACCREDITATION
NORTHLAND HEALTH CARE ACCESS 5810 NW BARRY ROAD LOWER LEVEL KANSAS CITY, MO 64154	43-1578121	501(C)(3)	70,000.	0.			LINKING KCMO ADULTS TO ESSENTIAL CARE
NORTHLAND HEALTH CARE ACCESS 5810 NW BARRY ROAD LOWER LEVEL KANSAS CITY, MO 64154	43-1578121	501(C)(3)	53,329.	0.			COORDINATED CARE FOR KCMO LOW-INCOME UNINSURED
NOURISHKC P.O. BOX 412458 KANSAS CITY, MO 64141	43-1525298	501(C)(3)	20,000.	0.			NOURISHKC: PLANNING FOR THE FUTURE
NURTURE KC FORMERLY KNOWN AS (MOTHER AND CHILD HEALTH COALITION) - 1111 W. 39TH STREET, SUITE 100 - KANSAS CITY, MO 64111	43-1897000	501(C)(3)	100,000.	0.			HEALTHY BODIES, HEALTHY MINDS: ENACTING WELLNESS STANDARDS FOR KANSAS CITY EARLY CARE CENTERS
NURTURE KC FORMERLY KNOWN AS (MOTHER AND CHILD HEALTH COALITION) - 1111 W. 39TH STREET, SUITE 100 - KANSAS CITY, MO 64111	43-1897000	501(C)(3)	40,000.	0.			MOTHER AND CHILD HEALTH COALITION DIVERSIFYING CAPACITY PROJECT
ORAL HEALTH KANSAS, INC. 712 S. KANSAS AVENUE, SUITE 412 TOPEKA, KS 66603	20-0337278	501(C)(3)	60,000.	0.			ESTABLISHING DENTAL HOMES FOR CHILDREN WITH DISABILITIES
ORAL HEALTH KANSAS, INC. 712 S. KANSAS AVENUE, SUITE 412 TOPEKA, KS 66603	20-0337278	501(C)(3)	50,000.	0.			OHK 2019-20 OPERATIONS

Schedule I (Form 990)

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POETRY FOR PERSONAL POWER 1854 MINNESOTA AVE KANSAS CITY, KS 66102	46-2612596	501(C)(3)	95,787.	0.			PEER SUPPORT ACCESS AND CAPACITY EXPANSION PROGRAM
RECONCILIATION SERVICES 3101 TROOST AVE. KANSAS CITY, MO 64109	36-4580402	501(C)(3)	50,000.	0.			THELMA'S KITCHEN AT RECONCILIATION SERVICES
RECONCILIATION SERVICES 3101 TROOST AVE. KANSAS CITY, MO 64109	36-4580402	501(C)(3)	45,719.	0.			CORE FINANCE DEPARTMENT SUPPORT
REDISCOVER 1555 NE RICE ROAD LEE'S SUMMIT, MO 64086	23-7169417	501(C)(3)	50,000.	0.			REDISCOVER KC- ASSESSMENT AND TRIAGE CENTER (KC-ATC) EVALUATION- YEAR 3
RESTART, INC. 918 E. 9TH STREET KANSAS CITY, MO 64106	43-1349378	501(C)(3)	175,000.	0.			MENTAL HEALTH SERVICES
RESTART, INC. 918 E. 9TH STREET KANSAS CITY, MO 64106	43-1349378	501(C)(3)	24,068.	0.			REVITALIZING RESTART
RESTART, INC. 918 E. 9TH STREET KANSAS CITY, MO 64106	43-1349378	501(C)(3)	73,364.	0.			COORDINATED HEALTH SERVICES
RIVERVIEW HEALTH SERVICES INC. 722 REYNOLDS AVENUE KANSAS CITY, KS 66101-3421	48-1072716	501(C)(3)	75,000.	0.			TRANSITIONAL SUPPORT FOR PATIENTS
ROSE BROOKS CENTER, INC. PO BOX 320599 KANSAS CITY, MO 64132	51-0231573	501(C)(3)	225,000.	0.			TRAUMA INFORMED MENTAL HEALTH SERVICES

Schedule I (Form 990)

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ROSE BROOKS CENTER, INC. PO BOX 320599 KANSAS CITY, MO 64132	51-0231573	501(C)(3)	50,000.	0.			IT MANAGEMENT SERVICES FOR SECURITY AND CAPACITY
ROSE BROOKS CENTER, INC. PO BOX 320599 KANSAS CITY, MO 64132	51-0231573	501(C)(3)	109,418.	0.			SAFECARE DOMESTIC VIOLENCE HEALTH INTEGRATION
ROSEDALE DEVELOPMENT ASSOCIATION 1403 SOUTHWEST BOULEVARD KANSAS CITY, KS 66103	48-0886413	501(C)(3)	89,728.	0.			ADVANCING ROSEDALE COMMUNITY HEALTH
ROSEDALE DEVELOPMENT ASSOCIATION 1403 SOUTHWEST BOULEVARD KANSAS CITY, KS 66103	48-0886413	501(C)(3)	54,482.	0.			RDA CORE OPERATING SUPPORT
SAFEHOME PO BOX 4563 OVERLAND PARK, KS 66204	48-0917798	501(C)(3)	45,972.	0.			SAFEHOME HEALTH NAVIGATION
SAFEHOME PO BOX 4563 OVERLAND PARK, KS 66204	48-0917798	501(C)(3)	60,000.	0.			CONTINUOUS IMPROVEMENT INITIATIVE
SAFEHOME PO BOX 4563 OVERLAND PARK, KS 66204	48-0917798	501(C)(3)	225,000.	0.			CLINICAL PROGRAM
SAINT LUKE'S FOUNDATION 901 E 104TH STREET, MAIL STOP 100S KANSAS CITY, MO 64131	44-6014699	501(C)(3)	250,000.	0.			KC CARE HEALTH CENTER CARE COORDINATION
SAMUEL U. RODGERS HEALTH CENTER 825 EUCLID AVENUE KANSAS CITY, MO 64124	43-0899356	501(C)(3)	100,000.	0.			RODGERS HEALTH CORE SUPPORT

Schedule I (Form 990)

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SAVE, INC. P.O. BOX 45301 KANSAS CITY, MO 64171	43-1465268	501(C)(3)	105,000.	0.			HOMELESS YOUTH INITIATIVE
SAVE, INC. P.O. BOX 45301 KANSAS CITY, MO 64171	43-1465268	501(C)(3)	74,800.	0.			SAVE HOUSING SUPPORTIVE SERVICES FOR IMPROVED HEALTH OUTCOMES
SETON CENTER FAMILY & HEALTH SERVICES - 2816 EAST 23RD STREET - KANSAS CITY, MO 64127	43-0926003	501(C)(3)	175,000.	0.			DENTAL SERVICES FOR LOW-INCOME NEIGHBORS
SETON CENTER FAMILY & HEALTH SERVICES - 2816 EAST 23RD STREET - KANSAS CITY, MO 64127	43-0926003	501(C)(3)	75,000.	0.			ORAL HYGIENE, SCREENINGS, AND TREATMENT FOR OPTIMAL HEALTH
SHEFFIELD PLACE 6604 EAST 12TH STREET KANSAS CITY, MO 64126	43-1532267	501(C)(3)	121,993.	0.			STRONG TOMORROWS: MENTAL HEALTH SERVICES FOR HOMELESS CHILDREN AND FAMILIES
SHEFFIELD PLACE 6604 EAST 12TH STREET KANSAS CITY, MO 64126	43-1532267	501(C)(3)	20,000.	0.			A PLACE TO GROW: EXPANDING CAPACITY TO SERVE MORE HIGHLY-TRAUMATIZED,
SIERRA CLUB FOUNDATION 2818 SUTTON BLVD ST. LOUIS, MO 63143	94-6069890	501(C)(3)	25,000.	0.			KANSAS CITY READY FOR 100
SOUTHWEST BOULEVARD FAMILY HEALTH CARE, DBA SHARON LEE HEALTH CARE - 340 SOUTHWEST BOULEVARD - KANSAS CITY, KS 66103	48-1067752	501(C)(3)	250,000.	0.			FAMILY HEALTH CARE SAFETY NET SERVICES
START AT ZERO 5508 TROOST AVE. KANSAS CITY, MO 64110	47-4246490	501(C)(3)	60,000.	0.			COMMUNITY RESOURCE COORDINATION VIA FAMILY VISITING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNFLOWER HOUSE 15440 W. 65TH STREET SHAWNEE, KS 66217	48-0918698	501(C)(3)	68,000.	0.			CHILD ASSESSMENT PROGRAM
SUNFLOWER HOUSE 15440 W. 65TH STREET SHAWNEE, KS 66217	48-0918698	501(C)(3)	47,000.	0.			CHILD ASSESSMENT AND THERAPY PROGRAM
SUPPORT KANSAS CITY INC. 5960 DEARBORN STREET MISSION, KS 66202	31-1717007	501(C)(3)	50,000.	0.			CULTURAL COMPETENCY COLLECTIVE - YEAR 10
SUPPORT KANSAS CITY INC. 5960 DEARBORN STREET MISSION, KS 66202	31-1717007	501(C)(3)	30,000.	0.			2019 FISCAL AGENT SERVICES
SWOPE HEALTH SERVICES 3801 BLUE PARKWAY KANSAS CITY, MO 64130	43-0957840	501(C)(3)	375,000.	0.			SWOPE HEALTH SERVICES: CORE OPERATING SUPPORT
SYNERGY SERVICES, INC. 400 E. 6TH STREET PARKVILLE, MO 64152	43-0970674	501(C)(3)	125,000.	0.			HOMELESS YOUTH CAMP INTEGRATED HEALTH CLINIC
SYNERGY SERVICES, INC. 400 E. 6TH STREET PARKVILLE, MO 64152	43-0970674	501(C)(3)	132,672.	0.			COMPREHENSIVE CHILD AND YOUTH TRAUMA INFORMED THERAPEUTIC SERVICES
THE BLUFORD HEALTHCARE LEADERSHIP INSTITUTE - 7900 LEE'S SUMMIT ROAD - LEE'S SUMMIT, MO 64139	46-3328194	501(C)(3)	24,000.	0.			BLUFORD HEALTHCARE LEADERSHIP INSTITUTE
THE CHILDREN'S PLACE, INC. 2 EAST 59TH STREET KANSAS CITY, MO 64113	51-0195216	501(C)(3)	72,456.	0.			OCCUPATIONAL, SPEECH-LANGUAGE, & DIAGNOSTIC PRACTITIONERS

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CURATORS OF THE UNIVERSITY OF MISSOURI - 115 BUSINESS LOOP 70W - MIZZOU NORTH ROOM 501 - COLUMBIA, MO 65211-0001	43-6003859	EDUCATION	208,976.	0.			ASTHMA EMPOWERMENT - KANSAS CITY PHASE III
THE FAMILY CONSERVANCY 444 MINNESOTA AVE KANSAS CITY, KS 66101	44-0454800	501(C)(3)	180,000.	0.			MENTAL HEALTH SERVICES FOR UNINSURED/UNDERINSURED VICTIMS OF TRAUMA IN
THE FARM SCHOOL AT GIBBS ROAD INC. 4223 GIBBS ROAD KANSAS CITY, KS 66106	83-3749203	501(C)(3)	20,000.	0.			KC FARM SCHOOL AT GIBBS ROAD: CREATING A HEALTHY COMMUNITY ON-FARM, HANDS-ON.
THE MATTIE RHODES MEMORIAL SOCIETY., DBA MATTIE RHODES CENTER - 148 N. TOPPING AVE. - KANSAS CITY, MO 64123	44-0546343	501(C)(3)	140,000.	0.			INDIAN MOUND IN MOTION
THE VILLAGE INITIATIVE 3004 NORTH 27TH ST KANSAS CITY, KS 66104	90-0808727	501(C)(3)	40,000.	0.			THE VILLAGE INITIATIVE
THE WHOLE PERSON INC 3710 MAIN STREET KANSAS CITY, MO 64111	43-1157083	501(C)(3)	60,000.	0.			ACCESS AND OPPORTUNITY: ADAPTIVE SPORTS IN GREATER KANSAS CITY
THRIVE ALLEN COUNTY 9 SOUTH JEFFERSON IOLA, KS 66749	32-0198379	501(C)(3)	75,000.	0.			THRIVE ALLEN COUNTY CORE OPERATING AND CAPACITY BUILDING
THRIVE ALLEN COUNTY 9 SOUTH JEFFERSON IOLA, KS 66749	32-0198379	501(C)(3)	60,000.	0.			THRIVE CARES (COORDINATING AND ASSISTING RELIABLE ENROLLMENT SERVICES)
THRIVE ALLEN COUNTY 9 SOUTH JEFFERSON IOLA, KS 66749	32-0198379	501(C)(3)	45,000.	0.			MEALS ON WHEELS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRI-COUNTY MENTAL HEALTH SERVICES, INC. - 3100 NE 83RD STREET, SUITE 1001 - KANSAS CITY, MO 64119	43-1556416	501(C)(3)	125,000.	0.			ENHANCED CARE PATHWAY FOR KANSAS CITY RESIDENTS
TRUMAN MEDICAL CENTER CHARITABLE FOUNDATION - 2310 HOLMES, STE 735 - KANSAS CITY, MO 64108	43-1194064	501(C)(3)	400,000.	0.			PRIMARY CARE CONNECTIONS AND INTEGRATION: STRENGTHENING THE PRIMARY CARE FRONT LINE FOR
TRUMAN MEDICAL CENTER CHARITABLE FOUNDATION - 2310 HOLMES, STE 735 - KANSAS CITY, MO 64108	43-1194064	501(C)(3)	500,000.	0.			IMPROVING CAPACITY: UPGRADED BEHAVIORAL HEALTH INTAKE AND STAFF DEVELOPMENT
TURNER HOUSE CLINIC INC., DBA VIBRANT HEALTH - 21 N. 12TH ST, SUITE 300 - KANSAS CITY, KS 66102	48-1151382	501(C)(3)	260,000.	0.			INCREASED ACCESS TO PATIENT-CENTERED INTEGRATED PRIMARY HEALTH CARE SERVICES AND QUALITY
TURNER HOUSE CLINIC INC., DBA VIBRANT HEALTH - 21 N. 12TH ST, SUITE 300 - KANSAS CITY, KS 66102	48-1151382	501(C)(3)	75,000.	0.			VIBRANT HEALTH CORE OPERATING SUPPORT
TURNER HOUSE CLINIC INC., DBA VIBRANT HEALTH - 21 N. 12TH ST, SUITE 300 - KANSAS CITY, KS 66102	48-1151382	501(C)(3)	153,958.	0.			INTEGRATED PRIMARY MEDICAL AND MENTAL HEALTH CARE FOR UNINSURED, UNDERSERVED AND
UNIFIED GOVERNMENT OF WYANDOTTE COUNTY/KANSAS CITY, KANSAS, PUBLIC HEALTH DEPART - 619 ANN AVE. - KANSAS CITY, KS 66101	48-1194075	GOVERNMENTAL ENT	174,289.	0.			2018-2023 WYCO CHIP CORE SUPPORT
UNIFIED SCHOOL DISTRICT 258-HUMBOLDT - 801 NEW YORK STREET - HUMBOLDT, KS 66748	48-0698395	EDUCATION	43,500.	0.			HEALTHY FOUNDATIONS SCHOOL HEALTH PROGRAM
UNITED INNER CITY SERVICES 2008 E. 12TH STREET KANSAS CITY, MO 64127	44-0646347	501(C)(3)	50,000.	0.			INCREASING ACCESS TO NUTRITIOUS FOODS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF GREATER KANSAS CITY, INC. - 801 WEST 47TH STREET, SUITE 500 - KANSAS CITY, MO 64112	44-0545812	501(C)(3)	350,000.	0.			PROMISE 1000 - YEAR 4
UNIVERSITY OF KANSAS CENTER FOR RESEARCH, INC - 2385 IRVING HILL RD. - LAWRENCE, KS 66045-7568	48-0680117	501(C)(3)	68,266.	0.			JAYWALK WYCO: COLLABORATING FOR HEALTHY LIFESTYLES IN WYANDOTTE COUNTY
UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH INSTITUTE, INC. - MSN 1039, 3901 RAINBOW BOULEVARD - KANSAS CITY, KS 66103-2937	48-1108830	501(C)(3)	95,931.	0.			UNDERSTANDING AND ADDRESSING BARRIERS TO USE OF FOOD ASSISTANCE PROGRAMS AMONG LATINOS
UNIVERSITY OF MISSOURI EXTENSION-JACKSON COUNTY COUNCIL - 105 E 5TH ST, SUITE 200 - KANSAS CITY, MO 64106	44-0602985	501(C)(3)	25,000.	0.			BLIGHT, HEALTH, AND SAFETY INITIATIVE: NEIGHBORHOOD EDUCATION PROGRAM
UNIVERSITY OF MISSOURI-KANSAS CITY FOUNDATION - 202 ADMINISTRATION CENTER - KANSAS CITY, MO 64112	26-0840496	501(C)(3)	50,000.	0.			GRANDPARENTS SUPPORT NETWORK KC
URBAN NEIGHBORHOOD INITIATIVE 2300 MAIN STREET SUITE 180 KANSAS CITY, MO 64108	45-4879810	501(C)(3)	50,000.	0.			URBAN NEIGHBORHOOD INITIATIVE - BUILDING HEALTH
UZAZI VILLAGE 4232 TROOST AVE KANSAS CITY, MO 64110	46-0589830	501(C)(3)	75,000.	0.			CORE OPERATING SUPPORT FOR BLACK MATERNAL AND INFANT HEALTH AT UZAZI VILLAGE
VERONICA'S VOICE PO BOX 172472 KANSAS CITY, KS 66117	20-3902846	501(C)(3)	15,000.	0.			MAGDALENE KC
VERONICA'S VOICE PO BOX 172472 KANSAS CITY, KS 66117	20-3902846	501(C)(3)	16,900.	0.			MAGDALENE KC

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WELCOME HOUSE, INC 1414 E. 27TH STREET KANSAS CITY, MO 64108	43-0984039	501(C)(3)	50,000.	0.			SUBSTANCE ABUSE RECOVERY FOR MEN IN NEED
WEST CENTRAL MISSOURI COMMUNITY ACTION AGENCY - 208 WEST WALNUT - RAYMORE, MO 64083	43-0838410	501(C)(3)	63,984.	0.			BUILDING A STRONG FARM TO INSTITUTION SYSTEM IN CASS COUNTY
WINGS OF WARRIORS CANCER FOUNDATION OF ALLEN COUNTY - 711 N 9TH - HUMBOLDT, KS 66748	82-0789870	501(C)(3)	11,500.	0.			ALLEN COUNTY RIDE FOR LIFE PROGRAM
WYANDOT CENTER FOR COMMUNITY BEHAVIORAL HEALTHCARE - 757 ARMSTRONG - KANSAS CITY, KS 66101	48-0576044	501(C)(3)	252,642.	0.			WYANDOT CENTER PSYCHIATRIC SERVICES CLINIC
YMCA OF GREATER KANSAS CITY 3100 BROADWAY, SUITE 1020 KANSAS CITY, MO 64111	44-0546002	501(C)(3)	120,000.	0.			Y WITHOUT WALLS - TRANSFORMING TRADITIONAL SERVICE DELIVERY MODELS
YOUNG WOMEN ON THE MOVE 3418 PARALLEL PARKWAY KANSAS CITY, KS 66104	68-0622776	501(C)(3)	35,000.	0.			YOUNG WOMEN ON THE MOVE CAPACITY BUILDING FOR SUSTAINABLE POSITIVE YOUTH DEVELOPMENT
YOUNG WOMEN ON THE MOVE 3418 PARALLEL PARKWAY KANSAS CITY, KS 66104	68-0622776	501(C)(3)	75,000.	0.			TEEN ADVOCATES FOR A HEALTHY KCK
YOUTH AMBASSADORS INC 5809 MICHIGAN AVENUE KANSAS CITY, MO 64130	45-5220294	501(C)(3)	50,000.	0.			YOUTH AMBASSADORS, INC.

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: CARITAS CLINICS

(H) PURPOSE OF GRANT OR ASSISTANCE: ESTAR SALUDABLE: LEVERAGING

TECHNOLOGY AND INTERPRETIVE SERVICES TO INCREASE AND STREAMLINE SPECIALTY

CARE ACCESS

NAME OF ORGANIZATION OR GOVERNMENT: CARITAS CLINICS

(H) PURPOSE OF GRANT OR ASSISTANCE: ESTAR SALUDABLE: PRIMARY CARE FOR

UNINSURED, UNSERSERVED HISPANIC PATIENTS IN WYANDOTTE COUNTY

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: GORDON PARKS ELEMENTARY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPROVING BEHAVIOR AND RESILIENCY  
FOR LOW-INCOME URBAN CHILDREN THROUGH SCHOOL-BASED TRAUMA-INFORMED CARE

NAME OF ORGANIZATION OR GOVERNMENT: GORDON PARKS ELEMENTARY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPROVED ACCESS TO MENTAL AND  
BEHAVIORAL HEALTH ASSESSMENT AND CARE FOR LOW-INCOME CHILDREN IN KANSAS  
CITY'S URBAN CORE

NAME OF ORGANIZATION OR GOVERNMENT:

HILLCREST MINISTRIES OF MIDAMERICA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASED ACCESS TO HEALTH CARE FOR  
HOMELESS CHILDREN, YOUNG ADULTS, AND FAMILIES IN TRANSITIONAL HOUSING

NAME OF ORGANIZATION OR GOVERNMENT: LEVEL UP KIDS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: REACHING MORE LOW-INCOME CHILDREN IN  
KANSAS CITY WITH FREE DENTAL CARE THROUGH INNOVATIVE COLLABORATION AND  
EXPANSION

NAME OF ORGANIZATION OR GOVERNMENT: LEVEL UP KIDS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAM SUPPORT TO DELIVER FREE,  
SAFETY NET, ACCESSIBLE DENTAL CARE TO LOW-INCOME, SCHOOL-AGE CHILDREN IN  
KANSAS CITY, MISSOURI

NAME OF ORGANIZATION OR GOVERNMENT: SHEFFIELD PLACE

(H) PURPOSE OF GRANT OR ASSISTANCE: A PLACE TO GROW: EXPANDING CAPACITY  
TO SERVE MORE HIGHLY-TRAUMATIZED, MOTHER-LED, HOMELESS FAMILIES

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: THE FAMILY CONSERVANCY

(H) PURPOSE OF GRANT OR ASSISTANCE: MENTAL HEALTH SERVICES FOR  
UNINSURED/UNDERINSURED VICTIMS OF TRAUMA IN WYANDOTTE COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: THRIVE ALLEN COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: THRIVE CARES (COORDINATING AND  
ASSISTING RELIABLE ENROLLMENT SERVICES) PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

TRUMAN MEDICAL CENTER CHARITABLE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: PRIMARY CARE CONNECTIONS AND  
INTEGRATION: STRENGTHENING THE PRIMARY CARE FRONT LINE FOR MEDICALLY  
UNDER-SERVED POPULATIONS

NAME OF ORGANIZATION OR GOVERNMENT:

TURNER HOUSE CLINIC INC., DBA VIBRANT HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASED ACCESS TO PATIENT-CENTERED  
INTEGRATED PRIMARY HEALTH CARE SERVICES AND QUALITY IMPROVEMENTS FOR  
UNDERSERVED CHILDREN AND ADULTS

NAME OF ORGANIZATION OR GOVERNMENT:

TURNER HOUSE CLINIC INC., DBA VIBRANT HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: INTEGRATED PRIMARY MEDICAL AND  
MENTAL HEALTH CARE FOR UNINSURED, UNDERSERVED AND VULNERABLE CHILDREN AND  
ADULTS

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

HEALTH CARE FOUNDATION OF GREATER KC

Employer identification number

20-0167282

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

**a** Receive a severance payment or change-of-control payment? .....

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....

**c** Participate in, or receive payment from, an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

**a** The organization? .....

**b** Any related organization? .....

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

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

**a** The organization? .....

**b** Any related organization? .....

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

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

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

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

Yes No

<b>1b</b>		
<b>2</b>		
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2019



**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BRIDGET MCCANDLESS M.D. PRESIDENT/CEO THRU 10/19	(i)	240,929.	0.	0.	24,082.	1,925.	266,936.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) GRACIELA COUCHONNAL VP PROGRAMS/ASST SECRETARY	(i)	185,367.	250.	0.	18,469.	12,959.	217,045.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) RICHARD ZIMMER CFO/ASST TREASURER	(i)	227,221.	250.	0.	22,739.	21,083.	271,293.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) PAULA CORNWELL VP HUMAN CAPITAL THRU 5/19	(i)	120,260.	0.	0.	12,015.	24,671.	156,946.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JANE MOSLEY DIRECTOR OF EVALUATIONS	(i)	126,816.	250.	500.	12,810.	18,163.	158,539.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JENNIFER SYKES COMMUNICATIONS OFFICER	(i)	120,826.	250.	200.	12,332.	29,039.	162,647.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

PART I, LINE 4A:

PAULA CORNWELL RECEIVED \$48,475 IN SEVERANCE.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

HEALTH CARE FOUNDATION OF GREATER KC

Employer identification number

20-0167282

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SPECIAL INITIATIVES/ADVOCACY GRANTS AND AWARDS TO ADDRESS SPECIAL  
INITIATIVES WITHIN THE MISSION OF THE FOUNDATION.

EXPENSES \$ 9,634,670. INCLUDING GRANTS OF \$ 7,882,330. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 RETURN IS REVIEWED BY MANAGEMENT AND THE AUDIT COMMITTEE. THE  
RETURN IS PRESENTED TO THE BOARD PRIOR TO FILING.

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

THE BOARD OF DIRECTORS IS REQUIRED TO COMPLETE A CONFLICT OF INTEREST  
STATEMENT ANNUALLY. IF A BOARD MEMBER OR EMPLOYEE HAS ANY CONFLICT WITH A  
POTENTIAL GRANTEE OR GRANT, THEY ARE EXCUSED AND ARE NOT PRESENT FOR ANY  
DISCUSSIONS REGARDING THE GRANT OR POTENTIAL GRANT. THEY ARE NOT ALLOWED TO  
VOTE ON THE GRANT PROPOSAL.

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

THE COMPENSATION PACKAGE OF THE PRESIDENT/CEO IS REVIEWED ANNUALLY BY THE  
BOARD OF DIRECTORS. THE PRESIDENT/CEO AND KEY EMPLOYEE SALARIES ARE  
COMPARED TO INDUSTRY DATA.

FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION MAKES FINANCIAL AND POLICY INFORMATION, INCLUDING BOARD  
MINUTES, AVAILABLE ON ITS WEBSITE. GOVERNING DOCUMENTS ARE AVAILABLE UPON  
REQUEST.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

**HEALTH CARE FOUNDATION OF GREATER KC**

Employer identification number

**20-0167282**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE COMMUNITY ADVISORY COMMITTEE - 27-2536603, 2555 GRAND BLVD, KANSAS CITY, MO 64108	PUBLIC CHARITY	MISSOURI	501(C)(3)	LINE 7			X

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

Schedule R (Form 990) 2019



**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	X
<b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

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

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

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

[illegible]

Provide additional information for responses to questions on Schedule R. See instructions.



# Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No. 1545-0047

## 2019

Department of the Treasury  
Internal Revenue Service

For calendar year 2019 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

<b>A</b> <input type="checkbox"/> Check box if address changed		<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>HEALTH CARE FOUNDATION OF GREATER KC</b>		<b>D</b> Employer identification number (Employees' trust, see instructions.) <b>20-0167282</b>
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)			Number, street, and room or suite no. If a P.O. box, see instructions. <b>2300 MAIN STREET, NO. 304</b>		<b>E</b> Unrelated business activity code (See instructions.) <b>525990</b>
			City or town, state or province, country, and ZIP or foreign postal code <b>KANSAS CITY, MO 64108</b>		
<b>C</b> Book value of all assets at end of year <b>805,912,359.</b>			<b>F</b> Group exemption number (See instructions.) ▶		
		<b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust			

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

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ **CHRISTENA DIVEN** Telephone number ▶ **816-241-7006**

Part I Unrelated Trade or Business Income				(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances		c Balance ▶	1c		
2	Cost of goods sold (Schedule A, line 7)			2		
3	Gross profit. Subtract line 2 from line 1c			3		
4a	Capital gain net income (attach Schedule D)			4a	98,063.	98,063.
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			4b	-1,019.	-1,019.
c	Capital loss deduction for trusts			4c		
5	Income (loss) from a partnership or an S corporation (attach statement)			5	-147,031.	STMT 2
6	Rent income (Schedule C)			6		
7	Unrelated debt-financed income (Schedule E)			7	4,604.	4,604.
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)			8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			9		
10	Exploited exempt activity income (Schedule I)			10		
11	Advertising income (Schedule J)			11		
12	Other income (See instructions; attach schedule)			12		
13	Total. Combine lines 3 through 12			13	-45,383.	-45,383.

### Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

(Deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)		14	
15	Salaries and wages		15	
16	Repairs and maintenance		16	
17	Bad debts		17	
18	Interest (attach schedule) (see instructions)		18	
19	Taxes and licenses		19	
20	Depreciation (attach Form 4562)	20		
21	Less depreciation claimed on Schedule A and elsewhere on return	21a	21b	
22	Depletion		22	
23	Contributions to deferred compensation plans		23	
24	Employee benefit programs		24	
25	Excess exempt expenses (Schedule I)		25	
26	Excess readership costs (Schedule J)		26	
27	Other deductions (attach schedule)		27	
28	Total deductions. Add lines 14 through 27		28	0.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		29	-45,383.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	SEE STATEMENT 3	30	0.
31	Unrelated business taxable income. Subtract line 30 from line 29		31	-45,383.

**Part III Total Unrelated Business Taxable Income**

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	-45,383.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	-45,383.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) <b>STMT 4</b>	36	0.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	-45,383.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	<b>Unrelated business taxable income.</b> Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	-45,383.

**Part IV Tax Computation**

40	<b>Organizations Taxable as Corporations.</b> Multiply line 39 by 21% (0.21)	40	0.
41	<b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	<b>Proxy tax.</b> See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	<b>Tax on Noncompliant Facility Income.</b> See instructions	44	
45	<b>Total.</b> Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.

**Part V Tax and Payments**

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	<b>Total credits.</b> Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	0.
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	48	
49	<b>Total tax.</b> Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51a	Payments: A 2018 overpayment credited to 2019	51a	
b	2019 estimated tax payments	51b	
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	51g	
52	<b>Total payments.</b> Add lines 51a through 51g	52	
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53	
54	<b>Tax due.</b> If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	<b>Overpayment.</b> If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
56	Enter the amount of line 55 you want: <b>Credited to 2020 estimated tax</b> <b>Refunded</b>	56	

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

57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

**Sign Here**

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

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

CFO \_\_\_\_\_ Title \_\_\_\_\_

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

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
KIMBERLY A RYAN				P00829977
Firm's name <b>RUBINBROWN LLP</b>	Firm's EIN <b>43-0765316</b>			
1200 MAIN STREET, SUITE 1000				
Firm's address <b>KANSAS CITY, MO 64105</b>	Phone no. <b>816-472-1122</b>			

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

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

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

(see instructions)

**1.** Description of property(1)  
(2)  
(3)  
(4)**2.** Rent received or accrued

<b>(a)</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	<b>(b)</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	<b>3(a)</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total <b>0.</b>	Total <b>0.</b>	

**(c) Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **►****(b) Total deductions.**Enter here and on page 1, Part I, line 6, column (B) **►****0.****Schedule E - Unrelated Debt-Financed Income** (see instructions)

<b>1.</b> Description of debt-financed property		<b>2.</b> Gross income from or allocable to debt-financed property	<b>3.</b> Deductions directly connected with or allocable to debt-financed property	
			<b>(a)</b> Straight line depreciation (attach schedule)	<b>(b)</b> Other deductions (attach schedule)
(1) <b>FROM K-1 - PANTHEON USA FUND</b>				
(2) <b>VII, LP</b>		<b>4,604.</b>		
(3)				
(4)				
<b>4.</b> Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	<b>5.</b> Average adjusted basis of or allocable to debt-financed property (attach schedule)	<b>6.</b> Column 4 divided by column 5	<b>7.</b> Gross income reportable (column 2 x column 6)	<b>8.</b> Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2) <b>1.</b>	<b>1.</b>	<b>100.00 %</b>	<b>4,604.</b>	
(3)		%		
(4)		%		
<b>Totals</b> .....			Enter here and on page 1, Part I, line 7, column (A). <b>4,604.</b>	Enter here and on page 1, Part I, line 7, column (B). <b>0.</b>
<b>Total dividends-received deductions</b> included in column 8 .....			<b>0.</b>	<b>0.</b>

Form 990-T (2019)

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

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

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
<b>Totals</b> .....			<b>0.</b>	<b>0.</b>

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
<b>Totals</b> .....		<b>0.</b>		<b>0.</b>

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 25.
<b>Totals</b> .....		<b>0.</b>	<b>0.</b>			<b>0.</b>

**Schedule J - Advertising Income** (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) .....		<b>0.</b>	<b>0.</b>			<b>0.</b>

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> ▶	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Totals, Part II (lines 1-5)</b> ▶	Enter here and on page 1, Part I, line 11, col. (A). <b>0.</b>	Enter here and on page 1, Part I, line 11, col. (B). <b>0.</b>				Enter here and on page 1, Part II, line 26. <b>0.</b>

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

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 ▶			<b>0.</b>

Form **990-T** (2019)

**2019**

Name

Employer identification number

**HEALTH CARE FOUNDATION OF GREATER KC**

**20-0167282**

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ..... ▶ ☐ Yes ☒ No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses** (See instructions.)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				<b>4,322.</b>
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) .....			<b>6</b>	( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....			<b>7</b>	<b>4,322.</b>

**Part II Long-Term Capital Gains and Losses** (See instructions.)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				<b>93,741.</b>
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....			<b>11</b>	
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>13</b>	
<b>14</b> Capital gain distributions .....			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....			<b>15</b>	<b>93,741.</b>

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>	<b>4,322.</b>
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>	<b>93,741.</b>
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns .....	<b>18</b>	<b>98,063.</b>

**Note:** If losses exceed gains, see *Capital Losses* in the instructions.

## Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

# 2019

Attachment Sequence No. **12A**

► Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.

Name(s) shown on return

Social security number or taxpayer identification no.

20-0167282

HEALTH CARE FOUNDATION OF GREATER KC

*Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.*

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☒ (C) Short-term transactions not reported to you on Form 1099-B

[illegible]

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

**Social security number or taxpayer identification no.**

20-0167282

HEALTH CARE FOUNDATION OF GREATER KC

*Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.*

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ (E) Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☒ (F) Long-term transactions not reported to you on Form 1099-B

[illegible]

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.



**Sales of Business Property**  
(Also Involuntary Conversions and Recapture Amounts  
Under Sections 179 and 280F(b)(2))  
▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

OMB No. 1545-0184

**2019**

Attachment  
Sequence No. **27**

**HEALTH CARE FOUNDATION OF GREATER KC**

Identifying number  
**20-0167282**

1 Enter the gross proceeds from sales or exchanges reported to you for 2019 on Form(s) 1099-B or 1099-S  
(or substitute statement) that you are including on line 2, 10, or 20

**1**

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year** (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	<b>SEE STATEMENT 5</b>						<b>-1,019.</b>

- 3 Gain, if any, from Form 4684, line 39
- 4 Section 1231 gain from installment sales from Form 6252, line 26 or 37
- 5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824
- 6 Gain, if any, from line 32, from other than casualty or theft
- 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows

<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	<b>-1,019.</b>

**Partnerships and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

**Individuals, partners, S corporation shareholders, and all others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8 Nonrecaptured net section 1231 losses from prior years. See instructions **SEE STATEMENT 6**
- 9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions

<b>8</b>	
<b>9</b>	

**Part II Ordinary Gains and Losses** (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):


- 11 Loss, if any, from line 7
- 12 Gain, if any, from line 7 or amount from line 8, if applicable
- 13 Gain, if any, from line 31
- 14 Net gain or (loss) from Form 4684, lines 31 and 38a
- 15 Ordinary gain from installment sales from Form 6252, line 25 or 36
- 16 Ordinary gain or (loss) from like-kind exchanges from Form 8824
- 17 Combine lines 10 through 16
- 18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.
- a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040 or Form 1040-SR), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions
- b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040 or Form 1040-SR), Part I, line 4

<b>11</b>	<b>( 1,019. )</b>
<b>12</b>	
<b>13</b>	
<b>14</b>	
<b>15</b>	
<b>16</b>	
<b>17</b>	<b>-1,019.</b>
<b>18a</b>	
<b>18b</b>	

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2019)

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255** (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
<b>These columns relate to the properties on lines 19A through 19D.</b>			
	<b>Property A</b>	<b>Property B</b>	<b>Property C</b>
<b>20</b> Gross sales price ( <b>Note:</b> See line 1 before completing.)	<b>20</b>		
<b>21</b> Cost or other basis plus expense of sale	<b>21</b>		
<b>22</b> Depreciation (or depletion) allowed or allowable	<b>22</b>		
<b>23</b> Adjusted basis. Subtract line 22 from line 21	<b>23</b>		
<b>24</b> Total gain. Subtract line 23 from line 20	<b>24</b>		
<b>25 If section 1245 property:</b>			
a Depreciation allowed or allowable from line 22	<b>25a</b>		
b Enter the <b>smaller</b> of line 24 or 25a	<b>25b</b>		
<b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.			
a Additional depreciation after 1975. See instructions	<b>26a</b>		
b Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	<b>26b</b>		
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	<b>26c</b>		
d Additional depreciation after 1969 and before 1976	<b>26d</b>		
e Enter the <b>smaller</b> of line 26c or 26d	<b>26e</b>		
f Section 291 amount (corporations only)	<b>26f</b>		
g Add lines 26b, 26e, and 26f	<b>26g</b>		
<b>27 If section 1252 property:</b> Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.			
a Soil, water, and land clearing expenses	<b>27a</b>		
b Line 27a multiplied by applicable percentage	<b>27b</b>		
c Enter the <b>smaller</b> of line 24 or 27b	<b>27c</b>		
<b>28 If section 1254 property:</b>			
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	<b>28a</b>		
b Enter the <b>smaller</b> of line 24 or 28a	<b>28b</b>		
<b>29 If section 1255 property:</b>			
a Applicable percentage of payments excluded from income under section 126. See instructions	<b>29a</b>		
b Enter the <b>smaller</b> of line 24 or 29a. See instructions	<b>29b</b>		

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

<b>30</b> Total gains for all properties. Add property columns A through D, line 24	<b>30</b>	
<b>31</b> Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	<b>31</b>	
<b>32</b> Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	<b>32</b>	

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
<b>33</b> Section 179 expense deduction or depreciation allowable in prior years	<b>33</b>	
<b>34</b> Recomputed depreciation. See instructions	<b>34</b>	
<b>35</b> Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	<b>35</b>	

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FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT 1
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## INVESTMENT PARTNERSHIPS GENERATING UBTI

TO FORM 990-T, PAGE 1

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 2
DESCRIPTION		NET INCOME OR (LOSS)
ARES CORPORATE OPPORTUNITIES FUND V, LP - INTEREST INCOME		31,697.
ARES CORPORATE OPPORTUNITIES FUND V, LP - OTHER INCOME (LOSS)		-8,418.
COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY PARTNERS II, LP - ORDINARY BUSINESS		-10,104.
COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY PARTNERS II, LP - NET RENTAL REAL E		-336.
COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY PARTNERS II, LP - OTHER NET RENTAL		53.
COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY PARTNERS II, LP - INTEREST INCOME		3,350.
COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY PARTNERS II, LP - DIVIDEND INCOME		1,425.
COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY PARTNERS II, LP - ROYALTIES		150.
COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY PARTNERS II, LP - OTHER PORTFOLIO I		440.
COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY PARTNERS II, LP - OTHER INCOME (LOS		-76,371.
COMMONFUND CAPITAL INTERNATIONAL PARTNER VI, LP - INTEREST INCOME		318.
COMMONFUND CAPITAL INTERNATIONAL PARTNER VI, LP - DIVIDEND INCOME		59.
COMMONFUND CAPITAL INTERNATIONAL PARTNER VI, LP - OTHER PORTFOLIO INCOME (LO		171.
COMMONFUND CAPITAL INTERNATIONAL PARTNER VI, LP - OTHER INCOME (LOSS)		-145.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - ORDINARY BUSINESS INCOM		16,066.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - NET RENTAL REAL ESTATE		7.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - INTEREST INCOME		3,952.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - DIVIDEND INCOME		517.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - ROYALTIES		92.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - OTHER PORTFOLIO INCOME		417.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - OTHER INCOME (LOSS)		2,639.

COMMONFUND CAPITAL VENTURE PARTNERS VIII, L.P. - ORDINARY BUSINESS INCOME (L	-1.
COMMONFUND CAPITAL VENTURE PARTNERS VIII, L.P. - OTHER INCOME (LOSS)	-20.
GEPIF II BRAVO AIV, LP - ORDINARY BUSINESS INCOME (LOSS)	-157,470.
GEPIF II BRAVO AIV, LP - NET RENTAL REAL ESTATE INCOME	1.
GEPIF II BRAVO AIV, LP - OTHER INCOME (LOSS)	3,960.
MACQUARIE INFRASTRUCTURE PARTNERS A, L.P. - INTEREST INCOME	1,879.
MACQUARIE INFRASTRUCTURE PARTNERS A, L.P. - OTHER INCOME (LOSS)	-5,965.
PANTHEON EUROPE FUND V A, LP - INTEREST INCOME	50.
PANTHEON EUROPE FUND V A, LP - OTHER INCOME (LOSS)	-35.
PANTHEON USA FUND VI, LP - ORDINARY BUSINESS INCOME (LOSS)	1,955.
PANTHEON USA FUND VI, LP - NET RENTAL REAL ESTATE INCOME	1.
PANTHEON USA FUND VI, LP - INTEREST INCOME	217.
PANTHEON USA FUND VI, LP - DIVIDEND INCOME	1,355.
PANTHEON USA FUND VI, LP - ROYALTIES	20.
PANTHEON USA FUND VI, LP - OTHER INCOME (LOSS)	639.
PANTHEON USA FUND VII, LP - ORDINARY BUSINESS INCOME (LOSS)	62,652.
PANTHEON USA FUND VII, LP - NET RENTAL REAL ESTATE INCOME	53.
PANTHEON USA FUND VII, LP - OTHER NET RENTAL INCOME (LOSS)	-3,011.
PANTHEON USA FUND VII, LP - INTEREST INCOME	411.
PANTHEON USA FUND VII, LP - DIVIDEND INCOME	270.
PANTHEON USA FUND VII, LP - ROYALTIES	33.
PANTHEON USA FUND VII, LP - OTHER PORTFOLIO INCOME (LOSS)	11.
PANTHEON USA FUND VII, LP - OTHER INCOME (LOSS)	49,037.
MACQUARIE INFRASTRUCTURE PARTNERS B, L.P. - ORDINARY BUSINESS INCOME (LOSS)	-407.
MACQUARIE INFRASTRUCTURE PARTNERS II US, LP - ORDINARY BUSINESS INCOME (LOSS)	-105,149.
MIP III (ECI) AIV, LP - ORDINARY BUSINESS INCOME (LOSS)	42,357.
MIP III (ECI) AIV, LP - OTHER INCOME (LOSS)	-89.
AF V ENERGY I AIV A9, LP - INTEREST INCOME	7,056.
AF V ENERGY I AIV A9, LP - OTHER INCOME (LOSS)	-888.
SUN CAPITAL PARTNERS VII, LP - OTHER INCOME (LOSS)	-11,932.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-147,031.

FORM 990-T		NET OPERATING LOSS DEDUCTION		STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	723,999.	0.	723,999.	723,999.
NOL CARRYOVER AVAILABLE THIS YEAR			723,999.	723,999.

## FORM 990-T

## NET OPERATING LOSS DEDUCTION

## STATEMENT 4

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/07	379,616.	379,616.	0.	0.
12/31/08	431,878.	431,878.	0.	0.
12/31/09	501,970.	501,970.	0.	0.
12/31/10	461,369.	461,369.	0.	0.
12/31/11	689,833.	4,593.	685,240.	685,240.
12/31/12	633,192.	0.	633,192.	633,192.
12/31/13	305,900.	0.	305,900.	305,900.
12/31/14	534,129.	0.	534,129.	534,129.
12/31/17	430,602.	0.	430,602.	430,602.
NOL CARRYOVER AVAILABLE THIS YEAR			2,589,063.	2,589,063.

## FORM 4797

## PROPERTY HELD MORE THAN ONE YEAR

## STATEMENT 5

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
-COMMONFUND CAPITAL GLOBAL PRIVATE EQUIT						12,837.
-COMMONFUND CAPITAL PRIVATE EQUITY PARTN						-4,811.
-PANTHEON USA FUND VI, LP						-1,329.
-PANTHEON USA FUND VII, LP						-7,716.
TOTAL TO 4797, PART I, LINE 2						-1,019.

FORM 4797

NONRECAPTURED NET SECTION 1231 LOSSES  
FROM PRIOR YEARS

STATEMENT 6

TAX YEAR	SECTION 1231 LOSSES	SECTION 1231 LOSSES RECAPTURED	NONRECAPTURED SECTION 1231 LOSSES
2014	21,042.	21,042.	0.
2015	0.	0.	0.
2016	0.	0.	0.
2017	0.	0.	0.
2018	2,545.	0.	2,545.
TOTAL TO FORM 4797, LINE 8	23,587.	21,042.	2,545.

# Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund

OMB No. 1545-1002

Attachment  
Sequence No. **69**

► Go to [www.irs.gov/Form8621](http://www.irs.gov/Form8621) for instructions and the latest information.

Name of shareholder  <b>HEALTH CARE FOUNDATION OF GREATER KC</b>  Number, street, and room or suite no. If a P.O. box, see instructions. <b>2300 MAIN STREET, NO. 304</b>  City or town, state, and ZIP code or country <b>KANSAS CITY, MO 64108</b>	Identifying number (see instructions)  <b>20-0167282</b>  Shareholder tax year: calendar year <b>2019</b> or other tax year beginning and ending
Check type of shareholder filing the return: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Nongrantor Trust <input type="checkbox"/> Estate Check if any Excepted Specified Foreign Financial Assets are reported on this form. See instructions <input type="checkbox"/>	
Qualifying Insurance Corporation Election-I, a shareholder of stock of a foreign corporation, elect to treat such stock as the stock of a Qualifying Insurance Corporation under the alternative facts and circumstances test within the meaning of section 1297(f)(2). See instructions <input type="checkbox"/>	
Name of foreign corporation, passive foreign investment company (PFIC), or qualified electing fund (QEF) <b>HBK MULTI-STRATEGY OFFSHORE FUND LTD</b>	Employer identification number (if any)  <b>98-0497416</b>
Address (Enter number, street, city or town, and country.)  <b>C/O CO SERVICES CAYMAN LTD, PO BOX 10008 WILLOW HOUSE, CRICKET SQUARE, GRAND CAYMAN,</b>	Reference ID number (see instructions)  Tax year of foreign corporation, PFIC, or QEF: Calendar year <b>2019</b> or other tax year beginning and ending

## Part I Summary of Annual Information (see instructions)

Provide the following information with respect to all shares of the PFIC held by the shareholder:

- 1 Description of each class of shares held by the shareholder: **FUND UNITS**  
☐ Check if shares jointly owned with spouse.
- 2 Date shares acquired during the tax year, if applicable: \_\_\_\_\_
- 3 Number of shares held at the end of the tax year: **1.**
- 4 Value of shares held at the end of the tax year (check the appropriate box, if applicable):  
 (a) ☐ \$0-50,000 (b) ☐ \$50,001-100,000 (c) ☐ \$100,001-150,000 (d) ☐ \$150,001-200,000  
 (e) If more than \$200,000, list value: **33,596,308.**
- 5 Type of PFIC and amount of any excess distribution or gain treated as an excess distribution under section 1291, inclusion under section 1293, and inclusion or deduction under section 1296 (check all boxes that apply):  
 (a) ☐ Section 1291 \$ \_\_\_\_\_  
 (b) ☒ Section 1293 (Qualified Electing Fund) \$ \_\_\_\_\_  
 (c) ☐ Section 1296 (Mark to Market) \$ **SEE STATEMENT 7**

## Part II Elections (see instructions)

- A ☒ **Election To Treat the PFIC as a QEF.** I, a shareholder of a PFIC, elect to treat the PFIC as a QEF. *Complete lines 6a through 7c of Part III.*
- B ☒ **Election To Extend Time For Payment of Tax.** I, a shareholder of a QEF, elect to extend the time for payment of tax on the undistributed earnings and profits of the QEF until this election is terminated. *Complete lines 8a through 9c of Part III to calculate the tax that may be deferred.*  
**Note:** If any portion of line 6a or line 7a of Part III is includible under section 951, you may **not** make this election. Also, see sections 1294(c) and 1294(f) and the related regulations for events that terminate this election.
- C ☐ **Election To Mark-to-Market PFIC Stock.** I, a shareholder of a PFIC, elect to mark-to-market the PFIC stock that is marketable within the meaning of section 1296(e). *Complete Part IV.*
- D ☐ **Deemed Sale Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF, elect to recognize gain on the deemed sale of my interest in the PFIC. *Enter gain or loss on line 15f of Part V.*
- E ☐ **Deemed Dividend Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF that is a controlled foreign corporation (CFC), elect to treat an amount equal to my share of the post-1986 earnings and profits of the CFC as an excess distribution. *Enter this amount on line 15e of Part V. If the excess distribution is greater than zero, also complete line 16 of Part V.*
- F ☐ **Election To Recognize Gain on Deemed Sale of PFIC.** I, a shareholder of a former PFIC or a PFIC to which section 1297(d) applies, elect to treat as an excess distribution the gain recognized on the deemed sale of my interest in the PFIC on the last day of its last tax year as a PFIC under section 1297(a). *Enter gain on line 15f of Part V.*
- G ☐ **Deemed Dividend Election With Respect to a Section 1297(e) PFIC.** I, a shareholder of a section 1297(e) PFIC, within the meaning of Regulations section 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 1297(e) PFIC. My holding period in the stock of the Section 1297(e) PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*
- H ☐ **Deemed Dividend Election With Respect to a Former PFIC.** I, a shareholder of a former PFIC, within the meaning of Regulations section 1.1298-3(a), elect to make a deemed dividend election with respect to the former PFIC. My holding period in the stock of the former PFIC includes the termination date, as defined in Regulations section 1.1298-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*

**Part III Income From a Qualified Electing Fund (QEF).** All QEF shareholders complete lines 6a through 7c. If you are making Election B, also complete lines 8a through 9c. See instructions.

<b>6 a</b>	Enter your pro rata share of the ordinary earnings of the QEF .....	<b>6a</b>	<b>1,167,291.</b>		
<b>b</b>	Enter the portion of line 6a that is included in income under section 951 or that may be excluded under section 1293(g) .....	<b>6b</b>	<b>1,167,291.</b>		
<b>c</b>	Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income .....	<b>6c</b>			<b>0.</b>
<b>7 a</b>	Enter your pro rata share of the total net capital gain of the QEF .....	<b>7a</b>	<b>75,456.</b>		
<b>b</b>	Enter the portion of line 7a that is included in income under section 951 or that may be excluded under section 1293(g) .....	<b>7b</b>	<b>75,456.</b>		
<b>c</b>	Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amount in Part II of the Schedule D used for your income tax return. See instructions .....	<b>7c</b>			<b>0.</b>
<b>Complete lines 8 and 9 only if you are making a section 1294 election (Election B) for the current tax year.</b>					
<b>8 a</b>	Add lines 6c and 7c .....	<b>8a</b>			<b>0.</b>
<b>b</b>	Enter the total amount of cash and the fair market value of other property distributed or deemed distributed to you during the tax year of the QEF. See instructions .....	<b>8b</b>	<b>0.</b>		
<b>c</b>	Enter the portion of line 8a not already included in line 8b that is attributable to shares in the QEF that you disposed of, pledged, or otherwise transferred during the tax year .....	<b>8c</b>	<b>0.</b>		
<b>d</b>	Add lines 8b and 8c .....	<b>8d</b>			<b>0.</b>
<b>e</b>	Subtract line 8d from line 8a, and enter the difference (if zero or less, enter amount in brackets) .....	<b>8e</b>			<b>0.</b>
<b>Important:</b> If line 8e is greater than zero, and no portion of line 6a or 7a is includible in income under section 951, you may make Election B with respect to the amount on line 8e.					
<b>9 a</b>	Enter the total tax for the tax year. See instructions .....	<b>9a</b>			
<b>b</b>	Enter the total tax for the tax year determined without regard to the amount entered on line 8e .....	<b>9b</b>			
<b>c</b>	Subtract line 9b from line 9a. <b>This is the deferred tax, the time for payment of which is extended by making Election B</b> .....	<b>9c</b>			

**Part IV Gain or (Loss) From Mark-to-Market Election** (see instructions)

<b>10a</b>	Enter the fair market value of your PFIC stock at the end of the tax year .....	<b>10a</b>	
<b>b</b>	Enter your adjusted basis in the stock at the end of the tax year .....	<b>10b</b>	
<b>c</b>	Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income on your tax return. If a loss, go to line 11 .....	<b>10c</b>	
<b>11</b>	Enter any unreversed inclusions (as defined in section 1296(d)) .....	<b>11</b>	
<b>12</b>	Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary loss on your tax return .....	<b>12</b>	
<b>13 If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:</b>			
<b>a</b>	Enter the fair market value of the stock on the date of sale or disposition .....	<b>13a</b>	
<b>b</b>	Enter the adjusted basis of the stock on the date of sale or disposition .....	<b>13b</b>	
<b>c</b>	Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary income on your tax return. If a loss, go to line 14 .....	<b>13c</b>	
<b>14a</b>	Enter any unreversed inclusions (as defined in section 1296(d)) .....	<b>14a</b>	
<b>b</b>	Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Include this amount as an ordinary loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, complete line 14c .....	<b>14b</b>	
<b>c</b>	Enter the amount by which the loss on line 13c exceeds unreversed inclusions on line 14a. Include this amount on your tax return according to the rules generally applicable for losses provided elsewhere in the Code and regulations .....	<b>14c</b>	

**Note:** See instructions in case of multiple sales or dispositions.



**Part V Distributions From and Dispositions of Stock of a Section 1291 Fund** (see instructions)*Complete a separate Part V for each excess distribution and disposition. See instructions.*

<b>15 a</b> Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. If the holding period of the stock began in the current tax year, see instructions .....	<b>15a</b>	
<b>b</b> Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stock for each of the 3 years preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year) .....	<b>15b</b>	
<b>c</b> Divide line 15b by 3.0. (See instructions if the number of preceding tax years is less than 3.) .....	<b>15c</b>	
<b>d</b> Multiply line 15c by 125% (1.25) .....	<b>15d</b>	
<b>e</b> Subtract line 15d from line 15a. This amount, if more than zero, is the excess distribution with respect to the applicable stock. If there is an excess distribution, complete line 16. If zero or less and you did not dispose of stock during the tax year, <b>do not</b> complete the rest of Part V. See instructions if you received more than one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return .....	<b>15e</b>	
<b>f</b> Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain, complete line 16. If a loss, show it in brackets and <b>do not</b> complete line 16 .....	<b>15f</b>	
<b>16 a</b> If there is a positive amount on line 15e or 15f (or both), attach a statement for each excess distribution and disposition. Show your holding period for each share of stock or block of shares held. Allocate the excess distribution or gain to each day in your holding period. Add all amounts that are allocated to days in each tax year.		
<b>b</b> Enter the total of the amounts determined in line 16a that are allocable to the current tax year and tax years before the foreign corporation became a PFIC (pre-PFIC years). Enter these amounts on your income tax return as other income .....	<b>16b</b>	
<b>c</b> Enter the aggregate increases in tax (before credits) for each tax year in your holding period (other than the current tax year and pre-PFIC years). See instructions .....	<b>16c</b>	
<b>d</b> Foreign tax credit (see instructions) .....	<b>16d</b>	
<b>e</b> Subtract line 16d from line 16c. Enter this amount on your income tax return as "additional tax." See instructions .....	<b>16e</b>	
<b>f</b> Determine interest on each net increase in tax determined on line 16e using the rates and methods of section 6621. Enter the aggregate amount of interest here. See instructions .....	<b>16f</b>	

Form **8621** (Rev. 12-2018)

**Part VI Status of Prior Year Section 1294 Elections and Termination of Section 1294 Elections***Complete a separate column for each outstanding election.*

<b>Complete lines 17 through 20 to report the status of outstanding prior year section 1294 elections.</b>							
		(i)	(ii)	(iii)	(iv)	(v)	(vi)
17	Tax year of outstanding election .....						
18	Undistributed earnings to which the election relates						
19	Deferred tax .....						
20	Interest accrued on deferred tax (line 19) as of the filing date .....						
<b>Complete lines 21 through 24 only if a section 1294 election is terminated in the current year.</b>							
21	Event terminating election						
22	Earnings distributed or deemed distributed during the tax year .....						
23	Deferred tax due with this return .....						
24	Accrued interest due with this return .....						
<b>Complete lines 25 and 26 only if there is a partial termination of a section 1294 election in the current tax year.</b>							
25	Deferred tax outstanding after partial termination of election. Subtract line 23 from line 19 .....						
26	Interest accrued after partial termination of election. Subtract line 24 from line 20						

Form 8621 (Rev. 12-2018)

Name of shareholder		Identifying number (see instructions)	
HEALTH CARE FOUNDATION OF GREATER KC		20-0167282	
Number, street, and room or suite no. If a P.O. box, see instructions. 2300 MAIN STREET, NO. 304		Shareholder tax year: calendar year <b>2019</b> or other tax year beginning and ending	
City or town, state, and ZIP code or country KANSAS CITY, MO 64108			
Check type of shareholder filing the return: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Nongrantor Trust <input type="checkbox"/> Estate			
Check if any Excepted Specified Foreign Financial Assets are reported on this form. See instructions <input type="checkbox"/>			
Qualifying Insurance Corporation Election-I, a shareholder of stock of a foreign corporation, elect to treat such stock as the stock of a Qualifying Insurance Corporation under the alternative facts and circumstances test within the meaning of section 1297(f)(2). See instructions <input type="checkbox"/>			
Name of foreign corporation, passive foreign investment company (PFIC), or qualified electing fund (QEF) ARROWGRASS INTERNATIONAL FUND LIMITED		Employer identification number (if any)	
Address (Enter number, street, city or town, and country.) PO BOX 242, 45 MARKET ST. GARDENIA CT CAMANA BAY, GRAND CAYMAN, CAYMAN ISLANDS KY1		Reference ID number (see instructions) ARROWGRASS	
		Tax year of foreign corporation, PFIC, or QEF: Calendar year <b>2019</b> or other tax year beginning and ending	

**Part I**
**Summary of Annual Information** (see instructions)

Provide the following information with respect to all shares of the PFIC held by the shareholder:

1
Description of each class of shares held by the shareholder: **FUND UNITS**  
☐ Check if shares jointly owned with spouse.

2
Date shares acquired during the tax year, if applicable:

3
Number of shares held at the end of the tax year: **52,965.**

4
Value of shares held at the end of the tax year (check the appropriate box, if applicable):  
(a) ☐ \$0-50,000    (b) ☐ \$50,001-100,000    (c) ☐ \$100,001-150,000    (d) ☐ \$150,001-200,000  
(e) If more than \$200,000, list value: **5,527,012.**

5
Type of PFIC and amount of any excess distribution or gain treated as an excess distribution under section 1291, inclusion under section 1293, and inclusion or deduction under section 1296 (check all boxes that apply):  
(a) ☐ Section 1291 \$  
(b) ☒ Section 1293 (Qualified Electing Fund) \$  
(c) ☐ Section 1296 (Mark to Market) \$ **SEE STATEMENT 8**

**Part II**
**Elections** (see instructions)

**A**
☒
**Election To Treat the PFIC as a QEF.** I, a shareholder of a PFIC, elect to treat the PFIC as a QEF. *Complete lines 6a through 7c of Part III.*

**B**
☒
**Election To Extend Time For Payment of Tax.** I, a shareholder of a QEF, elect to extend the time for payment of tax on the undistributed earnings and profits of the QEF until this election is terminated. *Complete lines 8a through 9c of Part III to calculate the tax that may be deferred.*  
**Note:** If any portion of line 6a or line 7a of Part III is includible under section 951, you may **not** make this election. Also, see sections 1294(c) and 1294(f) and the related regulations for events that terminate this election.

**C**
☐
**Election To Mark-to-Market PFIC Stock.** I, a shareholder of a PFIC, elect to mark-to-market the PFIC stock that is marketable within the meaning of section 1296(e). *Complete Part IV.*

**D**
☐
**Deemed Sale Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF, elect to recognize gain on the deemed sale of my interest in the PFIC. *Enter gain or loss on line 15f of Part V.*

**E**
☐
**Deemed Dividend Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF that is a controlled foreign corporation (CFC), elect to treat an amount equal to my share of the post-1986 earnings and profits of the CFC as an excess distribution. *Enter this amount on line 15e of Part V. If the excess distribution is greater than zero, also complete line 16 of Part V.*

**F**
☐
**Election To Recognize Gain on Deemed Sale of PFIC.** I, a shareholder of a former PFIC or a PFIC to which section 1297(d) applies, elect to treat as an excess distribution the gain recognized on the deemed sale of my interest in the PFIC on the last day of its last tax year as a PFIC under section 1297(a). *Enter gain on line 15f of Part V.*

**G**
☐
**Deemed Dividend Election With Respect to a Section 1297(e) PFIC.** I, a shareholder of a section 1297(e) PFIC, within the meaning of Regulations section 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 1297(e) PFIC. My holding period in the stock of the Section 1297(e) PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*

**H**
☐
**Deemed Dividend Election With Respect to a Former PFIC.** I, a shareholder of a former PFIC, within the meaning of Regulations section 1.1298-3(a), elect to make a deemed dividend election with respect to the former PFIC. My holding period in the stock of the former PFIC includes the termination date, as defined in Regulations section 1.1298-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*

**Part III Income From a Qualified Electing Fund (QEF).** All QEF shareholders complete lines 6a through 7c. If you are making Election B, also complete lines 8a through 9c. See instructions.

<b>6 a</b>	Enter your pro rata share of the ordinary earnings of the QEF .....	<b>6a</b>		
<b>b</b>	Enter the portion of line 6a that is included in income under section 951 or that may be excluded under section 1293(g) .....	<b>6b</b>		
<b>c</b>	Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income .....		<b>6c</b>	
<b>7 a</b>	Enter your pro rata share of the total net capital gain of the QEF .....	<b>7a</b>		
<b>b</b>	Enter the portion of line 7a that is included in income under section 951 or that may be excluded under section 1293(g) .....	<b>7b</b>		
<b>c</b>	Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amount in Part II of the Schedule D used for your income tax return. See instructions .....		<b>7c</b>	

**Complete lines 8 and 9 only if you are making a section 1294 election (Election B) for the current tax year.**

<b>8 a</b>	Add lines 6c and 7c .....		<b>8a</b>	0 .
<b>b</b>	Enter the total amount of cash and the fair market value of other property distributed or deemed distributed to you during the tax year of the QEF. See instructions .....	<b>8b</b>		0 .
<b>c</b>	Enter the portion of line 8a not already included in line 8b that is attributable to shares in the QEF that you disposed of, pledged, or otherwise transferred during the tax year ...	<b>8c</b>		0 .
<b>d</b>	Add lines 8b and 8c .....		<b>8d</b>	0 .
<b>e</b>	Subtract line 8d from line 8a, and enter the difference (if zero or less, enter amount in brackets) .....		<b>8e</b>	0 .
<b>Important:</b> If line 8e is greater than zero, and no portion of line 6a or 7a is includible in income under section 951, you may make Election B with respect to the amount on line 8e.				
<b>9 a</b>	Enter the total tax for the tax year. See instructions .....	<b>9a</b>		
<b>b</b>	Enter the total tax for the tax year determined without regard to the amount entered on line 8e .....	<b>9b</b>		
<b>c</b>	Subtract line 9b from line 9a. <b>This is the deferred tax, the time for payment of which is extended by making Election B</b> .....		<b>9c</b>	

**Part IV Gain or (Loss) From Mark-to-Market Election** (see instructions)

<b>10a</b>	Enter the fair market value of your PFIC stock at the end of the tax year .....	<b>10a</b>	
<b>b</b>	Enter your adjusted basis in the stock at the end of the tax year .....	<b>10b</b>	
<b>c</b>	Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income on your tax return. If a loss, go to line 11 .....	<b>10c</b>	
<b>11</b>	Enter any unreversed inclusions (as defined in section 1296(d)) .....	<b>11</b>	
<b>12</b>	Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary loss on your tax return .....	<b>12</b>	
<b>13 If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:</b>			
<b>a</b>	Enter the fair market value of the stock on the date of sale or disposition .....	<b>13a</b>	
<b>b</b>	Enter the adjusted basis of the stock on the date of sale or disposition .....	<b>13b</b>	
<b>c</b>	Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary income on your tax return. If a loss, go to line 14 .....	<b>13c</b>	
<b>14a</b>	Enter any unreversed inclusions (as defined in section 1296(d)) .....	<b>14a</b>	
<b>b</b>	Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Include this amount as an ordinary loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, complete line 14c .....	<b>14b</b>	
<b>c</b>	Enter the amount by which the loss on line 13c exceeds unreversed inclusions on line 14a. Include this amount on your tax return according to the rules generally applicable for losses provided elsewhere in the Code and regulations .....	<b>14c</b>	

**Note:** See instructions in case of multiple sales or dispositions.

**Part V Distributions From and Dispositions of Stock of a Section 1291 Fund** (see instructions)*Complete a separate Part V for each excess distribution and disposition. See instructions.*

<b>15 a</b> Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. If the holding period of the stock began in the current tax year, see instructions .....	<b>15a</b>	
<b>b</b> Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stock for each of the 3 years preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year) .....	<b>15b</b>	
<b>c</b> Divide line 15b by 3.0. (See instructions if the number of preceding tax years is less than 3.) .....	<b>15c</b>	
<b>d</b> Multiply line 15c by 125% (1.25) .....	<b>15d</b>	
<b>e</b> Subtract line 15d from line 15a. This amount, if more than zero, is the excess distribution with respect to the applicable stock. If there is an excess distribution, complete line 16. If zero or less and you did not dispose of stock during the tax year, <b>do not</b> complete the rest of Part V. See instructions if you received more than one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return .....	<b>15e</b>	
<b>f</b> Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain, complete line 16. If a loss, show it in brackets and <b>do not</b> complete line 16 .....	<b>15f</b>	
<b>16 a</b> If there is a positive amount on line 15e or 15f (or both), attach a statement for each excess distribution and disposition. Show your holding period for each share of stock or block of shares held. Allocate the excess distribution or gain to each day in your holding period. Add all amounts that are allocated to days in each tax year.		
<b>b</b> Enter the total of the amounts determined in line 16a that are allocable to the current tax year and tax years before the foreign corporation became a PFIC (pre-PFIC years). Enter these amounts on your income tax return as other income .....	<b>16b</b>	
<b>c</b> Enter the aggregate increases in tax (before credits) for each tax year in your holding period (other than the current tax year and pre-PFIC years). See instructions .....	<b>16c</b>	
<b>d</b> Foreign tax credit (see instructions) .....	<b>16d</b>	
<b>e</b> Subtract line 16d from line 16c. Enter this amount on your income tax return as "additional tax." See instructions .....	<b>16e</b>	
<b>f</b> Determine interest on each net increase in tax determined on line 16e using the rates and methods of section 6621. Enter the aggregate amount of interest here. See instructions .....	<b>16f</b>	

Form **8621** (Rev. 12-2018)

**Part VI Status of Prior Year Section 1294 Elections and Termination of Section 1294 Elections***Complete a separate column for each outstanding election.*

<b>Complete lines 17 through 20 to report the status of outstanding prior year section 1294 elections.</b>							
		(i)	(ii)	(iii)	(iv)	(v)	(vi)
17	Tax year of outstanding election .....						
18	Undistributed earnings to which the election relates						
19	Deferred tax .....						
20	Interest accrued on deferred tax (line 19) as of the filing date .....						
<b>Complete lines 21 through 24 only if a section 1294 election is terminated in the current year.</b>							
21	Event terminating election						
22	Earnings distributed or deemed distributed during the tax year .....						
23	Deferred tax due with this return .....						
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<b>Complete lines 25 and 26 only if there is a partial termination of a section 1294 election in the current tax year.</b>							
25	Deferred tax outstanding after partial termination of election. Subtract line 23 from line 19 .....						
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Form 8621 (Rev. 12-2018)



**Part III Income From a Qualified Electing Fund (QEF).** All QEF shareholders complete lines 6a through 7c. If you are making Election B, also complete lines 8a through 9c. See instructions.

<b>6 a</b>	Enter your pro rata share of the ordinary earnings of the QEF .....	<b>6a</b>		
<b>b</b>	Enter the portion of line 6a that is included in income under section 951 or that may be excluded under section 1293(g) .....	<b>6b</b>		
<b>c</b>	Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income .....		<b>6c</b>	
<b>7 a</b>	Enter your pro rata share of the total net capital gain of the QEF .....	<b>7a</b>		
<b>b</b>	Enter the portion of line 7a that is included in income under section 951 or that may be excluded under section 1293(g) .....	<b>7b</b>		
<b>c</b>	Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amount in Part II of the Schedule D used for your income tax return. See instructions .....		<b>7c</b>	
<b>Complete lines 8 and 9 only if you are making a section 1294 election (Election B) for the current tax year.</b>				
<b>8 a</b>	Add lines 6c and 7c .....		<b>8a</b>	0.
<b>b</b>	Enter the total amount of cash and the fair market value of other property distributed or deemed distributed to you during the tax year of the QEF. See instructions .....	<b>8b</b>		0.
<b>c</b>	Enter the portion of line 8a not already included in line 8b that is attributable to shares in the QEF that you disposed of, pledged, or otherwise transferred during the tax year ...	<b>8c</b>		0.
<b>d</b>	Add lines 8b and 8c .....		<b>8d</b>	0.
<b>e</b>	Subtract line 8d from line 8a, and enter the difference (if zero or less, enter amount in brackets) .....		<b>8e</b>	0.
<b>Important:</b> If line 8e is greater than zero, and no portion of line 6a or 7a is includible in income under section 951, you may make Election B with respect to the amount on line 8e.				
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<b>10a</b>	Enter the fair market value of your PFIC stock at the end of the tax year .....	<b>10a</b>	
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<b>11</b>	Enter any unreversed inclusions (as defined in section 1296(d)) .....	<b>11</b>	
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<b>b</b>	Enter the adjusted basis of the stock on the date of sale or disposition .....	<b>13b</b>	
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<b>c</b>	Enter the amount by which the loss on line 13c exceeds unreversed inclusions on line 14a. Include this amount on your tax return according to the rules generally applicable for losses provided elsewhere in the Code and regulations .....	<b>14c</b>	

**Note:** See instructions in case of multiple sales or dispositions.



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<b>15 a</b> Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. If the holding period of the stock began in the current tax year, see instructions .....	<b>15a</b>	
<b>b</b> Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stock for each of the 3 years preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year) .....	<b>15b</b>	
<b>c</b> Divide line 15b by 3.0. (See instructions if the number of preceding tax years is less than 3.) .....	<b>15c</b>	
<b>d</b> Multiply line 15c by 125% (1.25) .....	<b>15d</b>	
<b>e</b> Subtract line 15d from line 15a. This amount, if more than zero, is the excess distribution with respect to the applicable stock. If there is an excess distribution, complete line 16. If zero or less and you did not dispose of stock during the tax year, <b>do not</b> complete the rest of Part V. See instructions if you received more than one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return .....	<b>15e</b>	
<b>f</b> Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain, complete line 16. If a loss, show it in brackets and <b>do not</b> complete line 16 .....	<b>15f</b>	
<b>16 a</b> If there is a positive amount on line 15e or 15f (or both), attach a statement for each excess distribution and disposition. Show your holding period for each share of stock or block of shares held. Allocate the excess distribution or gain to each day in your holding period. Add all amounts that are allocated to days in each tax year.		
<b>b</b> Enter the total of the amounts determined in line 16a that are allocable to the current tax year and tax years before the foreign corporation became a PFIC (pre-PFIC years). Enter these amounts on your income tax return as other income .....	<b>16b</b>	
<b>c</b> Enter the aggregate increases in tax (before credits) for each tax year in your holding period (other than the current tax year and pre-PFIC years). See instructions .....	<b>16c</b>	
<b>d</b> Foreign tax credit (see instructions) .....	<b>16d</b>	
<b>e</b> Subtract line 16d from line 16c. Enter this amount on your income tax return as "additional tax." See instructions .....	<b>16e</b>	
<b>f</b> Determine interest on each net increase in tax determined on line 16e using the rates and methods of section 6621. Enter the aggregate amount of interest here. See instructions .....	<b>16f</b>	

Form **8621** (Rev. 12-2018)

**Part VI Status of Prior Year Section 1294 Elections and Termination of Section 1294 Elections***Complete a separate column for each outstanding election.*

<b>Complete lines 17 through 20 to report the status of outstanding prior year section 1294 elections.</b>							
		(i)	(ii)	(iii)	(iv)	(v)	(vi)
17	Tax year of outstanding election .....						
18	Undistributed earnings to which the election relates						
19	Deferred tax .....						
20	Interest accrued on deferred tax (line 19) as of the filing date .....						
<b>Complete lines 21 through 24 only if a section 1294 election is terminated in the current year.</b>							
21	Event terminating election						
22	Earnings distributed or deemed distributed during the tax year .....						
23	Deferred tax due with this return .....						
24	Accrued interest due with this return .....						
<b>Complete lines 25 and 26 only if there is a partial termination of a section 1294 election in the current tax year.</b>							
25	Deferred tax outstanding after partial termination of election. Subtract line 23 from line 19 .....						
26	Interest accrued after partial termination of election. Subtract line 24 from line 20						

Form 8621 (Rev. 12-2018)

Form

**8865**Department of the Treasury  
Internal Revenue Service**Return of U.S. Persons With Respect to  
Certain Foreign Partnerships**▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

Information furnished for the foreign partnership's tax year

beginning **JAN 1**, 2019, and ending **DEC 31**, 2019

OMB No. 1545-1668

**2019**Attachment  
Sequence No. **118**

Name of person filing this return

**HEALTH CARE FOUNDATION OF GREATER KC**

Filer's identification number

**20-0167282**

Filer's address (if you aren't filing this form with your tax return)

**A** Category of filer (see Categories of Filers in the instructions and check applicable box(es)):1 ☐ 2 ☐ 3 ☒ 4 ☐**B** Filer's tax year beginning **JAN 1**, 2019, and ending **DEC 31**, 2019**C** Filer's share of liabilities: Nonrecourse \$ **101**. Qualified nonrecourse financing \$ Other \$**D** If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name

EIN

Address

**E** Check if any excepted specified foreign financial assets are reported on this form. See instructions ☐**F** Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

**G1** Name and address of foreign partnership**GEPIF II ECHO AIV, LP****2(a)** EIN (if any)**98-1344780****2(b)** Reference ID number**ONE LAFAYETTE PLACE, THIRD FLOOR****GREENWICH, CT 06830****3** Country under whose laws organized**CAYMAN ISLANDS**

<b>4</b> Date of organization <b>01/11/2017</b>	<b>5</b> Principal place of business <b>CAYMAN ISLANDS</b>	<b>6</b> Principal business activity code number <b>525990</b>	<b>7</b> Principal business activity <b>ENERGY INVESTMT</b>	<b>8a</b> Functional currency <b>US DOLLAR</b>	<b>8b</b> Exchange rate (see instructions) <b>1.000000</b>
--	---	---	--	---	---

**H** Provide the following information for the foreign partnership's tax year:**1** Name, address, and identification number of agent (if any) in the United States**BLACKROCK INC****ONE LAFAYETTE PL, THIRD FLOOR****GREENWICH, CT 06830****2** Check if the foreign partnership must file:☐ Form 1042 ☐ Form 8804 ☒ Form 1065

Service Center where Form 1065 is filed:

**E-FILE****3** Name and address of foreign partnership's agent in country of organization, if any**MAPLES CORPORATE SERVICES LIMITED****PO BOX 309, UGLAND HOUSE****GEORGE TOWN, GRAND CAYMAN CAYMAN ISLA****4** Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different**5** During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions▶ ☐ Yes ☒ No

If "Yes," enter the total amount of the disallowed deductions

▶ \$

**6** Is the partnership a section 721(c) partnership, as defined in Temporary Regulations section 1.721(c)-1T(b)(14)?▶ ☐ Yes ☒ No**7** Were any special allocations made by the foreign partnership?▶ ☒ Yes ☐ No**8** Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities

(FDEs) and Foreign Branches (FBs), attached to this return. See instructions

▶

**9** How is this partnership classified under the law of the country in which it's organized?▶ **EXEMPTED LTD PSHP****10 a** Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b▶ ☐ Yes ☒ No**b** If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)?▶ ☐ Yes ☐ No**11** Does this partnership meet both of the following requirements?

1. The partnership's total receipts for the tax year were less than \$250,000.

2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.

If "Yes," don't complete Schedules L, M-1, and M-2.

▶ ☐ Yes ☐ No**LHA** For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.Form **8865** (2019)

- 12 a** Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule N? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with or by the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) ▶ \_\_\_\_\_
- c** If "Yes," enter the amount of gross income derived from a license of property to or by the foreign partnership that the filer included in its computation of FDDEI ▶ \_\_\_\_\_
- d** If "Yes," enter the amount of gross income derived from services provided to or by the foreign partnership that the filer included in its computation of FDDEI ▶ \_\_\_\_\_
- 13** Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership ▶ \_\_\_\_\_
- 14** At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8? ☐ Yes ☒ No
- 15 a** Were there any transfers of property or money within a 2-year period between the partnership and any of its partners that would require disclosure under Regs. 1.703-3 or 1.707-6? If "Yes," attach a statement identifying the transfers, the amount or value of each transfer, and an explanation of the tax treatment. See instructions for exceptions ☐ Yes ☒ No
- b** Did the partnership assume a liability or receive property subject to a liability where such liability was incurred by a partner within a 2-year period of transferring the property to the partnership? If "Yes," attach a statement identifying the property transferred, the amount or value of each transfer, the debt assumed or taken by the partnership, and an explanation of the tax treatment ☐ Yes ☒ No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return.	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 general partner or limited liability company member) is based on all information of which preparer has any knowledge.				
▶	Signature of general partner or limited liability company member			▶	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>KIMBERLY A RYAN</b>				<b>P00829977</b>
	Firm's name ▶ <b>RUBINBROWN LLP</b>			Firm's EIN ▶ <b>43-0765316</b>	
	Firm's address ▶ <b>1200 MAIN STREET, SUITE 1000 KANSAS CITY, MO 64105</b>			Phone no. <b>816-472-1122</b>	

**Schedule A** **Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

**a** ☒ Owns a direct interest **b** ☐ Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

**Schedule A-1** **Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identification number (if any)	Check if foreign person

**Schedule A-2** **Foreign Partners of Section 721(c) Partnership** (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				<input type="checkbox"/>	%	%
				<input type="checkbox"/>	%	%

Does the partnership have any other foreign person as a direct partner? ☐ Yes ☐ No

**Schedule A-3** **Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership
<b>LIMETREE BAY VENTURES LLC</b>	<b>842 W. SAM HOUSTON PKWAY N HOUSTON, TX 77024-3955</b>	<b>81-0682640</b>		

Form **8865** (2019)

**SCHEDULE O  
(Form 8865)**(Rev. December 2018)  
Department of the Treasury  
Internal Revenue Service**Transfer of Property to a Foreign Partnership  
(Under Section 6038B)**

OMB No. 1545-1668

▶ Attach to Form 8865. See the Instructions for Form 8865.

▶ Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.

Name of transferor <b>HEALTH CARE FOUNDATION OF GREATER KC</b>		Filer's identifying number <b>20-0167282</b>
Name of foreign partnership <b>GEPIF II ECHO AIV, LP</b>	EIN (if any) <b>98-1344780</b>	Reference ID number (see instr)

- 1 a** Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14))? See instructions ..... ☐ Yes ☒ No
- b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? ..... ☐ Yes ☐ No
- 2** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? ..... ☐ Yes ☒ No

**Part I Transfers Reportable Under Section 6038B**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	12/31/19		248,403.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
Totals			248,403.				

**3** Enter the transferor's percentage interest in the partnership: (a) Before the transfer **.2952** % (b) After the transfer **.2952** %

**Supplemental Information Required To Be Reported** (see instructions):**Part II Dispositions Reportable Under Section 6038B**

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

**Part III** Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? ..... ☐ Yes ☒ No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 12-2018

Form

**8865**Department of the Treasury  
Internal Revenue Service**Return of U.S. Persons With Respect to  
Certain Foreign Partnerships**

► **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

► **Attach to your tax return.**

Information furnished for the foreign partnership's tax year

beginning **APR 6**, 2019, and ending **DEC 31**, 2019

OMB No. 1545-1668

**2019**Attachment  
Sequence No. **118**

Name of person filing this return

**HEALTH CARE FOUNDATION OF GREATER KC**

Filer's identification number

**20-0167282**

Filer's address (if you aren't filing this form with your tax return)

**A** Category of filer (see Categories of Filers in the instructions and check applicable box(es)):1 ☐ 2 ☐ 3 ☒ 4 ☐**B** Filer's tax year beginning **JAN 1**, 2019, and ending **DEC 31**, 2019**C** Filer's share of liabilities: Nonrecourse \$ **1,232,072**. Qualified nonrecourse financing \$ Other \$**D** If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name

EIN

Address

**E** Check if any excepted specified foreign financial assets are reported on this form. See instructions ☐**F** Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

**G1** Name and address of foreign partnership**SUN CAPITAL PARTNERS VII LP****5200 TOWN CENTER CIRCLE, 4TH FLOOR  
BOCA RATON, FL 33486****2(a)** EIN (if any)**98-1431721****2(b)** Reference ID number**3** Country under whose laws organized**CAYMAN ISLANDS**

<b>4</b> Date of organization <b>04/06/2019</b>	<b>5</b> Principal place of business <b>OTHER COUNTRY</b>	<b>6</b> Principal business activity code number <b>525990</b>	<b>7</b> Principal business activity <b>INVESTMENT</b>	<b>8a</b> Functional currency <b>US DOLLAR</b>	<b>8b</b> Exchange rate (see instructions)
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**H** Provide the following information for the foreign partnership's tax year:**1** Name, address, and identification number of agent (if any) in the United States**2** Check if the foreign partnership must file:☒ Form 1042 ☐ Form 8804 ☒ Form 1065

Service Center where Form 1065 is filed:

**E-FILE****3** Name and address of foreign partnership's agent in country of organization, if any**MAPLE CORPORATE SERVICES LIMITED  
UGLAND HOUSE, 121 S. CHURCH ST.  
GEORGE TOWN, GRAND CAYMAN CAYMAN ISLA****4** Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different**SUN CAPITAL PARTNERS VII, LLC  
5200 TOWN CTR CIRCLE, 4 FLR  
BOCA RATON, FL 33486****5** During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions► ☐ Yes ☒ No

If "Yes," enter the total amount of the disallowed deductions

► \$

**6** Is the partnership a section 721(c) partnership, as defined in Temporary Regulations section 1.721(c)-1T(b)(14)?► ☐ Yes ☒ No**7** Were any special allocations made by the foreign partnership?► ☐ Yes ☒ No**8** Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions**9** How is this partnership classified under the law of the country in which it's organized?► **EXEMPTED LTD PSHP****10 a** Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b► ☐ Yes ☐ No**b** If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)?► ☐ Yes ☐ No**11** Does this partnership meet both of the following requirements?

- The partnership's total receipts for the tax year were less than \$250,000.
  - The value of the partnership's total assets at the end of the tax year was less than \$1 million.
- If "Yes," don't complete Schedules L, M-1, and M-2.

► ☐ Yes ☐ No**LHA** For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.Form **8865** (2019)

- 12 a** Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule N? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with or by the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) ▶ \_\_\_\_\_
- c** If "Yes," enter the amount of gross income derived from a license of property to or by the foreign partnership that the filer included in its computation of FDDEI ▶ \_\_\_\_\_
- d** If "Yes," enter the amount of gross income derived from services provided to or by the foreign partnership that the filer included in its computation of FDDEI ▶ \_\_\_\_\_
- 13** Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership ▶ \_\_\_\_\_
- 14** At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8? ☐ Yes ☐ No
- 15 a** Were there any transfers of property or money within a 2-year period between the partnership and any of its partners that would require disclosure under Regs. 1.703-3 or 1.707-6? If "Yes," attach a statement identifying the transfers, the amount or value of each transfer, and an explanation of the tax treatment. See instructions for exceptions ☐ Yes ☐ No
- b** Did the partnership assume a liability or receive property subject to a liability where such liability was incurred by a partner within a 2-year period of transferring the property to the partnership? If "Yes," attach a statement identifying the property transferred, the amount or value of each transfer, the debt assumed or taken by the partnership, and an explanation of the tax treatment ☐ Yes ☐ No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return.	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 general partner or limited liability company member) is based on all information of which preparer has any knowledge.			
▶	Signature of general partner or limited liability company member	▶	Date	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	<b>KIMBERLY A RYAN</b>			PTIN <b>P00829977</b>
	Firm's name ▶ <b>RUBINBROWN LLP</b>	Firm's EIN ▶ <b>43-0765316</b>		
	Firm's address ▶ <b>1200 MAIN STREET, SUITE 1000 KANSAS CITY, MO 64105</b>	Phone no. <b>816-472-1122</b>		

**Schedule A** **Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

- a** ☒ Owns a direct interest **b** ☐ Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

**Schedule A-1** **Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identification number (if any)	Check if foreign person

**Schedule A-2** **Foreign Partners of Section 721(c) Partnership** (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				<input type="checkbox"/>	%	%
				<input type="checkbox"/>	%	%

Does the partnership have any other foreign person as a direct partner? ☐ Yes ☐ No

**Schedule A-3** **Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership
<b>COTTON DISASTER SOLUTIONS</b>	<b>5200 TOWN CTR CIRCLE, 4 FL BOCA RATON, FL 33486</b>	<b>84-4013954</b>		

Form **8865** (2019)

**SCHEDULE O  
(Form 8865)**(Rev. December 2018)  
Department of the Treasury  
Internal Revenue Service**Transfer of Property to a Foreign Partnership  
(Under Section 6038B)**

OMB No. 1545-1668

▶ Attach to Form 8865. See the Instructions for Form 8865.

▶ Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.

Name of transferor <b>HEALTH CARE FOUNDATION OF GREATER KC</b>		Filer's identifying number <b>20-0167282</b>	
Name of foreign partnership <b>SUN CAPITAL PARTNERS VII LP</b>	EIN (if any) <b>98-1431721</b>	Reference ID number (see instr)	

- 1 a** Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14))? See instructions ..... ☐ Yes ☒ No
- b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? ..... ☐ Yes ☐ No
- 2** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? ..... ☐ Yes ☒ No

**Part I Transfers Reportable Under Section 6038B**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	12/31/19		388,138.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
Totals			388,138.				

**3** Enter the transferor's percentage interest in the partnership: (a) Before the transfer .0000 % (b) After the transfer .4347 %

**Supplemental Information Required To Be Reported** (see instructions):**Part II Dispositions Reportable Under Section 6038B**

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

**Part III** Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? ..... ☐ Yes ☒ No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 12-2018



FORM 8621

ADDITIONAL INFORMATION

STATEMENT 7

NAME OF PASSIVE FOREIGN INVESTMENT COMPANY OR QUALIFIED ELECTING FUND

HBK MULTI-STRATEGY OFFSHORE FUND LTD

CLASS OF STOCK	NUMBER OF SHARES AT BEGINING OF YEAR	CHANGE IN NUMBER OF SHARES	DATE OF CHANGE	NUMBER OF SHARES AT END OF YEAR	VALUE OF SHARES HELD AT END OF YEAR
FUND UNITS	.594	.111		.705	33596308.00

FORM 8621

ADDITIONAL INFORMATION

STATEMENT 8

NAME OF PASSIVE FOREIGN INVESTMENT COMPANY OR QUALIFIED ELECTING FUND

ARROWGRASS INTERNATIONAL FUND LIMITED

CLASS OF STOCK	NUMBER OF SHARES AT BEGINING OF YEAR	CHANGE IN NUMBER OF SHARES	DATE OF CHANGE	NUMBER OF SHARES AT END OF YEAR	VALUE OF SHARES HELD AT END OF YEAR
FUND UNITS	90,000.000	-37035.176		52,964.824	5527011.75

FORM 8621

ADDITIONAL INFORMATION

STATEMENT 9

NAME OF PASSIVE FOREIGN INVESTMENT COMPANY OR QUALIFIED ELECTING FUND

ADMIRAL B.V.

CLASS OF STOCK	NUMBER OF SHARES AT BEGINING OF YEAR	CHANGE IN NUMBER OF SHARES	DATE OF CHANGE	NUMBER OF SHARES AT END OF YEAR	VALUE OF SHARES HELD AT END OF YEAR
COMMON STOCK	.766	-.766			

**Return by a U.S. Transferor of Property  
to a Foreign Corporation**

OMB No. 1545-0026

► Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
► Attach to your income tax return for the year of the transfer or distribution.

Attachment  
Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>HEALTH CARE FOUNDATION OF GREATER KC</b>	Identifying number (see instructions) <b>20-0167282</b>
---	--

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? ☐ Yes ☒ No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? ☐ Yes ☐ No
- b** Did the transferor remain in existence after the transfer? ☐ Yes ☐ No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? ☐ Yes ☐ No
- If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made? ☐ Yes ☐ No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
<b>GEPF II ECHO AIV, LP</b>	<b>98-1344780</b>

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? ☐ Yes ☒ No
- c** Is the partner disposing of its **entire** interest in the partnership? ☐ Yes ☒ No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? ☐ Yes ☒ No

**Part II Transferee Foreign Corporation Information** (see instructions)

<b>4</b> Name of transferee (foreign corporation) <b>LIMETREE BAY CAYMAN, LTD</b>	<b>5a</b> Identifying number, if any <b>98-1290178</b>
<b>6</b> Address (including country) <b>PO BOX 309, UGLAND HOUSE GRAND CAYMAN KY1-1104 CAYMAN ISLANDS</b>	<b>5b</b> Reference ID number

**7** Country code of country of incorporation or organization  
**CJ**

**8** Foreign law characterization (see instructions)  
**CORPORATION**

- 9** Is the transferee foreign corporation a controlled foreign corporation? ☒ Yes ☐ No

**Part III Information Regarding Transfer of Property** (see instructions)**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2019		140,322.		

- 10** Was cash the only property transferred? ☒ Yes ☐ No  
If "Yes," skip the remainder of Part III and go to Part IV.

**Section B - Other Property (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

- 11** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? ☐ Yes ☐ No
- 12 a** Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? ☐ Yes ☐ No  
If "Yes," go to line 12b.
- b** Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? ☐ Yes ☐ No  
If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.
- c** Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? ☐ Yes ☐ No  
If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.
- d** Enter the transferred loss amount included in gross income as required under section 91 ► \$ \_\_\_\_\_
- 13** Did the transferor transfer property described in section 367(d)(4)? ☐ Yes ☐ No  
If "No," skip Section C and questions 14a through 15.

**Section C - Intangible Property Subject to Section 367(d)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

Form 926 (Rev. 11-2018)

- 14 a** Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? ☐ Yes ☐ No
- b** At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? ☐ Yes ☐ No
- c** Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? ☐ Yes ☐ No
- d** If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ► \$ \_\_\_\_\_
- 15** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? ☐ Yes ☐ No

**Supplemental Part III Information Required To Be Reported** (see instructions)**Part IV Additional Information Regarding Transfer of Property** (see instructions)

- 16** Enter the transferor's interest in the transferee foreign corporation before and after the transfer.  
(a) Before .025 % (b) After .024 %
- 17** Type of nonrecognition transaction (see instructions) ► IRC SECTION 351
- 18** Indicate whether any transfer reported in Part III is subject to any of the following.
- |  |                              |  |
|--|------------------------------|--|
| <b>a</b> Gain recognition under section 904(f)(3)    | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <b>b</b> Gain recognition under section 904(f)(5)(F) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <b>c</b> Recapture under section 1503(d)             | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <b>d</b> Exchange gain under section 987             | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
- 19** Did this transfer result from a change in entity classification? ☐ Yes ☒ No
- 20 a** Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) ☐ Yes ☒ No  
If "Yes," complete lines 20b and 20c.
- b** Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ► \$ \_\_\_\_\_
- c** Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? ☐ Yes ☐ No
- 21** Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions ☐ Yes ☒ No

Form 926 (Rev. 11-2018)

**Return by a U.S. Transferor of Property  
to a Foreign Corporation**

OMB No. 1545-0026

► Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
► Attach to your income tax return for the year of the transfer or distribution.

Attachment  
Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>HEALTH CARE FOUNDATION OF GREATER KC</b>	Identifying number (see instructions) <b>20-0167282</b>
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- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? ☐ Yes ☒ No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? ☐ Yes ☐ No
- b** Did the transferor remain in existence after the transfer? ☐ Yes ☐ No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? ☐ Yes ☐ No
- If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made? ☐ Yes ☐ No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
<b>PIMCO BRAVO FUND III ONSHORE FEEDER TE , LP</b>	<b>32-0494577</b>

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? ☐ Yes ☒ No
- c** Is the partner disposing of its **entire** interest in the partnership? ☐ Yes ☒ No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? ☐ Yes ☒ No

**Part II Transferee Foreign Corporation Information** (see instructions)

<b>4</b> Name of transferee (foreign corporation) <b>BRAVO III HOLDING FUND ONSHORE TE I, LP</b>	<b>5a</b> Identifying number, if any <b>98-1328353</b>
<b>6</b> Address (including country) <b>190 ELGIN AVENUE GEORGE TOWN, GRAND CAYMAN KY1-9005 CAYMAN ISLANDS</b>	<b>5b</b> Reference ID number
<b>7</b> Country code of country of incorporation or organization <b>CJ</b>	

- 8** Foreign law characterization (see instructions)  
**EXEMPTED LIMITED PARTNERSHIP**

- 9** Is the transferee foreign corporation a controlled foreign corporation? ☒ Yes ☐ No

**Part III Information Regarding Transfer of Property** (see instructions)**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2019		3,887,043.		

- 10** Was cash the only property transferred? ☐ Yes ☒ No  
If "Yes," skip the remainder of Part III and go to Part IV.

**Section B - Other Property (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)	07/01/2019	P-SHIP INT	522,154.	522,154.	78,287.
Property with built-in loss					
Totals			522,154.	522,154.	78,287.

- 11** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? ☐ Yes ☒ No
- 12 a** Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? ☐ Yes ☒ No  
If "Yes," go to line 12b.
- b** Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? ☐ Yes ☐ No  
If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.
- c** Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? ☐ Yes ☐ No  
If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.
- d** Enter the transferred loss amount included in gross income as required under section 91 ► \$ \_\_\_\_\_
- 13** Did the transferor transfer property described in section 367(d)(4)? ☐ Yes ☒ No  
If "No," skip Section C and questions 14a through 15.

**Section C - Intangible Property Subject to Section 367(d)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

Form 926 (Rev. 11-2018)

- 14 a** Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? ☐ Yes ☒ No
- b** At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? ☐ Yes ☒ No
- c** Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? ☐ Yes ☒ No
- d** If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ► \$ \_\_\_\_\_
- 15** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? ☐ Yes ☒ No

**Supplemental Part III Information Required To Be Reported** (see instructions)**Part IV Additional Information Regarding Transfer of Property** (see instructions)

- 16** Enter the transferor's interest in the transferee foreign corporation before and after the transfer.  
(a) Before 1.155 % (b) After 1.155 %
- 17** Type of nonrecognition transaction (see instructions) ► \_\_\_\_\_
- 18** Indicate whether any transfer reported in Part III is subject to any of the following.
- |  |                              |  |
|--|------------------------------|--|
| <b>a</b> Gain recognition under section 904(f)(3)    | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <b>b</b> Gain recognition under section 904(f)(5)(F) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <b>c</b> Recapture under section 1503(d)             | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <b>d</b> Exchange gain under section 987             | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
- 19** Did this transfer result from a change in entity classification? ☐ Yes ☒ No
- 20 a** Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) ☐ Yes ☒ No  
If "Yes," complete lines 20b and 20c.
- b** Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ► \$ \_\_\_\_\_
- c** Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? ☐ Yes ☐ No
- 21** Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions ☐ Yes ☒ No

Form 926 (Rev. 11-2018)

**Return by a U.S. Transferor of Property  
to a Foreign Corporation**

OMB No. 1545-0026

► Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
► Attach to your income tax return for the year of the transfer or distribution.

Attachment  
Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>HEALTH CARE FOUNDATION OF GREATER KC</b>	Identifying number (see instructions) <b>20-0167282</b>
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- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? ☐ Yes ☒ No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? ☐ Yes ☐ No
- b** Did the transferor remain in existence after the transfer? ☐ Yes ☐ No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? ☐ Yes ☐ No
- If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made? ☐ Yes ☐ No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
<b>SUN CAPITAL PARTNERS VII, LP</b>	<b>98-1431721</b>

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? ☐ Yes ☒ No
- c** Is the partner disposing of its **entire** interest in the partnership? ☐ Yes ☒ No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? ☐ Yes ☒ No

**Part II Transferee Foreign Corporation Information** (see instructions)

<b>4</b> Name of transferee (foreign corporation) <b>NIH VI VOV HOLDINGS S.A.R.L.</b>	<b>5a</b> Identifying number, if any <b>37-1736649</b>
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<b>6</b> Address (including country) <b>124, BOULEVARD DE LA PESTRUSSE LUXEMBOURG, L-2330 LUXEMBOURG</b>	<b>5b</b> Reference ID number
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**7** Country code of country of incorporation or organization  
**LU**

**8** Foreign law characterization (see instructions)  
**CORPORATION**

- 9** Is the transferee foreign corporation a controlled foreign corporation? ☐ Yes ☒ No



**Part III Information Regarding Transfer of Property** (see instructions)**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/20/2019		180,582.		

- 10** Was cash the only property transferred? ☒ Yes ☐ No  
If "Yes," skip the remainder of Part III and go to Part IV.

**Section B - Other Property (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

- 11** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? ☐ Yes ☐ No
- 12 a** Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? ☐ Yes ☐ No  
If "Yes," go to line 12b.
- b** Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? ☐ Yes ☐ No  
If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.
- c** Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? ☐ Yes ☐ No  
If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.
- d** Enter the transferred loss amount included in gross income as required under section 91 ► \$ \_\_\_\_\_
- 13** Did the transferor transfer property described in section 367(d)(4)? ☐ Yes ☐ No  
If "No," skip Section C and questions 14a through 15.

**Section C - Intangible Property Subject to Section 367(d)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

Form 926 (Rev. 11-2018)

- 14 a** Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? ☐ Yes ☐ No
- b** At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? ☐ Yes ☐ No
- c** Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? ☐ Yes ☐ No
- d** If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ► \$ \_\_\_\_\_
- 15** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? ☐ Yes ☐ No

**Supplemental Part III Information Required To Be Reported** (see instructions)**Part IV Additional Information Regarding Transfer of Property** (see instructions)

- 16** Enter the transferor's interest in the transferee foreign corporation before and after the transfer.  
(a) Before .000 % (b) After .435 %
- 17** Type of nonrecognition transaction (see instructions) ► IRC SECTION 351
- 18** Indicate whether any transfer reported in Part III is subject to any of the following.
- |  |                              |  |
|--|------------------------------|--|
| <b>a</b> Gain recognition under section 904(f)(3)    | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <b>b</b> Gain recognition under section 904(f)(5)(F) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <b>c</b> Recapture under section 1503(d)             | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <b>d</b> Exchange gain under section 987             | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
- 19** Did this transfer result from a change in entity classification? ☐ Yes ☒ No
- 20 a** Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) ☐ Yes ☒ No  
If "Yes," complete lines 20b and 20c.
- b** Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ► \$ \_\_\_\_\_
- c** Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? ☐ Yes ☐ No
- 21** Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions ☐ Yes ☒ No

Form 926 (Rev. 11-2018)

**Return by a U.S. Transferor of Property  
to a Foreign Corporation**

OMB No. 1545-0026

► Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
► Attach to your income tax return for the year of the transfer or distribution.

Attachment  
Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>HEALTH CARE FOUNDATION OF GREATER KC</b>	Identifying number (see instructions) <b>20-0167282</b>
---	--

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? ☐ Yes ☒ No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? ☐ Yes ☐ No
- b** Did the transferor remain in existence after the transfer? ☐ Yes ☐ No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? ☐ Yes ☐ No
- If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made? ☐ Yes ☐ No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
<b>SUN CAPITAL PARTNERS VII, LP</b>	<b>98-1431721</b>

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? ☐ Yes ☒ No
- c** Is the partner disposing of its **entire** interest in the partnership? ☐ Yes ☒ No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? ☐ Yes ☒ No

**Part II Transferee Foreign Corporation Information** (see instructions)

<b>4</b> Name of transferee (foreign corporation) <b>NIH VII YUD HOLDINGS S.A.R.L.</b>	<b>5a</b> Identifying number, if any
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<b>6</b> Address (including country) <b>124, BOULEVARD DE LA PESTRUSSE LUXEMBOURG, L-2330 LUXEMBOURG</b>	<b>5b</b> Reference ID number <b>NIH001</b>
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**7** Country code of country of incorporation or organization  
**LU**

**8** Foreign law characterization (see instructions)  
**CORPORATION**

- 9** Is the transferee foreign corporation a controlled foreign corporation? ☐ Yes ☒ No

**Part III Information Regarding Transfer of Property** (see instructions)**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/20/2019		452,916.		

- 10** Was cash the only property transferred? ☒ Yes ☐ No  
If "Yes," skip the remainder of Part III and go to Part IV.

**Section B - Other Property (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

- 11** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? ☐ Yes ☐ No
- 12 a** Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? ☐ Yes ☐ No  
If "Yes," go to line 12b.
- b** Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? ☐ Yes ☐ No  
If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.
- c** Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? ☐ Yes ☐ No  
If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.
- d** Enter the transferred loss amount included in gross income as required under section 91 ► \$ \_\_\_\_\_
- 13** Did the transferor transfer property described in section 367(d)(4)? ☐ Yes ☐ No  
If "No," skip Section C and questions 14a through 15.

**Section C - Intangible Property Subject to Section 367(d)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

Form 926 (Rev. 11-2018)

- 14 a** Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? ☐ Yes ☐ No
- b** At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? ☐ Yes ☐ No
- c** Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? ☐ Yes ☐ No
- d** If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ► \$ \_\_\_\_\_
- 15** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? ☐ Yes ☐ No

**Supplemental Part III Information Required To Be Reported** (see instructions)**Part IV Additional Information Regarding Transfer of Property** (see instructions)

- 16** Enter the transferor's interest in the transferee foreign corporation before and after the transfer.  
(a) Before .000 % (b) After .435 %
- 17** Type of nonrecognition transaction (see instructions) ► IRC SECTION 351
- 18** Indicate whether any transfer reported in Part III is subject to any of the following.
- |  |                              |  |
|--|------------------------------|--|
| <b>a</b> Gain recognition under section 904(f)(3)    | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <b>b</b> Gain recognition under section 904(f)(5)(F) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <b>c</b> Recapture under section 1503(d)             | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <b>d</b> Exchange gain under section 987             | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
- 19** Did this transfer result from a change in entity classification? ☐ Yes ☒ No
- 20 a** Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) ☐ Yes ☒ No  
If "Yes," complete lines 20b and 20c.
- b** Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ► \$ \_\_\_\_\_
- c** Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? ☐ Yes ☐ No
- 21** Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions ☐ Yes ☒ No

Form 926 (Rev. 11-2018)

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

OMB No. 1545-0047

► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

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

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.  <b>HEALTH CARE FOUNDATION OF GREATER KC</b>	Taxpayer identification number (TIN)  <b>20-0167282</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>2300 MAIN STREET, NO. 304</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>KANSAS CITY, MO 64108</b>	

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

0	1
---	---

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

**CHRISTENA DIVEN**

- The books are in the care of ► **2300 MAIN STREET, SUITE 304 - KANSAS CITY, MO 64108**  
Telephone No. ► **816-241-7006** Fax No. ► **816-241-7005**
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **NOVEMBER 16, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
► ☒ calendar year **2019** or  
► ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

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

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

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

## CARRYOVER DATA TO 2020

**Based on the information provided with this return, the following are possible carryover amounts to next year.**

[illegible]

Form

**4720**Department of the Treasury  
Internal Revenue Service**Return of Certain Excise Taxes Under Chapters  
41 and 42 of the Internal Revenue Code**(Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4959, 4960,  
4965, 4966, 4967, and 4968)▶ Go to [www.irs.gov/Form4720](http://www.irs.gov/Form4720) for instructions and the latest information.

OMB No. 1545-0052

**2019**

For calendar year 2019 or other tax year beginning , 2019, and ending

Name of organization or entity

Employer identification number

**HEALTH CARE FOUNDATION OF GREATER KC****20-0167282**

Number, street, and room or suite no. (or P.O. box if mail is not delivered to street address)

**2300 MAIN STREET, NO. 304**

Check box for type of annual return:

☒ Form 990 ☐ Form 990-EZ☐ Form 990-PF ☐ Other☐ Form 5227

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

**KANSAS CITY, MO 64108**

Yes	No
	<b>X</b>
	<b>N/A</b>

**A** Is the organization a foreign private foundation within the meaning of section 4948(b)? .....**B** Has corrective action been taken on any taxable event that resulted in Ch. 42 taxes being reported on this form? (Enter "N/A" if not applicable) .....

If "Yes," attach a detailed description and documentation of the corrective action taken and, if applicable, enter the fair market value of any property recovered as a result of the correction ▶ \$ . If "No," (that is, any uncorrected acts or transactions), attach an explanation (see instructions).

**Part I Taxes on Organization** (Sections 170(f)(10), 664(c)(2), 4911(a), 4912(a), 4942(a), 4943(a), 4944(a)(1), 4945(a)(1), 4955(a)(1), 4959, 4960(a), 4965(a)(1), 4966(a)(1), and 4968(a))

<b>1</b>	Tax on undistributed income - Schedule B, line 4 .....	<b>1</b>	
<b>2</b>	Tax on excess business holdings - Schedule C, line 7 .....	<b>2</b>	
<b>3</b>	Tax on investments that jeopardize charitable purpose - Schedule D, Part I, column (e) .....	<b>3</b>	
<b>4</b>	Tax on taxable expenditures - Schedule E, Part I, column (g) .....	<b>4</b>	
<b>5</b>	Tax on political expenditures - Schedule F, Part I, column (e) .....	<b>5</b>	
<b>6</b>	Tax on excess lobbying expenditures - Schedule G, line 4 .....	<b>6</b>	<b>10,567.</b>
<b>7</b>	Tax on disqualifying lobbying expenditures - Schedule H, Part I, column (e) .....	<b>7</b>	
<b>8</b>	Tax on premiums paid on personal benefit contracts .....	<b>8</b>	
<b>9</b>	Tax on being a party to prohibited tax shelter transactions - Schedule J, Part I, column (h) .....	<b>9</b>	
<b>10</b>	Tax on taxable distributions - Schedule K, Part I, column (f) .....	<b>10</b>	
<b>11</b>	Tax on a charitable remainder trust's unrelated business taxable income. Attach statement .....	<b>11</b>	
<b>12</b>	Tax on failure to meet the requirements of section 501(r)(3) - Schedule M, Part II, line 2 .....	<b>12</b>	
<b>13</b>	Tax on excess executive compensation - Schedule N .....	<b>13</b>	
<b>14</b>	Tax on net investment income of private colleges and universities - Schedule O .....	<b>14</b>	
<b>15</b>	<b>Total</b> (add lines 1 - 14) .....	<b>15</b>	<b>10,567.</b>

**Part II-A Taxes on Managers, Self-Dealers, Disqualified Persons, Donors, Donor Advisors, and Related Persons**

(Sections 4912(b), 4941(a), 4944(a)(2), 4945(a)(2), 4955(a)(2), 4958(a), 4965(a)(2), 4966(a)(2), and 4967(a))

(a) Name and address of person subject to tax. City or town, state or province, country, ZIP or foreign postal code				(b) Taxpayer identification number
<b>a</b>				
<b>b</b>				
<b>c</b>				
	(c) Tax on self-dealing - Schedule A, Part II, col. (d), and Part III, col. (d)	(d) Tax on investments that jeopardize charitable purpose - Schedule D, Part II, col. (d)	(e) Tax on taxable expenditures - Schedule E, Part II, col. (d)	(f) Tax on political expenditures - Schedule F, Part II, col. (d)
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>Total</b>				
	(g) Tax on disqualifying lobbying expenditures - Sch H, Part II, col. (d)	(h) Tax on excess benefit transactions - Schedule I, Part II, col. (d), and Part III, col. (d)	(i) Tax on being a party to prohibited tax shelter transactions - Schedule J, Part II, col. (d)	(j) Tax on taxable distributions - Schedule K, Part II, col. (d)
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>Total</b>				
	(k) Tax on prohibited benefits - Sch L, Part II, col. (d), and Part III, col. (d)			(l) Total - Add cols. (c) through (k)
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>Total</b>				



**Part II-B Summary of Taxes** (See **Tax Payments** in the instructions.)

1	Enter the taxes listed in Part II-A, column (I), that apply to managers, self-dealers, disqualified persons, donors, donor advisors, and related persons who sign this form. If all sign, enter the total amount from Part II-A, column (I) .....	1	
2	<b>Total tax.</b> Add Part I, line 15, and Part II-B, line 1 .....	2	10,567.
3	Total payments including amount paid with Form 8868 (see instructions) .....	3	20,000.
4	<b>Tax due.</b> If line 2 is larger than line 3, enter amount owed (see instructions) .....	4	
5	<b>Overpayment.</b> If line 2 is smaller than line 3, enter the difference. This is your refund .....	5	9,433.

**SCHEDULE A - Initial Taxes on Self-Dealing** (Section 4941)**Part I Acts of Self-Dealing and Tax Computation**

(a) Act number	(b) Date of act	(c) Description of act	(d) Question number from Form 990-PF, Part VII-B, or Form 5227, Part VI-B, applicable to the act	(e) Amount involved in act	(f) Initial tax on self-dealer (10% of col. (e))	(g) Tax on foundation managers (if applicable) (lesser of \$20,000 or 5% of col. (e))
1						
2						
3						
4						
5						

**Part II Summary of Tax Liability of Self-Dealers and Proration of Payments**

(a) Names of self-dealers liable for tax	(b) Act no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Self-dealer's total tax liability (add amounts in col. (c)) (see instructions)

**Part III Summary of Tax Liability of Foundation Managers and Proration of Payments**

(a) Names of foundation managers liable for tax	(b) Act no. from Part I, col. (a)	(c) Tax from Part I, col. (g), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

**SCHEDULE B - Initial Tax on Undistributed Income** (Section 4942)

1	Undistributed income for years before 2018 (from Form 990-PF for 2019, Part XIII, line 6d) .....	1	
2	Undistributed income for 2018 (from Form 990-PF for 2019, Part XIII, line 6e) .....	2	
3	Total undistributed income at end of current tax year beginning in 2019 and subject to tax under section 4942 (add lines 1 and 2) .....	3	
4	<b>Tax</b> - Enter 30% of line 3 here and on Part I, line 1 .....	4	

**SCHEDULE C - Initial Tax on Excess Business Holdings** (Section 4943)**Business Holdings and Computation of Tax**

If you have taxable excess holdings in more than one business enterprise, attach a separate schedule for each enterprise. Refer to the instructions for each line item before making any entries.

Name and address of business enterprise

Employer identification number

Form of enterprise (corporation, partnership, trust, joint venture, sole proprietorship, etc.)

		(a) Voting stock (profits interest or beneficial interest)	(b) Value	(c) Nonvoting stock (capital interest)
1	Foundation holdings in business enterprise	1		
2	Permitted holdings in business enterprise	2		
3	Value of excess holdings in business enterprise	3		
4	Value of excess holdings disposed of within 90 days; or, other value of excess holdings not subject to section 4943 tax (attach statement)	4		
5	Taxable excess holdings in business enterprise - line 3 minus line 4	5		
6	Tax - Enter 10% of line 5	6		
7	Total tax - Add amounts on line 6, columns (a), (b), and (c); enter total here and on Part I, line 2	7		

**SCHEDULE D - Initial Taxes on Investments That Jeopardize Charitable Purpose** (Section 4944)**Part I** Investments and Tax Computation

(a) Investment number	(b) Date of investment	(c) Description of investment	(d) Amount of investment	(e) Initial tax on foundation (10% of col. (d))	(f) Initial tax on foundation managers (if applicable) - (lesser of \$10,000 or 10% of col. (d))
1					
2					
3					
4					
5					
<b>Total</b> - Column (e). Enter here and on Part I, line 3					
<b>Total</b> - Column (f). Enter total (or prorated amount) here and in Part II, column (c), below					

**Part II** Summary of Tax Liability of Foundation Managers and Proration of Payments

(a) Names of foundation managers liable for tax	(b) Investment no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

**SCHEDULE E - Initial Taxes on Taxable Expenditures** (Section 4945)

<b>Part I Expenditures and Computation of Tax</b>				
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Name and address of recipient	(e) Description of expenditure and purposes for which made
1				
2				
3				
4				
5				
(f) Question number from Form 990-PF, Part VII-B, or Form 5227, Part VI-B, applicable to the expenditure			(g) Initial tax imposed on foundation (20% of col. (b))	(h) Initial tax imposed on foundation managers (if applicable)- (lesser of \$10,000 or 5% of col. (b))
<b>Total</b> - Column (g). Enter here and on Part I, line 4				
<b>Total</b> - Column (h). Enter total (or prorated amount) here and in Part II, column (c), below				

<b>Part II Summary of Tax Liability of Foundation Managers and Proration of Payments</b>			
(a) Names of foundation managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (h), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

**SCHEDULE F - Initial Taxes on Political Expenditures** (Section 4955)

<b>Part I Expenditures and Computation of Tax</b>					
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of political expenditure	(e) Initial tax imposed on organization or foundation (10% of col. (b))	(f) Initial tax imposed on managers (if applicable) (lesser of \$5,000 or 2½% of col. (b))
1					
2					
3					
4					
5					
<b>Total</b> - Column (e). Enter here and on Part I, line 5					
<b>Total</b> - Column (f). Enter total (or prorated amount) here and in Part II, column (c), below					

<b>Part II Summary of Tax Liability of Organization Managers or Foundation Managers and Proration of Payments</b>			
(a) Names of organization managers or foundation managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

**SCHEDULE G - Tax on Excess Lobbying Expenditures** (Section 4911)

1	Excess of grass roots expenditures over grass roots nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II-A, column (b), line 1h). (See the instructions before making an entry.)	1	
2	Excess of lobbying expenditures over lobbying nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II-A, column (b), line 1i). (See the instructions before making an entry.)	2	42,267.
3	Excess lobbying expenditures - enter the larger of line 1 or line 2	3	42,267.
4	Tax - Enter 25% of line 3 here and on Part I, line 6	4	10,567.

**SCHEDULE H - Taxes on Disqualifying Lobbying Expenditures** (Section 4912)

<b>Part I Expenditures and Computation of Tax</b>					
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of lobbying expenditures	(e) Tax imposed on organization (5% of col. (b))	(f) Tax imposed on organization managers (if applicable) - (5% of col. (b))
1					
2					
3					
4					
5					
<b>Total</b> - Column (e). Enter here and on Part I, line 7					
<b>Total</b> - Column (f). Enter total (or prorated amount) here and in Part II, column (c), below					

<b>Part II Summary of Tax Liability of Organization Managers and Proration of Payments</b>			
(a) Names of organization managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

**SCHEDULE I - Initial Taxes on Excess Benefit Transactions** (Section 4958)

<b>Part I Excess Benefit Transactions and Tax Computation</b>		
(a) Transaction number	(b) Date of transaction	(c) Description of transaction
1		
2		
3		
4		
5		
(d) Amount of excess benefit	(e) Initial tax on disqualified persons (25% of col. (d))	(f) Tax on organization managers (if applicable) (lesser of \$20,000 or 10% of col. (d))

Form 4720 (2019)

(Section 4958) *Continued*

## Summary of Tax Liability of Disqualified Persons and Proration of Payments

(a) Names of disqualified persons liable for tax	(b) Trans. no. from Part I, col. (a)	(c) Tax from Part I, col. (e), or prorated amount	(d) Disqualified person's total tax liability (add amounts in col. (c)) (see instructions)

<b>Part III</b>	<b>Summary of Tax Liability of 501(c)(3), (c)(4) &amp; (c)(29) Organization Managers and Proration of Payments</b>
-----------------	--

(a) Names of 501(c)(3), (c)(4) & (c)(29) organization managers liable for tax	(b) Trans. no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

**SCHEDULE J - Taxes on Being a Party to Prohibited Tax Shelter Transactions** (Section 4965)

<b>Part I</b>	<b>Prohibited Tax Shelter Transactions (PTST) and Tax Imposed on the Tax-Exempt Entity</b>
---------------	--

(see instructions)

(a) Transaction number	(b) Transaction date	(c) Type of transaction 1 - Listed 2 - Subsequently listed 3 - Confidential 4 - Contractual protection	(d) Description of transaction
1			
2			
3			
4			
5			

(e) Did the tax-exempt entity know or have reason to know this transaction was a PTST when it became a party to the transaction? Answer <b>Yes</b> or <b>No</b>	(f) Net income attributable to the PTST	(g) 75% of proceeds attributable to the PTST	(h) Tax imposed on the tax-exempt entity (see instructions)

**Total** - Column (h). Enter here and on Part I, line 9



**SCHEDULE L - Taxes on Prohibited Benefits Distributed From Donor Advised Funds** (Section 4967).

See the instructions.

<b>Part I Prohibited Benefits and Tax Computation</b>		
(a) Item number	(b) Date of prohibited benefit	(c) Description of benefit
1		
2		
3		
4		
5		
(d) Amount of prohibited benefit	(e) Tax on donors, donor advisors, or related persons (125% of col. (d)) (see instructions)	(f) Tax on fund managers (if applicable) (lesser of 10% of col. (d) or \$10,000) (see instructions)

<b>Part II Summary of Tax Liability of Donors, Donor Advisors, Related Persons, and Proration of Payments</b>			
(a) Names of donors, donor advisors, or related persons liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (e) or prorated amount	(d) Donor's, donor advisor's, or related person's total tax liability (add amounts in col. (c)) (see instructions)

<b>Part III Summary of Tax Liability of Fund Managers and Proration of Payments</b>			
(a) Names of fund managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f) or prorated amount	(d) Fund manager's total tax liability (add amounts in col. (c)) (see instructions)

Form 4720 (2019)

**Schedule M - Tax on Hospital Organization for Failure to Meet the Community Health Needs****Assessment Requirements** (Sections 4959 and 501(r)(3)). (See instructions.)

<b>Part I Failures to Meet Section 501(r)(3)</b>				
(a) Item number	(b) Name of hospital facility	(c) Description of the failure	(d) Tax year hospital facility last conducted a CHNA	(e) Tax year hospital facility last adopted an implementation strategy
1				
2				
3				
4				
5				

<b>Part II Computation of Tax</b>		
1	Number of hospital facilities operated by the hospital organization that failed to meet the Community Health Needs Assessment requirements of section 501(r)(3) .....	1
2	Tax - Enter \$50,000 multiplied by line 1 here and on Part I, line 12 .....	2

**SCHEDULE N - Tax on Excess Executive Compensation** (Section 4960). (See instructions.)

(a) Item number	(b) Name of covered employee	(c) Excess remuneration	(d) Excess parachute payment	(e) Total. Add column (c) and (d)			
1							
2							
3							
4							
5							
6	Attachment, if necessary. See instructions .....						
<b>Total</b> (add column (e) items 1 - 6) .....							
<b>Tax.</b> Enter 21% of the amount above here and on Part I, line 13 .....							

**SCHEDULE O - Excise Tax on Net Investment Income of Private Colleges and Universities**  
(Section 4968)

	(a) Name	(b) EIN	(c) Gross investment income (See instructions.)	(d) Capital gain net income	(e) Administrative expenses allocable to income included in cols. (c) and (d)	(f) Net investment income (See instructions.)
1	Filing Organization					
2	Related Organization					
3	Related Organization					
4	Related Organization					
5	Total from attachment, if necessary .....					
6	<b>Total</b> .....					
7	Excise Tax on Net Investment Income. Enter 1.4% of the amount in 6(f) here and on Part I, line 14 .....					

Form 4720 (2019)



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

**Sign  
Here**

Signature of officer or trustee \_\_\_\_\_ CFO \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person \_\_\_\_\_ Date \_\_\_\_\_

Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person \_\_\_\_\_ Date \_\_\_\_\_

Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person \_\_\_\_\_ Date \_\_\_\_\_

Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person \_\_\_\_\_ Date \_\_\_\_\_

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

**Paid  
Preparer  
Use Only**

Print/Type preparer's name <b>KIMBERLY A RYAN</b>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN <b>P00829977</b>
Firm's name ▶ <b>RUBINBROWN LLP</b>			Firm's EIN ▶ <b>43-0765316</b>	
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