

PUBLIC DISCLOSURE COPY

HEALTH CARE FOUNDATION OF GREATER KC  
2300 MAIN STREET, 304  
KANSAS CITY, MO 64108

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0027



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INTERNAL REVENUE SERVICE CENTER  
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FORM 990-T

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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.

# 2022

Open to Public Inspection

**A** For the **2022** 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)	Room/suite	<b>G</b> Gross receipts \$ <b>458,549,240.</b>
	<b>2300 MAIN STREET</b>	<b>304</b>	<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>KANSAS CITY, MO 64108</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>QIANA THOMASON</b> <b>2300 MAIN STREET, SUITE 304, KANSAS CITY, MO</b>		<b>H(c)</b> Group exemption number	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>WWW.HEALTHFORWARD.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: <b>2003</b>
			<b>M</b> State of legal domicile: <b>MO</b>

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO ACHIEVE HEALTH EQUITY AND SECURE A FAIR AND JUST REGION THROUGH LEADERSHIP, ADVOCACY, AND</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>19</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>19</b>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>31</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>19</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>1,146,438.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>42,975.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>15,001,466.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>44,980,077.</b>	<b>165,096,955.</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>44,980,077.</b>	<b>180,098,421.</b>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>16,721,635.</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>4,100,417.</b>	<b>4,361,328.</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>9,576,622.</b>	<b>10,584,380.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		<b>30,398,674.</b>	<b>43,715,710.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>14,581,403.</b>	<b>136,382,711.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>962,196,550.</b>	<b>837,930,529.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>9,984,015.</b>	<b>9,628,767.</b>
		<b>952,212,535.</b>	<b>828,301,762.</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>CHRISTIE ZARKOVICH, CAFIO</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>KIMBERLY A RYAN</b>				<b>P00829977</b>
<b>Preparer Use Only</b>	Firm's name	Firm's EIN		Phone no.	
	<b>RUBINBROWN LLP</b>	<b>43-0765316</b>		<b>816-472-1122</b>	
	Firm's address				
	<b>1200 MAIN STREET, SUITE 1000</b>				
	<b>KANSAS CITY, MO 64105</b>				

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: HEALTH FORWARD FOUNDATION'S MISSION IS TO ACHIEVE HEALTH EQUITY AND SECURE A FAIR AND JUST REGION THROUGH LEADERSHIP, ADVOCACY, AND RESOURCES. OUR PURPOSE IS: EVERY DAY WE WORK TO SUPPORT AND BUILD INCLUSIVE, POWERFUL, AND HEALTHY COMMUNITIES WITH PEOPLE WHO

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No 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 [X] 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 \$ 19,907,963. including grants of \$ 16,906,272. ) (Revenue \$ ) TRANSITION FUNDING: HEALTH FORWARD PROVIDED SIGNIFICANT FUNDING TO HISTORICAL PARTNERS BRIDGING THE TRANSITION FROM PREVIOUS FOCUS AREAS TO OUR NEW STRATEGIC PURPOSE AREAS. THIS INCLUDED FUNDING OF THE HISTORICAL HEALTH FORWARD DEFINED AREAS OF HEALTHY COMMUNITIES, SAFETY NET, MENTAL HEALTH, AS WELL AS FUNDING IN TECHNICAL ASSISTANCE AND POLICY AND CIVIC ENGAGEMENT.

4b (Code: ) (Expenses \$ 6,141,380. including grants of \$ 5,215,393. ) (Revenue \$ ) FOUR PURPOSE AREAS: HEALTH FORWARD'S NEW PURPOSE AREAS INCLUDE: PEOPLE, WHICH SEEKS TO CENTER EQUITY AND REMOVE BARRIERS IN THE HEALTH CARE SYSTEM; POWER, WHICH FOCUSES ON ADVANCING CIVIC ENGAGEMENT, AMPLIFYING COMMUNITY-DRIVEN MOVEMENTS, AND SUPPORTING COMMUNITY-BASED NONPROFITS; PLACE, WHICH FOCUSES ON TWO INFLUENTIAL SOCIAL FACTORS: HOUSING AND DIGITAL ACCESS; AND PLATFORM, WHICH FOCUSES ON ADVANCING RACIAL EQUITY AND ECONOMIC INCLUSION IN SYSTEMS, POLICIES AND STORIES.

4c (Code: ) (Expenses \$ 7,827,345. including grants of \$ 6,648,337. ) (Revenue \$ ) OTHER GRANTS AND GIFTS: HEALTH FORWARD CONTINUED FUNDING RESPONSIVE REQUESTS UNDER ITS APPLICANT DEFINED GRANT PROGRAM DURING 2022. THIS CATEGORY ALSO INCLUDES SMALL AMOUNTS OF FUNDING IN CRISES-RESPONSE GRANTS AND EVENT SPONSORSHIPS.

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

4e Total program service expenses 33,876,688.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <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>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 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>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
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>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	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> .....		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> .....	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> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<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>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		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> .....		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> .....		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> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the 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> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		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> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		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> .....		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> .....		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> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		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>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		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> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	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>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....		

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.



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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a		19
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		19
<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 on 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 on 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 on 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) QIANA THOMASON PRESIDENT/CEO	40.00			X			430,546.	0.	63,253.	
(2) CHRISTIE ZARKOVICH CAFIO/ASST TREASURER	40.00			X			364,340.	0.	37,654.	
(3) MCCLAIN BRYANT MACKLIN DIRECTOR OF POLICY & STRATEGIC INITI	40.00				X		150,308.	0.	48,048.	
(4) ANGIE WILLIAMS DIR. OF COMM. INVEST.	40.00			X			143,655.	0.	46,670.	
(5) JENNIFER SYKES DIRECTOR OF COMMUNICATIONS	40.00					X	134,479.	0.	45,999.	
(6) JANE MOSLEY DIRECTOR OF LEARNING & EVALUATION	40.00					X	141,321.	0.	34,381.	
(7) GRACIELA COUCHONNAL VP STRATEGY & EVAL THRU 8/22	40.00			X			151,168.	0.	23,230.	
(8) BRENDA CALVIN CHIEF OF STAFF	40.00					X	139,902.	0.	15,292.	
(9) CHRISTENA DIVEN DIRECTOR OF ACCOUNTING	40.00					X	111,837.	0.	43,330.	
(10) ANDRES DOMINGUEZ IMPACT STRATEGIST	40.00					X	110,689.	0.	43,513.	
(11) EUSEBIO DIAZ VP STRATEGY, LEARNING AS OF 8/22	40.00			X			91,829.	0.	3,742.	
(12) STEPHENIE SMITH CHAIR	1.00	X		X			0.	0.	0.	
(13) IRENE CAUDILLO VICE-CHAIR	1.00	X		X			0.	0.	0.	
(14) NIKKI NEWTON TREASURER	1.00	X		X			0.	0.	0.	
(15) GEOFF JOLLEY SECRETARY	1.00	X		X			0.	0.	0.	
(16) STACEY DANIELS-YOUNG BOARD MEMBER	1.00	X					0.	0.	0.	
(17) TIM DUNCAN 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) ED ELLERBECK BOARD MEMBER	1.00	X						0.	0.	0.
(19) KENT HAWKINS BOARD MEMBER	1.00	X						0.	0.	0.
(20) NED HOLLAND BOARD MEMBER	1.00	X						0.	0.	0.
(21) NAIOMI JAMAL BOARD MEMBER	1.00	X						0.	0.	0.
(22) SIOBHAN MCLAUGHLIN LESLEY BOARD MEMBER	1.00	X						0.	0.	0.
(23) JIM PRYDE BOARD MEMBER	1.00	X						0.	0.	0.
(24) LISSE REGEHR BOARD MEMBER	1.00	X						0.	0.	0.
(25) KIMBERLY RILEY BOARD MEMBER	1.00	X						0.	0.	0.
(26) DRED SCOTT BOARD MEMBER	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								1,970,074.	0.	405,112.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,970,074.	0.	405,112.

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 10

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
HBK CAPITAL MANAGEMENT, 2101 CEDAR SPRINGS RD, SUITE 700, DALLAS, TX 75201	INVESTMENT MANAGEMENT	798,371.
ARLINGTON CAPITAL PARTNERS, 5425 WISCONSIN AVE, SUITE 200, CHEVY CHASE, MD 20815	INVESTMENT MANAGEMENT	527,159.
RREEF (DWS) 875 N. MICHIGAN AVE., CHICAGO, IL 60611	INVESTMENT MANAGEMENT	438,688.
ARROWSTREET GLOBAL EQUITY, 200 CLARENDON STREET, 30TH FLOOR, BOSTON, MA 02116	INVESTMENT MANAGEMENT	437,655.
TUDOR INVESTMENT CORPORATION 200 ELM STREET, STAMFORD, CT 06902	INVESTMENT MANAGEMENT	409,763.

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

**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 (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) AWAIS SUFI BOARD MEMBER	1.00	X						0.	0.	0.
(28) TERRY TRAFTON BOARD MEMBER	1.00	X						0.	0.	0.
(29) LYNETTE WHEELER BOARD MEMBER	1.00	X						0.	0.	0.
(30) TONIA WRIGHT BOARD MEMBER	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<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>	15,001,466.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		15,001,466.			
Program Service Revenue	<b>2 a</b>	_____	<b>Business Code</b>				
	<b>b</b>	_____					
	<b>c</b>	_____					
	<b>d</b>	_____					
	<b>e</b>	_____					
	<b>f</b>	All other program service revenue .....					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		11,224,947.	946,058.	10278889.	
	<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>	432,322,827.	1,217.		
	<b>c</b>	Gain or (loss) .....	<b>7c</b>	278,449,602.	-1,217.		
<b>d</b>	Net gain or (loss) .....		153,873,225.		153872008.	200,380.	
<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 .....						
Miscellaneous Revenue	<b>11 a</b>	_____	<b>Business Code</b>				
	<b>b</b>	_____					
	<b>c</b>	_____					
	<b>d</b>	All other revenue .....					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....					
<b>12</b>	<b>Total revenue.</b> See instructions .....		180098421.	0.	1146438.	163950517	

**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 ...	28,770,002.	28,770,002.		
<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 .....	1,425,249.	951,938.	473,311.	
<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 .....	1,986,313.	1,350,693.	635,620.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	164,499.	110,580.	53,919.	
<b>9</b> Other employee benefits .....	569,386.	382,888.	186,498.	
<b>10</b> Payroll taxes .....	215,881.	144,640.	71,241.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....	109,680.		109,680.	
<b>b</b> Legal .....	131,656.		131,656.	
<b>c</b> Accounting .....	49,949.		49,949.	
<b>d</b> Lobbying .....	111,632.	111,632.		
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	7,567,904.		7,567,904.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,081,776.	986,337.	95,439.	
<b>12</b> Advertising and promotion .....	66,606.		66,606.	
<b>13</b> Office expenses .....	62,089.	41,055.	21,034.	
<b>14</b> Information technology .....	240,249.	208,372.	31,877.	
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	316,899.	212,322.	104,577.	
<b>17</b> Travel .....	43,546.	15,025.	28,521.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	89,888.	38,446.	51,442.	
<b>20</b> Interest .....	70,646.		70,646.	
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	86,157.	57,725.	28,432.	
<b>23</b> Insurance .....	38,179.		38,179.	
<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>	450,031.	447,186.	2,845.	
<b>b</b> <b>ALL OTHER - DUES &amp; MEMB</b>	66,313.	46,992.	19,321.	
<b>c</b> <b>OTHER</b>	1,180.	855.	325.	
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	43,715,710.	33,876,688.	9,839,022.	0.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	127,171.	<b>1</b>	6,889.
	<b>2</b> Savings and temporary cash investments .....	4,413,123.	<b>2</b>	5,906,263.
	<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 .....	149,561.	<b>9</b>	158,800.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 803,268.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 323,418.	189,398.	<b>10c</b> 479,850.
	<b>11</b> Investments - publicly traded securities .....	639,047,191.	<b>11</b>	496,597,208.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	318,270,106.	<b>12</b>	324,665,634.
	<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 .....	0.	<b>15</b>	10,115,885.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	962,196,550.	<b>16</b>	837,930,529.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	686,501.	<b>17</b>	279,616.
	<b>18</b> Grants payable .....	9,297,514.	<b>18</b>	9,349,151.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	9,984,015.	<b>26</b>	9,628,767.
<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 .....	952,212,535.	<b>27</b>	828,301,762.
	<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> Total net assets or fund balances .....	952,212,535.	<b>32</b>	828,301,762.
<b>33</b> Total liabilities and net assets/fund balances .....	962,196,550.	<b>33</b>	837,930,529.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	180,098,421.
2	Total expenses (must equal Part IX, column (A), line 25)	2	43,715,710.
3	Revenue less expenses. Subtract line 2 from line 1	3	136,382,711.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	952,212,535.
5	Net unrealized gains (losses) on investments	5	-260,293,484.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	828,301,762.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....
- 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 .....

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

Form 990 (2022)



**SCHEDULE A**  
**(Form 990)**

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

**2022**

Open to Public Inspection

Name of the organization <b>HEALTH CARE FOUNDATION OF GREATER KC</b>	Employer identification number <b>20-0167282</b>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 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 on 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
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(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 5 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 2022 (line 6, column (f), divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2022.</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 - 2021.</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 - 2022.</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 - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on 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 5 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 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** 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 - 2021.** 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 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 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).</i>		X
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 line 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 on lines 11b and 11c below, the governing body of a supported organization?		X
<b>b</b> A family member of a person described on line 11a above?		X
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		X

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

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

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

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

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

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
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	

<b>Section B - Minimum Asset Amount</b>		(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 ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

**Part VI**

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

Multiple horizontal lines for supplemental information.



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2022**

Name of the organization

HEALTH CARE FOUNDATION OF GREATER KC

Employer identification number

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 foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

Name of organization  <b>HEALTH CARE FOUNDATION OF GREATER KC</b>	Employer identification number  <b>20-0167282</b>
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**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	<hr/> <hr/> <hr/>	\$ <u>15,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>HEALTH CARE FOUNDATION OF GREATER KC</b>	Employer identification number  <b>20-0167282</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization  <b>HEALTH CARE FOUNDATION OF GREATER KC</b>	Employer identification number  <b>20-0167282</b>
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**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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2022**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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.

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 <b>HEALTH CARE FOUNDATION OF GREATER KC</b>	Employer identification number <b>20-0167282</b>
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**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) 2022

**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.

<b>Limits on Lobbying Expenditures</b> (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) .....	39,527.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	257,839.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	297,366.													
<b>d</b>	Other exempt purpose expenditures .....	43,418,344.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	43,715,710.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">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- .....	0.													
<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 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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(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	1,042,267.	1,119,560.	311,595.	297,366.	2,770,788.
<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	8,167.	64,588.	36,297.	39,527.	148,579.

Schedule C (Form 990) 2022

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<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? .....			

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

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

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

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
<b>a</b> Current year .....	<b>2a</b>
<b>b</b> Carryover from last year .....	<b>2b</b>
<b>c</b> Total .....	<b>2c</b>
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>
<b>4</b> 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 expenditures next year? .....	<b>4</b>
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions .....	<b>5</b>

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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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 for instructions and the latest information.

OMB No. 1545-0047

2022

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions about monitoring, expenses, and reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting requirements for art and historical treasures, and a table for revenue and assets included.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022



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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| 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:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

Complete if the organization answered "Yes" 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.	11,812.	0.
d Equipment		156,672.	105,647.	51,025.
e Other		634,784.	205,959.	428,825.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				479,850.

**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	249,842,109.	END-OF-YEAR MARKET VALUE
(C) REAL ESTATE FUNDS	74,823,525.	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.)	<b>324,665,634.</b>	

**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 ...

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

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

1	Total revenue, gains, and other support per audited financial statements		1	-87,761,750.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	-260293484.	
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	1,217.	
	e Add lines 2a through 2d	2e	-260292267.	
3	Subtract line 2e from line 1		3	172,530,517.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	7,567,904.	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c	7,567,904.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	180,098,421.

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

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

1	Total expenses and losses per audited financial statements		1	36,149,023.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	1,217.	
	e Add lines 2a through 2d	2e	1,217.	
3	Subtract line 2e from line 1		3	36,147,806.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	7,567,904.	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c	7,567,904.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	43,715,710.

**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 1,217.

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

LOSS ON DISPOSAL OF EQUIPMENT 1,217.

**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

**2022**

Open to Public Inspection

Name of the organization <b>HEALTH CARE FOUNDATION OF GREATER KC</b>	Employer identification number <b>20-0167282</b>
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**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 - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS		164,875,027.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	INVESTMENTS		13,153,575.
<b>3 a Subtotal</b> .....	0	0			178,028,602.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			178,028,602.

**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.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) 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 a tax exempt 501(c)(3) organization 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 III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

**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

**Part V Supplemental Information**

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.

Multiple horizontal lines for supplemental information.



**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

**2022**

**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 noncash 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 104 VIETNAM VETERANS MEMORIAL DRIVE KANSAS CITY, MO 64111	30-0455147	501(C)(3)	165,000.	0.			2022 MENTAL HEALTH FUNDING
AFTER THE HARVEST 6320 BROOKSIDE PLAZA, SUITE 504 KANSAS CITY, MO 64113	46-5385534	501(C)(3)	80,000.	0.			2022 HEALTHY COMMUNITIES FUNDING
ALIGNED 22052 WEST 66TH STREET, SUITE 200 SHAWNEE, KS 66226	27-3553781	501(C)(3)	75,000.	0.			PROX - PAID HIGH SCHOOL SUMMER PROFESSIONAL EXPERIENCES
ALIVE AND WELL COMMUNITIES 5501 DELMAR BOULEVARD, SUITE B230 ST. LOUIS, MO 63112	82-1919438	501(C)(3)	60,000.	0.			CULTURAL COMPETENCY COLLECTIVE
ALLEN COMMUNITY COLLEGE ENDOWMENT 1801 N COTTONWOOD ST IOLA, KS 66749	23-7114571	501(C)(3)	15,000.	0.			ALLEN COMMUNITY COLLEGE FOOD PANTRY
ALLEN COUNTY 1 N. WASHINGTON IOLA, KS 66749	48-6039815	GOVERNMENTAL ENTITY	35,000.	0.			EXPANDING THE RURAL FOOD SYSTEM IN THE COVID ERA: FARMERS MARKET 2022

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **296.**

**3** Enter total number of other organizations listed in the line 1 table **18.**

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

Schedule I (Form 990) 2022

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

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALTRUISM MEDIA, INC. 325 BROADWAY LEXINGTON, MO 64067	87-4455294	501(C)(3)	85,000.	0.			ALTRUISM MEDIA, INC. CORE OPERATING SUPPORT
ALZHEIMERS ASSOCIATION 3846 W. 75TH STREET PRAIRIE VILLAGE, KS 66208	13-3039601	501(C)(3)	50,000.	0.			ALZ COMMUNITY CARES
AMETHYST PLACE INC. 2735 TROOST, APT. A KANSAS CITY, MO 64109	43-1887442	501(C)(3)	50,000.	0.			YEP! BUILDING EMPOWERMENT ACROSS GENERATIONS THROUGH THE YOUTH EMPOWERMENT PROGRAM
AMETHYST PLACE INC. 2735 TROOST, APT. A KANSAS CITY, MO 64109	43-1887442	501(C)(3)	70,000.	0.			2022 MENTAL HEALTH FUNDING
ARTISTS HELPING THE HOMELESS 11412 KNOX ST OVERLAND PARK, KS 66210	26-2063489	501(C)(3)	50,000.	0.			CONCORD HOUSE
ARTISTS HELPING THE HOMELESS 11412 KNOX ST OVERLAND PARK, KS 66210	26-2063489	501(C)(3)	127,500.	0.			BE THE CHANGE PROGRAM
ARTSTECH 1522 HOLMES STREET KANSAS CITY, MO 64108	43-1013392	501(C)(3)	75,000.	0.			ARTSTECH YOUTH DEVELOPMENT PROGRAM
BAPTIST-TRINITY LUTHERAN LEGACY FOUNDATION - 6675 HOLMES RD., SUITE 470 - KANSAS CITY, MO 64131	23-7432481	501(C)(3)	50,000.	0.			KCMC HEALTH SERVICES FOR UNDOCUMENTED POPULATIONS AND ADVANCED DENTAL CARE
BE GREAT TOGETHER 3429 CHARLOTTE STREET KANSAS CITY, MO 64109	85-2533202	501(C)(3)	150,000.	0.			CAPTURING POSITIVE NARRATIVES AROUND INSTITUTIONAL AND COMMUNITY APPROACHES TO

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BELTON SCHOOL DISTRICT #124 110 W WALNUT BELTON, MO 64012	44-6001808	EDUCATION	34,000.	0.			2022 MENTAL HEALTH FUNDING
BENILDE HALL 3220 E. 23RD STREET KANSAS CITY, MO 64127	43-1795790	501(C)(3)	75,000.	0.			EXPANDED CASE MANAGEMENT SERVICES
BENILDE HALL 3220 E. 23RD STREET KANSAS CITY, MO 64127	43-1795790	501(C)(3)	75,000.	0.			2022 MENTAL HEALTH FUNDING
BIKEWALKKC 1106 EAST 30TH STREET, SUITE G KANSAS CITY, MO 64109	45-3832438	501(C)(3)	75,000.	0.			2022 HEALTHY COMMUNITIES FUNDING
BLACK EXCELLENCE INC 800 EAST 18TH STREET KANSAS CITY, MO 64108	85-3546172	501(C)(3)	75,000.	0.			THE HUB & HYPE COHORT CAPACITY GRANT
BLACK HEALTH CARE COALITION 6400 INDEPENDENCE AVE KANSAS CITY, MO 64125-1545	43-1515095	501(C)(3)	16,905.	0.			COVID CRISIS MEDIA CAMPAIGN
BLAQOUT, INC. 517 CAMPBELL ST KANSAS CITY, MO 64106	82-1144166	501(C)(3)	75,000.	0.			LINKAGE AND RETURN TO CARE (LARTC)
BLAQOUT, INC. 517 CAMPBELL ST KANSAS CITY, MO 64106	82-1144166	501(C)(3)	127,500.	0.			PROJECT A.C.C.E.S.S.
BLAQOUT, INC. 517 CAMPBELL ST KANSAS CITY, MO 64106	82-1144166	501(C)(3)	43,320.	0.			STEP IN - FROM ACTIVISM TO ADVOCACY

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS GROW CORP 9301 E 147TH ST KANSAS CITY, MO 64149	27-2647539	501(C)(3)	50,000.	0.			PROJECT FUTURE LEADER
BROTHERS LIBERATING OUR COMMUNITIES INC - 3737 TROOST AVENUE - KANSAS CITY, MO 64109	86-1682869	501(C)(3)	50,000.	0.			BROTHERS LIBERATING OUR COMMUNITIES
BUDGET AND FINANCIAL MANAGEMENT ASSISTANCE - 908 BALTIMORE AVE. SUITE 102 - KANSAS CITY, MO 64105	43-1747260	501(C)(3)	25,102.	0.			TECHNOLOGY REFRESH
CALVARY COMMUNITY OUTREACH NETWORK 2940 HOLMES STREET KANSAS CITY, MO 64109	43-1686109	501(C)(3)	39,000.	0.			CCON CORE OPERATING
CAMP FIRE HEARTLAND 1801 MAIN ST KANSAS CITY, MO 64108	13-1623921	501(C)(3)	40,000.	0.			HEALTHY COMMUNITIES IN AFTERSCHOOL AND SUMMER PROGRAMMING
CANCER ACTION INC 10520 BARKLEY, SUITE 100 OVERLAND PARK, KS 66212	48-0650257	501(C)(3)	60,000.	0.			PATIENT SERVICES PROGRAM
CARE BEYOND THE BOULEVARD PO BOX 860580 SHAWNEE, KS 66286	83-1122028	501(C)(3)	75,000.	0.			MEDICAL AND COORDINATED ENTRY OUTREACH, DIRECT PATIENT SUPPORT
CARITAS CLINICS 636 TAUROMEE AVENUE KANSAS CITY, KS 66101	48-1009910	501(C)(3)	235,500.	0.			ESTAR SALUDABLE: PRIMARY CARE FOR UNINSURED, UNSERSERVED HISPANIC PATIENTS IN WYANDOTTE
CASA OF JOHNSON AND WYANDOTTE COUNTIES - 6400 GLENWOOD STREET, SUITE 100 - MISSION, KS 66202	48-1088233	501(C)(3)	35,000.	0.			PUBLIC AWARENESS CAMPAIGN: BRINING LIGHT TO CASA

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASS COMMUNITY HEALTH FOUNDATION 2316 E. MEYER BOULEVARD KANSAS CITY, MO 64132	43-1349495	501(C)(3)	283,500.	0.			CASS COUNTY DENTAL CLINIC
CENTER FOR CONFLICT RESOLUTION 6285 PASEO BLVD. KANSAS CITY, MO 64110	43-1890891	501(C)(3)	71,300.	0.			BREAKING CYCLES OF VIOLENCE
CENTER FOR DEVELOPMENTALLY DISABLED - 9150 E. 41ST TERRACE - KANSAS CITY, MO 64133	43-1104134	501(C)(3)	50,000.	0.			DIRECTOR OF NURSING
CENTER FOR PRACTICAL BIOETHICS 1111 MAIN, SUITE 500 KANSAS CITY, MO 64105	48-0985815	501(C)(3)	73,482.	0.			ADDRESSING INEQUITIES IN LATINO ADVANCE CARE PLANNING THROUGH INNOVATION
CENTER SCHOOL DISTRICT #58 8701 HOLMES RD KANSAS CITY, MO 64131	44-6002102	EDUCATION	50,000.	0.			2022 MENTAL HEALTH FUNDING
CENTRAL AVENUE BETTERMENT ASSOCIATION - 1303 CENTRAL AVENUE - KANSAS CITY, KS 66102	48-0876365	501(C)(3)	40,000.	0.			FREE WHEELS FOR KIDS-CORE SUPPORT
CHILD ABUSE PREVENTION ASSOCIATION 503 E. 23RD STREET INDEPENDENCE, MO 64055	43-1067711	501(C)(3)	45,000.	0.			CAPA CORE OPERATING SUPPORT
CHILD ABUSE PREVENTION ASSOCIATION 503 E. 23RD STREET INDEPENDENCE, MO 64055	43-1067711	501(C)(3)	65,000.	0.			2022 MENTAL HEALTH FUNDING
CHILD PROTECTION CENTER, INC. 3101 BROADWAY KANSAS CITY, MO 64111-2455	20-4535728	501(C)(3)	125,000.	0.			2022 MENTAL HEALTH FUNDING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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)	100,000.	0.			2022 MENTAL HEALTH FUNDING
CHILDREN'S RIGHTS INC 88 PINE ST STE 800 NEW YORK, NY 10005	13-3801864	501(C)(3)	75,000.	0.			2022 MENTAL HEALTH FUNDING
CITY IN MOTION DANCE THEATER, INC. 4406 NW PAWNEE DR RIVERSIDE, MO 64150	43-1362398	501(C)(3)	50,000.	0.			DANCE SATELLITE PROGRAM
CITY OF HUMBOLDT PO BOX 228, 725 BRIDGE ST HUMBOLDT, KS 66748	48-6039689	GOVERNMENTAL ENT	75,000.	0.			THE LAST MILE ENGINEERED
CITY OF LA HARPE 902 S WASHINGTON LA HARPE, KS 66751	48-6040016	GOVERNMENTAL ENT	42,136.	0.			LA HARPE HEALTH AND WELLNESS
COMMUNITIES CREATING OPPORTUNITY 2400 TROOST AVE, STE #4100 KANSAS CITY, MO 64108	43-1127845	501(C)(3)	25,000.	0.			ELECTION RIDERS
COMMUNITIES IN SCHOOLS OF MID-AMERICA - 3105 GILHAM ROAD, STE 200 - KANSAS CITY, MO 64109	48-1175467	501(C)(3)	50,000.	0.			INTEGRATED STUDENT SUPPORTS FOR KANSAS CITY METRO STUDENTS
COMMUNITIES IN SCHOOLS OF MID-AMERICA - 3105 GILHAM ROAD, STE 200 - KANSAS CITY, MO 64109	48-1175467	501(C)(3)	50,000.	0.			2022 HEALTHY COMMUNITIES FUNDING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY CAPITAL FUND MOHART MULTIPURPOSE CENTER KANSAS CITY, MO 64109	45-4561134	501(C)(3)	135,000.	0.			2022 HEALTHY COMMUNITIES FUNDING
COMMUNITY CAPITAL FUND (ON BEHALF OF PARENT LEADERSHIP TRAINING INSTITUTE-KANSAS - 3200 WAYNE AVE - KANSAS CITY, MO 64109	45-4561134	501(C)(3)	70,000.	0.			PARENT LEADERSHIP TRAINING INSTITUTE-KANSAS CITY
COMMUNITY CARE NETWORK OF KANSAS 700 SOUTHWEST JACKSON STREET TOPEKA, KS 66603	48-1110925	501(C)(3)	100,000.	0.			ALLIANCE FOR A HEALTHY KANSAS
COMMUNITY HEALTH CENTER OF SOUTHEAST KANSAS INC - 3015 N. MICHIGAN - PITTSBURG, KS 66762	75-3002264	501(C)(3)	300,000.	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)	55,000.	0.			HEAT (HEALTH EQUITY ACTION TRANSFORMATION) MUTUAL AID INITIATIVE
COMMUNITY HEALTH COUNCIL OF WYANDOTTE COUNTY - 803 ARMSTRONG AVENUE - KANSAS CITY, KS 66101	01-0674969	501(C)(3)	330,000.	0.			CHW BRIDGES TO HEALTH
COMMUNITY HEALTH COUNCIL OF WYANDOTTE COUNTY - 803 ARMSTRONG AVENUE - KANSAS CITY, KS 66101	01-0674969	501(C)(3)	120,000.	0.			2022 HEALTHY COMMUNITIES FUNDING
COMMUNITY HOUSING OF WYANDOTTE COUNTY - 2 SOUTH 14TH STREET - OVERBROOK, KS 66524	48-0934993	501(C)(3)	75,000.	0.			CHWC OPERATIONAL SUPPORT
COMMUNITY HOUSING OF WYANDOTTE COUNTY - 2 SOUTH 14TH STREET - OVERBROOK, KS 66524	48-0934993	501(C)(3)	85,000.	0.			2022 HEALTHY COMMUNITIES FUNDING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY LINC 4012-4014 TROOST AVENUE KANSAS CITY, MO 64110	43-1506591	501(C)(3)	60,000.	0.			TAKING CARE OF THE CARETAKERS
CONNECTIONS TO SUCCESS 300 W. LINWOOD BLVD. KANSAS CITY, MO 64111	43-1859283	501(C)(3)	25,000.	0.			PATHWAYS TO SUCCESS
CONSOLIDATED SOCIAL WORK SERVICES, INC - 3811 CHESTNUT AVENUE - KANSAS CITY, MO 64128	45-0507326	501(C)(3)	74,025.	0.			BUILDING COMMUNITY THROUGH INTENTIONAL NEIGHBORING
CORNERSTONES OF CARE 8150 WORNALL RD. KANSAS CITY, MO 64114	43-1689138	501(C)(3)	65,000.	0.			2022 HEALTHY COMMUNITIES FUNDING
CORNERSTONES OF CARE 8150 WORNALL RD. KANSAS CITY, MO 64114	43-1689138	501(C)(3)	74,750.	0.			CORNERSTONES OF CARE WELCOMING, INCLUSIVE, DIVERSE, AND EQUITABLE (WIDE) 2.0 PROJECT
COTERIE, INC. 2450 GRAND BLVD, STE 144 KANSAS CITY, MO 64108	43-1184597	501(C)(3)	20,000.	0.			PROJECT DAYLIGHT
COUNSELORS OBEDIENTLY PREVENTING SUBSTANCE ABUSE (COPS) - 3800 AGNES AVENUE - KANSAS CITY, MO 64128	26-4439275	501(C)(3)	75,000.	0.			SUD AND MENTAL HEALTH TOGETHER - IV
CRISTO REY KANSAS CITY 211 W LINWOOD KANSAS CITY, MO 64111	20-2842522	501(C)(3)	50,000.	0.			VITAL HUMAN SERVICES
CULTIVATE KANSAS CITY, INC. 300 E 39TH STREET, 4B KANSAS CITY, MO 64111	20-2365320	501(C)(3)	30,000.	0.			METRO FARMS AND FOODS

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash 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)	100,000.	0.			2022 HEALTHY COMMUNITIES FUNDING
DELASALLE EDUCATION CENTER 3737 TROOST KANSAS CITY, MO 64109	43-0971728	501(C)(3)	100,000.	0.			2022 MENTAL HEALTH FUNDING
DEVELOPING POTENTIAL, INC. 251 NW EXECUTIVE WAY SUITE 200 LEE'S SUMMINT, MO 64063	43-1661167	501(C)(3)	50,000.	0.			INCREASE ACCESS TO SERVICES
DEVELOPMENTAL DISABILITY SERVICES OF JACKSON COUNTY -- EITAS (EITAS) - 8511 HILLCREST RD - KANSAS CITY, MO 64138	43-1119054	GOVERNMENTAL ENT	50,000.	0.			WELLNESS AND SUPPORT ADVOCATE
DEVELOPMENTAL DISABILITY SERVICES OF JACKSON COUNTY -- EITAS (EITAS) - 8511 HILLCREST RD - KANSAS CITY, MO 64138	43-1119054	GOVERNMENTAL ENT	68,507.	0.			DEVELOPMENTAL DISABILITY HEALTH EQUITY COLLABORATIVE
DISTRKCT IS 905 MCGEE ST, STE 168 KANSAS CITY, MO 64106	88-2939328	501(C)(3)	30,000.	0.			DISTRKCT IS YOUTH RECORDING PROGRAM
DON BOSCO COMMUNITY CENTER 580 CAMPBELL STREET KANSAS CITY, MO 64106	44-0558260	501(C)(3)	50,000.	0.			DON BOSCO SENIOR SERVICES
DONNELLY COLLEGE 608 N. 18TH STREET KANSAS CITY, KS 66102	48-0623882	501(C)(3)	75,000.	0.			DONNELLY COLLEGE COUNSELING CENTER PROGRAM
EARLY START BKA UNITED INNER CITY SERVICES - 2008 E. 12TH STREET - KANSAS CITY, MO 64127	44-0646347	501(C)(3)	100,000.	0.			2022 MENTAL HEALTH FUNDING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EL CENTRO INC. 650 MINNESOTA AVE KANSAS CITY, KS 66101	36-2904073	501(C)(3)	125,000.	0.			2022 HEALTHY COMMUNITIES FUNDING
EL CENTRO INC. 650 MINNESOTA AVE KANSAS CITY, KS 66101	36-2904073	501(C)(3)	27,945.	0.			TRAUMA INFORMED CARE AGENCY TRAINING
EL CENTRO INC. 650 MINNESOTA AVE KANSAS CITY, KS 66101	36-2904073	501(C)(3)	150,000.	0.			2022 MENTAL HEALTH FUNDING
EL CENTRO INC. 650 MINNESOTA AVE KANSAS CITY, KS 66101	36-2904073	501(C)(3)	297,000.	0.			HEALTH NAVIGATION PROGRAM
EL CENTRO INC. 650 MINNESOTA AVE KANSAS CITY, KS 66101	36-2904073	501(C)(3)	75,000.	0.			MANOS A LA OBRA! (LET'S DO IT)
ELEVATE METRO KC P.O. BOX 4477 OVERLAND PARK, KS 66204	83-3698822	501(C)(3)	75,000.	0.			TEACHER-MENTORS TEACHING CHARACTER AND LIFE SKILLS IN SCHOOL AND MENTORING ELEVATE STUDENTS OUT OF
EMMANUEL FAMILY & CHILD DEVELOPMENT CENTER & EMERGENCY SHELTER - 4736 PROSPECT AVE - KANSAS CITY, MO 64130	74-2925720	501(C)(3)	75,000.	0.			CONTINUED CARE FOR CAREGIVERS
EPEC, INC. 5829 TROOST AVENUE, SUITE B KANSAS CITY, MO 64110	46-4112524	501(C)(3)	60,000.	0.			CORE OPERATING SUPPORT: THE GROOMING PROJECT
EQUATORIAN COMMUNITY ASSOCIATION 3003 NE 59TH TER KANSAS CITY, MO 64119	86-2548166	501(C)(3)	50,000.	0.			COMMUNITY CARE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ESSENTIAL FAMILIES 2409 PROSPECT AVE KANSAS CITY, MO 64127	84-4124831	501(C)(3)	65,000.	0.			ESSENTIAL FAMILIES
EXCEEDS EXPECTATIONS, INC. 31 W 31ST STREET KANSAS CITY, MO 64108	47-3470573	501(C)(3)	75,000.	0.			FINANCIAL HEALTH AND WEALTH
FAMILY RESOURCE CENTER OF CASS COUNTY INC. - PO BOX 604 - BELTON, MO 64012	46-4070406	501(C)(3)	10,000.	0.			FOOD PANTRY URGENT NEEDS
FIRST CALL ALCOHOL DRUG PREVENTION AND RECOVERY - 9091 STATE LINE ROAD - KANSAS CITY, MO 64114	44-0641486	501(C)(3)	44,000.	0.			FIRST CALL ACCESS TO RECOVERY
FLOURISH FURNISHINGS PO BOX 778 GRANDVIEW, MO 64030	84-3337394	501(C)(3)	15,000.	0.			FLOURISH FURNISHINGS CORE OPERATING SUPPORT
FOOD EQUALITY INITIATIVE INC 10000 MARSHALL DR LENEXA, KS 66215	47-2377396	501(C)(3)	75,000.	0.			NUTRITION ASSISTANCE PROGRAM
FOOD EQUALITY INITIATIVE INC 10000 MARSHALL DR LENEXA, KS 66215	47-2377396	501(C)(3)	100,000.	0.			2022 HEALTHY COMMUNITIES FUNDING
FOOTPRINTS INC. 4501 TROOST AVENUE KANSAS CITY, MO 64110	43-1648039	501(C)(3)	75,000.	0.			FOOTPRINTS CORE OPERATING SUPPORT
FOOTPRINTS INC. 4501 TROOST AVENUE KANSAS CITY, MO 64110	43-1648039	501(C)(3)	150,000.	0.			2022 MENTAL HEALTH FUNDING

Schedule I (Form 990)

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

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FRONT PORCH ALLIANCE 3210 KANSAS CITY, MO 64109-3102	43-1874501	501(C)(3)	75,000.	0.			FRONT PORCH ALLIANCE SUSTAINABLE PROGRAMMATIC GROWTH THROUGH CAPACITY BUILDING
FRONT PORCH ALLIANCE 3210 KANSAS CITY, MO 64109-3102	43-1874501	501(C)(3)	45,000.	0.			FINANCIAL LITERACY PROGRAM
GATEWAY OF HOPE 801 N. MURLEN RD, SUITE 111 OLATHE, KS 66061	22-3922901	501(C)(3)	75,000.	0.			RAISING HOPE FOR WOMEN OF COLOR
GENERATING INCOME FOR TOMORROW 5008 PROSPECT AVENUE KANSAS CITY, MO 64130	85-0935933	501(C)(3)	10,000.	0.			TRUTH OVER TROOST
GENESIS SCHOOL 3800 E 44TH STREET KANSAS CITY, MO 64130	43-1196717	501(C)(3)	100,000.	0.			2022 MENTAL HEALTH FUNDING
GILDA'S CLUB KANSAS CITY 21 WEST 43RD STREET KANSAS CITY, MO 64111	20-0493511	501(C)(3)	47,057.	0.			CANCER EDUCATION AND SUPPORT FOR COMMUNITIES NEEDING US MOST
GLOBAL ONE URBAN FARMING 3021 BALES AVE KANSAS CITY, MO 64128	81-3893992	501(C)(3)	25,000.	0.			GLOBAL ONE URBAN FARMING - BUILDING CAPACITY FOR 2022 AND BEYOND.
GOODWILL OF WESTERN MISSOURI AND EASTERN KANSAS - 800 E 18TH STREET - KANSAS CITY, MO 64108	43-1125281	501(C)(3)	75,000.	0.			GOODWILL DIGITAL INCLUSION PROGRAM
GRANDVIEW ASSISTANCE PROGRAM 1121 MAIN STREET GRANDVIEW, MO 64030	43-1607813	501(C)(3)	15,000.	0.			PUTTING STUDENTS FIRST

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GRANTMAKERS IN HEALTH 1100 CONNECTICUT AVENUE NORTHWEST WASHINGTON, DC 20036	13-3206571	501(C)(3)	20,000.	0.			STRATEGIC PLAN IMPLEMENTATION
GROUNDWORK NRG P.O. 172403 KANSAS CITY, KS 66117	45-4925472	501(C)(3)	75,000.	0.			GROUNDWORK NRG CORE OPERATING SUPPORT
GUADALUPE CENTER, INC. 1015 AVENIDA CESAR E. CHAVEZ KANSAS CITY, MO 64108	44-0610781	501(C)(3)	100,000.	0.			2022 MENTAL HEALTH FUNDING
GUADALUPE CENTER, INC. 1015 AVENIDA CESAR E. CHAVEZ KANSAS CITY, MO 64108	44-0610781	501(C)(3)	125,000.	0.			2022 HEALTHY COMMUNITIES FUNDING
HABITAT FOR HUMANITY OF KANSAS CITY - 1423 LINWOOD BOULEVARD - KANSAS CITY, MO 64109	43-1175749	501(C)(3)	50,000.	0.			HABITATS KANSAS CITY NEIGHBORHOOD REVITALIZATION PROJECT
HARRIS PARK MIDTOWN SPORTS AND ACTIVITY CENTER - 4029 WAYNE - KANSAS CITY, MO 64110	81-4579459	501(C)(3)	100,000.	0.			2022 HEALTHY COMMUNITIES FUNDING
HARRY S TRUMAN CHILDREN'S NEUROLOGICAL CENTER - 12404 E HWY 40 - INDEPENDENCE, MO 64055	44-0608429	501(C)(3)	35,000.	0.			RETAIN DIVERSE WORKFORCE TO PROVIDE CONSISTENT, QUALITY CARE FOR INDIVIDUALS WITH SEVERE
HARVESTERS - THE COMMUNITY FOOD NETWORK - 3801 TOPPING AVENUE - KANSAS CITY, MO 64129	43-1208665	501(C)(3)	100,000.	0.			2022 HEALTHY COMMUNITIES FUNDING
HCC NETWORK 825 S BUSINESS HWY 13 LEXINGTON, MO 64067	30-0349221	501(C)(3)	67,500.	0.			COVID EMERGENCY DEPARTMENT DIVERSION PROGRAM IN LAFAYETTE & EASTERN JACKSON COUNTY

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HCC NETWORK 825 S BUSINESS HWY 13 LEXINGTON, MO 64067	30-0349221	501(C)(3)	300,000.	0.			HCC LEXINGTON FQHC
HEALING HEROIC HEALERS KANSAS CITY KS KANSAS CITY, KS 66103	87-1552559	501(C)(3)	50,000.	0.			HEALING HEROIC HEALERS
HEALTH PARTNERSHIP OF JOHNSON COUNTY - 407 S. CLAIRBORNE RD, SUITE 104 - OLATHE, KS 66062	48-1115529	501(C)(3)	378,000.	0.			MEDICAL HOME FOR JOHNSON COUNTY UNDERSERVED
HEART OF THE CITY NEIGHBORHOOD ASSOCIATION, INC. - PO BOX 300582 - KANSAS CITY, MO 64130	83-2793995	501(C)(3)	75,000.	0.			DUNBAR: A RESILIENT PLACE FOR RESILIENT PEOPLE
HEARTLAND CENTER FOR JOBS AND FREEDOM, INC. - 4033 CENTRAL STREET - KANSAS CITY, MO 64111	47-4613477	501(C)(3)	50,000.	0.			LEGAL/ORGANIZING COLLABORATION FOR HOUSING POLICY
HEARTLAND CENTER FOR JOBS AND FREEDOM, INC. - 4033 CENTRAL STREET - KANSAS CITY, MO 64111	47-4613477	501(C)(3)	62,000.	0.			SAFE HOMES FOR ALL & RIGHT TO COUNSEL RECRUITMENT
HEARTLAND CONSERVATION ALLIANCE 6601 E. 93RD STREET KANSAS CITY, MO 64138	35-2434953	501(C)(3)	100,000.	0.			2022 HEALTHY COMMUNITIES FUNDING
HEARTLAND OUTREACH PROVIDERS 4520 MADISON AVE KANSAS CITY, MO 64111	27-4387842	501(C)(3)	50,000.	0.			HOPE DENTAL MOBILE CLINIC
HOGAN PREPARATORY ACADEMY INC 6409 AGNES AVENUE KANSAS CITY, MO 64132	43-1817830	501(C)(3)	75,000.	0.			SOCIAL-EMOTIONAL SUPPORT TEAM TRAUMA CLINICIAN

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HOLD EM UP 4 CARE 2916 EAST 81 STREET KANSAS CITY, MO 64132	84-2067956	501(C)(3)	40,000.	0.			HOLD EM UP 4 CARE
HOPE FAMILY CARE CENTER LLC 3027 PROSPECT AVENUE KANSAS CITY, MO 64128	26-4021005	501(C)(3)	112,500.	0.			CHRONIC DISEASE MANAGEMENT EXPANSION PROGRAM FOR THE UNINSURED AND UNSERVED IN KANSAS
HOPE HOUSE, INC. PO BOX 577 LEE'S SUMMINT, MO 64063	43-1265685	501(C)(3)	30,000.	0.			HOPE HOUSES HOUSING PROGRAMS AND CLIENT ASSISTANCE FUND
HOPE HOUSE, INC. PO BOX 577 LEE'S SUMMINT, MO 64063	43-1265685	501(C)(3)	175,000.	0.			2022 MENTAL HEALTH FUNDING
HOPE LEADERSHIP ACADEMY 2800 E LINWOOD BLVD. KANSAS CITY, MO 64128	27-1252373	501(C)(3)	60,500.	0.			BUILDING A HEALTHY AND SECURE ENVIRONMENT AT HLA
HOUSE OF HOPE, INC. 301 SOUTH BROADWAY STREET LEXINGTON, MO 64067	43-1730519	501(C)(3)	47,300.	0.			FAMILY SUPPORT SPECIALIST
HUMANITY HOUSE FOUNDATION 110 EAST STREET IOLA, KS 66749	81-1799536	501(C)(3)	74,100.	0.			HUMANITY HOUSE FOUNDATION CORE OPERATING EXPENSES
IVANHOE NEIGHBORHOOD COUNCIL 3700 WOODLAND AVE KANSAS CITY, MO 64109	43-1843831	501(C)(3)	90,000.	0.			2022 HEALTHY COMMUNITIES FUNDING
JACKSON COUNTY COMMUNITY CHILDREN'S SERVICES FUND - 3100 BROADWAY, SUITE 227 - KANSAS CITY, MO 64111	82-2446441	501(C)(3)	75,000.	0.			JACKSON COUNTY CHILDREN'S SERVICES FUND RENEWAL EFFORT

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JACKSON COUNTY CASA 2544 HOLMES STREET KANSAS CITY, MO 64108	43-1401328	501(C)(3)	65,000.	0.			INTERVENTION AND ADVOCACY WITH FAMILIES INVOLVED IN THE CHILD WELFARE SYSTEM
JEWISH FAMILY SERVICES 5801 W. 115TH STREET LEAWOOD, KS 66211	44-0545829	501(C)(3)	112,500.	0.			OLDER ADULT CARE MANAGEMENT
JEWISH VOCATIONAL SERVICE 4600 THE PASEO KANSAS CITY, MO 64110	44-0545994	501(C)(3)	150,000.	0.			2022 MENTAL HEALTH FUNDING
JEWISH VOCATIONAL SERVICE 4600 THE PASEO KANSAS CITY, MO 64110	44-0545994	501(C)(3)	150,000.	0.			REFUGEE-IMMIGRANT HEALTH ACCESS PROGRAM
KANBE'S MARKETS 3119 TERRACE STREET KANSAS CITY, MO 64111	81-1505292	501(C)(3)	100,000.	0.			2022 HEALTHY COMMUNITIES FUNDING
KANBE'S MARKETS 3119 TERRACE STREET KANSAS CITY, MO 64111	81-1505292	501(C)(3)	60,000.	0.			HEALTHY CORNER STORES 2022
KANSAS ACTION FOR CHILDREN 709 S KANSAS AVE. STE. 200 TOPEKA, KS 66603	48-0879502	501(C)(3)	53,768.	0.			STRENGTHENING ADVOCACY CAPACITY IN KANSAS
KANSAS CITY CARE HEALTH CENTER (KC CARE) - 3515 BROADWAY BLVD - KANSAS CITY, MO 64111	43-0967292	501(C)(3)	40,000.	0.			ELEVATING PATIENT EXPERIENCE & ACCESS TO CARE
KANSAS CITY CARE HEALTH CENTER (KC CARE) - 3515 BROADWAY BLVD - KANSAS CITY, MO 64111	43-0967292	501(C)(3)	250,000.	0.			2022 MENTAL HEALTH FUNDING

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KANSAS CITY CARE HEALTH CENTER (KC CARE) - 3515 BROADWAY BLVD - KANSAS CITY, MO 64111	43-0967292	501(C)(3)	450,000.	0.			KC CARE CORE OPERATIONS
KANSAS CITY COMMUNITY GARDENS, INC 6917 KENSINGTON AVE KANSAS CITY, MO 64132	43-1356677	501(C)(3)	40,000.	0.			RESTORING FOOD SOVEREIGNTY THROUGH COMMUNITY ORCHARDS
KANSAS CITY COMMUNITY GARDENS, INC 6917 KENSINGTON AVE KANSAS CITY, MO 64132	43-1356677	501(C)(3)	150,000.	0.			2022 HEALTHY COMMUNITIES FUNDING
KANSAS CITY DREAM CENTER 1500 CENTRAL AVENUE KANSAS CITY, KS 66102	83-0934680	501(C)(3)	70,000.	0.			KANSAS CITY DREAM CENTER ACADEMY
KANSAS CITY FREE EYE CLINIC 705 VIRGINIA AVENUE KANSAS CITY, MO 64106	27-0704299	501(C)(3)	50,000.	0.			KANSAS CITY FREE EYE CLINIC 2023 SALARY SUPPORT
KANSAS CITY FRIENDS OF ALVIN AILEY 1714 E. 18TH STREET KANSAS CITY, MO 64108	43-1412078	501(C)(3)	32,338.	0.			KCFAAS AILEYCAMP/AILEYCAMP THE GROUP
KANSAS CITY HOSPICE & PALLIATIVE CARE, INC. - 9001 STATE LINE RD., SUITE 300 - KANSAS CITY, MO 64114	43-1209344	501(C)(3)	40,000.	0.			KANSAS CITY HOSPICE & PALLIATIVE CARES DIVERSITY, EQUITY AND INCLUSION INITIATIVE
KANSAS CITY KANSAS COMMUNITY COLLEGE - 7250 STATE AVENUE - KANSAS CITY, KS 66112	48-0947391	GOVERNMENTAL ENT	75,000.	0.			KUMC MEDICAL & STEM CAMPS AND INTERNSHIP
KANSAS CITY MEDICAL SOCIETY FOUNDATION - 6750 ANTIOCH ROAD, SUITE 3051 - OVERLAND PARK, KS 66204	56-2552704	501(C)(3)	400,000.	0.			PROJECT ACCESS - SPECIALTY CARE FOR THE UNINSURED (YEAR 13)

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KANSAS CITY MEDICAL SOCIETY FOUNDATION - 6750 ANTIOCH ROAD, SUITE 3051 - OVERLAND PARK, KS 66204	56-2552704	501(C)(3)	75,000.	0.			DOCS TALK; ELEVATING THE PHYSICIAN VOICE FOR MEDICAID EXPANSION
KANSAS UNIVERSITY ENDOWMENT ASSOCIATION - PO BOX 928 - LAWRENCE, KS 66044	48-0547734	501(C)(3)	74,994.	0.			CENTER FOR GENETIC SERVICES AND HEALTH EQUITY (CGSHE) TO ADDRESS CANCER HEALTH
KANSAS UNIVERSITY ENDOWMENT ASSOCIATION - PO BOX 928 - LAWRENCE, KS 66044	48-0547734	501(C)(3)	67,500.	0.			JAYDOC FREE CLINIC
KC COMMON GOOD, INC. 801 WEST 47TH STREET, SUITE 500 KANSAS CITY, MO 64112	83-4482500	501(C)(3)	165,375.	0.			GENERAL OPERATIONS GRANT
KC DIGITAL DRIVE, INC. 111 W 10TH ST KANSAS CITY, MO 64105	46-4502675	501(C)(3)	69,978.	0.			DIGITAL HEALTH@HOME
KC HEALTH COLLABORATIVE 600 BROADWAY; SUITE 200 KANSAS CITY, MO 64105	85-2336925	501(C)(3)	379,500.	0.			KANSAS CITY HEALTH EQUITY LEARNING AND ACTION NETWORK
KC HEALTHY KIDS 650 MINNESOTA AVENUE KANSAS CITY, KS 66101	20-4613795	501(C)(3)	100,000.	0.			2022 HEALTHY COMMUNITIES FUNDING
KC MOTHERS IN CHARGE 3200 WAYNE SUITE 124 KANSAS CITY, MO 64109	47-2342408	501(C)(3)	70,000.	0.			HOPE AND HEALING FOR SURVIVORS OF HOMICIDE
KC UNITED YOUTH FAMILY SPORTS AND EDUCATION INITIATIVE - 2400 NORTH 20TH STREET - KANSAS CITY, KS 66104-4713	84-4766613	501(C)(3)	40,000.	0.			"DREAM BIG" KC UNITED! YOUTH/FAMILY SPORTS & EDUCATION INITIATIVE

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KIDS COMMUNITY GROWING PROSPERITY 5520 BYRAMS FORD ROAD KANSAS CITY, MO 64129	46-1972274	501(C)(3)	50,000.	0.			KCGP CIVIC ENGAGEMENT
KIDS WIN MISSOURI 1 CAMPBELL PLAZA ST. LOUIS, MO 63139	82-5089535	501(C)(3)	50,000.	0.			CORE SUPPORT
LEGAL AID OF WESTERN MISSOURI 4001 DR. MARTIN LUTHER KING JR. BLVD, STE 300 - KANSAS CITY, MO 64130	43-0824638	501(C)(3)	150,000.	0.			2022 MENTAL HEALTH FUNDING
LEGAL AID OF WESTERN MISSOURI 4002 DR. MARTIN LUTHER KING JR. BLVD, STE 300 - KANSAS CITY, MO 64130	43-0824638	501(C)(3)	50,000.	0.			2022 HEALTHY COMMUNITIES FUNDING
LEVEL UP KIDS INC. 5416 NE ANTIOCH ROAD KANSAS CITY, MO 64119	20-3664224	501(C)(3)	210,000.	0.			FREE, SAFETY NET, ACCESSIBLE DENTAL CARE FOR UNDERSERVED SCHOOL-AGE CHILDREN IN
LEVEL UP KIDS INC. 5416 NE ANTIOCH ROAD KANSAS CITY, MO 64119	20-3664224	501(C)(3)	39,394.	0.			ICARE4KIDS: VISION CARE EXPANSION FOR SCHOOL-AGE CHILDREN IN KANSAS CITY, MISSOURI
LOCAL INITIATIVES SUPPORT CORPORATION - 600 BROADWAY, STE 280 - KANSAS CITY, MO 64105	13-3030229	501(C)(3)	100,000.	0.			2022 HEALTHY COMMUNITIES FUNDING
LOCAL INITIATIVES SUPPORT CORPORATION - 600 BROADWAY, STE 280 - KANSAS CITY, MO 64105	13-3030229	501(C)(3)	75,000.	0.			LISC KC - GENERAL OPERATING SUPPORT
LOTUS CARE HOUSE 5100 LINWOOD BLVD KANSAS CITY, MO 64110	86-3161250	501(C)(3)	75,000.	0.			CORE OPERATING SUPPORT

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LYRIK'S INSTITUTION 7201 E 67 ST. KANSAS CITY, MO 64133	84-2799526	501(C)(3)	50,000.	0.			OPERATING SUPPORT AND CAPACITY BUILDING
LYRIK'S INSTITUTION 7201 E 67 ST. KANSAS CITY, MO 64133	84-2799526	501(C)(3)	25,000.	0.			2022 HEALTHY COMMUNITIES FUNDING
MADAM PRESIDENT CAMP 6750 ANTIOCH ROAD, SUITE 305J OVERLAND PARK, KS 66204	47-3456143	501(C)(3)	30,000.	0.			MADAM PRESIDENT CAMP EXPANSION: RESEARCH AND DESIGN
MADE MEN INC 1542 MINNESOTA AVE KANSAS CITY, KS 66102	46-0547099	501(C)(3)	60,000.	0.			MADE MEN LIFE STRATEGIES
MAINSTREAM CIVIC ENGAGEMENT FOUNDATION - 6750 ANTIOCH RD., STE. 305G - OVERLAND PARK, KS 66204	48-1143190	501(C)(3)	75,000.	0.			GROWING GRASSROOTS POWER FOR YEAR-ROUND CIVIC ENGAGEMENT
MARLBOROUGH COMMUNITY COALITION INC - 1809 E. 80TH ST. - KANSAS CITY, MO 64132	27-0912336	501(C)(3)	68,427.	0.			SCALING UP MARLBOROUGH COMMUNITY COALITIONS AFFORDABLE HOUSING PROGRAM CAPACITY
MARLBOROUGH COMMUNITY COALITION INC - 1809 E. 80TH ST. - KANSAS CITY, MO 64132	27-0912336	501(C)(3)	60,000.	0.			2022 HEALTHY COMMUNITIES FUNDING
MARLENE'S KALEIDOSCOPE PO BOX 14425 KANSAS CITY, MO 64128	82-4729400	501(C)(3)	25,000.	0.			GETTING THE CONVERSATION STARTED
MATTIE RHODES CENTER 148 N. TOPPING AVE. KANSAS CITY, MO 64123	44-0546343	501(C)(3)	250,000.	0.			2022 MENTAL HEALTH FUNDING

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MERCY AND TRUTH MEDICAL MISSIONS 721 NORTH 31ST STREET KANSAS CITY, KS 66102	74-2847917	501(C)(3)	75,000.	0.			FIRST FULL TIME MEDICAL DIRECTOR FOR MERCY AND TRUTH MEDICAL MISSIONS
MERCY AND TRUTH MEDICAL MISSIONS 721 NORTH 31ST STREET KANSAS CITY, KS 66102	74-2847917	501(C)(3)	161,250.	0.			IMPROVING ACCESS TO QUALITY HEALTHCARE IN WYANDOTTE AND JOHNSON COUNTIES IN KANSAS
METROPOLITAN COMMUNITY COLLEGE FOUNDATION - 3200 BROADWAY - KANSAS CITY, MO 64111	51-0181875	501(C)(3)	150,000.	0.			HEALTH SCIENCES PIPELINE FACULTY SUPPORT
METROPOLITAN ORGANIZATION TO COUNTER SEXUAL ASSAULT - 3100 BROADWAY, SUITE 400 - KANSAS CITY, MO 64111	43-1061620	501(C)(3)	50,000.	0.			MOCSA: STRATEGIC PLAN IMPLEMENTATION FOR INCLUSION, DIVERSITY, EQUITY, AND ACCESS
METROPOLITAN ORGANIZATION TO COUNTER SEXUAL ASSAULT - 3100 BROADWAY, SUITE 400 - KANSAS CITY, MO 64111	43-1061620	501(C)(3)	100,000.	0.			2022 MENTAL HEALTH FUNDING
MID-AMERICA REGIONAL COUNCIL 600 BROADWAY, STE 200 KANSAS CITY, MO 64105	43-0976432	501(C)(6)	170,000.	0.			A SHARED APPROACH TO ENHANCING MOBILE CRISIS RESPONSE (988)
MID-AMERICA REGIONAL COUNCIL COMMUNITY SERVICES CORPORATION - 602 BROADWAY - KANSAS CITY, MO 64105-1659	20-1824454	501(C)(3)	150,000.	0.			KC REGIONAL CHW COLLABORATIVE
MID-AMERICA REGIONAL COUNCIL COMMUNITY SERVICES CORPORATION - 603 BROADWAY - KANSAS CITY, MO 64105-1659	20-1824454	501(C)(3)	200,000.	0.			DOUBLE UP FOOD BUCKS - HEARTLAND PROGRAM (YEAR 7)
MID-AMERICA REGIONAL COUNCIL COMMUNITY SERVICES CORPORATION - 601 BROADWAY - KANSAS CITY, MO 64105-1659	20-1824454	501(C)(3)	330,000.	0.			CARE COORDINATION PROGRAM

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MID-AMERICA REGIONAL COUNCIL COMMUNITY SERVICES CORPORATION - 600 BROADWAY - KANSAS CITY, MO 64105-1659	20-1824454	501(C)(3)	66,500.	0.			LOCAL PUBLIC HEALTH COORDINATION FOR KC REGIONAL OPIOID SETTLEMENT PROJECT DESIGN
MIDWEST INNOCENCE PROJECT 3619 BROADWAY BLVD KANSAS CITY, MO 64111	43-1914499	501(C)(3)	30,000.	0.			SOCIAL WORK PROGRAM
MIGRANT FARMWORKERS ASSISTANCE FUND - P.O. BOX 413223 - KANSAS CITY, MO 64141	43-1805495	501(C)(3)	75,000.	0.			WHOLE-PERSON CARE FOR FARMWORKERS
MIGRANT FARMWORKERS ASSISTANCE FUND - P.O. BOX 413223 - KANSAS CITY, MO 64141	43-1805495	501(C)(3)	135,000.	0.			MEDICAL CASE MANAGEMENT PROJECT FOR MIGRANT FARMWORKERS
MINDDRIVE, INCORPORATED 2615 HOLMES KANSAS CITY, MO 64108	27-3644498	501(C)(3)	60,000.	0.			COLLABORATIVE STEM PROGRAM
MISSION VISION PROJECT KC PO BOX 32134 KANSAS CITY, MO 64171	84-2139145	501(C)(3)	75,000.	0.			CORE OPERATING SUPPORT FOR MISSION VISION PROJECT KC (MVP KC)
MISSOURI BUDGET PROJECT 1 CAMPBELL PLAZA, SUITE 101-BUILDING A - ST. LOUIS, MO 63139	26-0062334	501(C)(3)	75,000.	0.			ADVANCING HEALTH CARE ACCESS IN MEDICAID
MISSOURI CENTER FOR PUBLIC HEALTH EXCELLENCE - 10615 NORTH DALTON AVENUE - KANSAS CITY, MO 64154	46-3104615	501(C)(3)	226,000.	0.			LEGAL AND DATA TECHNICAL ASSISTANCE TO LOCAL PUBLIC HEALTH AGENCIES
MISSOURI COALITION FOR ORAL HEALTH P.O. BOX 1432 JEFFERSON CITY, MO 65102-1432	20-5032836	501(C)(3)	60,000.	0.			BUILDING THE NETWORK FOR ORAL HEALTH POLICY AND CIVIC ENGAGEMENT

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

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MISSOURI COALITION FOR ORAL HEALTH P.O. BOX 1432 JEFFERSON CITY, MO 65102-1432	20-5032836	501(C)(3)	65,022.	0.			IMPROVING ACCESS TO CARE BY INCREASING DENTAL PARTICIPATION IN MO HEALTHNET
MISSOURI COALITION FOR ORAL HEALTH P.O. BOX 1432 JEFFERSON CITY, MO 65102-1432	20-5032836	501(C)(3)	67,500.	0.			CATALYZING SYSTEM TRANSFORMATION: MOMENTUM FOR INCREASING ORAL HEALTH EQUITY
MISSOURI COALITION FOR PRIMARY HEALTH CARE, DBA MISSOURI PRIMARY CARE ASSOCIATIO - 33250 EMERALD LANE - JEFFERSON CITY, MO 65109	43-1419937	501(C)(3)	75,000.	0.			MPCA POLICY AND ADVOCACY FOR HEALTH CARE ACCESS
MISSOURI FAMILY HEALTH COUNCIL, LLC - 1909 SOUTHRIDGE DRIVE - JEFFERSON CITY, MO 65109	43-1266696	501(C)(3)	75,000.	0.			HEALTH CARE ACCESS: INFLUENCE, CONVENE, AND CHAMPION
MISSOURI HEALTH CARE FOR ALL P.O. BOX 190429 ST. LOUIS, MO 63119	27-3885910	501(C)(3)	60,000.	0.			KANSAS CITY AREA ORGANIZING AND STATEWIDE POLICY LEADERSHIP
MISSOURI JOBS WITH JUSTICE, DBA KANSAS CITY JOBS WITH JUSTICE - 2725 CLIFTON AVE. - ST. LOUIS, MO 63139	43-1864844	501(C)(3)	75,000.	0.			BUILDING SUPPORT FOR BETTER HEALTHCARE POLICES THROUGH DEEP CANVASSING
MISSOURI ORGANIZING AND VOTER ENGAGEMENT ACTION - 4526 PASEO BLVD - KANSAS CITY, MO 64110	82-1450617	501(C)(4) SOCIAL	75,000.	0.			BUILDING THE BACKBONE FOR A HEALTHIER MISSOURI
MISSOURI WORKERS CENTER PO BOX 63002 ST. LOUIS, MO 63136	86-3339847	501(C)(3)	75,000.	0.			ORGANIZING LOW-WAGE WORKERS IN KANSAS CITY TO IMPROVE HEALTH OUTCOMES
MORE2 3151 OLIVE STREET KANSAS CITY, MO 64109	20-2470054	501(C)(3)	75,000.	0.			GRASSROOTS ORGANIZING FOR HEALTH EQUITY

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MOTHER'S REFUGE 14400 E. 42ND ST. S., STE. 220 INDEPENDENCE, MO 64055	43-1454628	501(C)(3)	90,000.	0.			2022 MENTAL HEALTH FUNDING
MOUNT SINAI MISSIONARY BAPTIST INC 3634 BROOKLYN AVE KANSAS CITY, MO 64109	43-1163776	501(C)(3)	50,000.	0.			MEALS TO FAMILIES
MT. CARMEL REDEVELOPMENT CORPORATION - 1130 TROUP AVENUE - KANSAS CITY, KS 66104	48-1160735	501(C)(3)	100,000.	0.			2022 MENTAL HEALTH FUNDING
MT. CARMEL REDEVELOPMENT CORPORATION - 1130 TROUP AVENUE - KANSAS CITY, KS 66104	48-1160735	501(C)(3)	50,000.	0.			2022 HEALTHY COMMUNITIES FUNDING
NAMI GREATER KANSAS CITY 5231 NE ANTIOCH RD # 321 KANSAS CITY, MO 64119	43-1209702	501(C)(3)	25,000.	0.			CORE SUPPORT FOR NAMI GREATER KANSAS CITY
NAMI KANSAS INC 1801 SW WANAMAKER RD., SUITE G6, BO LAWRENCE, KS 66604	48-1061361	501(C)(3)	25,000.	0.			NAMI KANSAS CITY KS AFFILIATE DEVELOPMENT
NEIGHBORHOOD LEGAL SUPPORT OF KANSAS CITY - 715 JACKSON - KANSAS CITY, MO 64124	81-3880382	501(C)(3)	74,900.	0.			CONNECTING PEOPLE WITHOUT HOUSING TO RESOURCES (CPHR)
NEIGHBORHOOD LEGAL SUPPORT OF KANSAS CITY - 715 JACKSON - KANSAS CITY, MO 64124	81-3880382	501(C)(3)	65,000.	0.			2022 HEALTHY COMMUNITIES FUNDING
NEO PHILANTHROPY, INC. 45 W 36TH ST NEW YORK, NY 10018	13-3191113	501(C)(3)	50,000.	0.			NATIONAL CONVERGENCE PARTNERSHIP

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NEW VENTURE FUND 1828 L STREET NW, SUITE 300A WASHINGTON, DC 20036	20-5806345	501(C)(3)	500,000.	0.			MISSOURI INCLUSIVE DEMOCRACY FUND
NEWHOUSE, INC. PO BOX 240019 KANSAS CITY, MO 64124	43-0962293	501(C)(3)	25,000.	0.			NEWHOUSE CAMPUS MODEL PROJECT
NEWHOUSE, INC. PO BOX 240019 KANSAS CITY, MO 64124	43-0962293	501(C)(3)	125,000.	0.			2022 MENTAL HEALTH FUNDING
NORTHEAST COMMUNITY CENTER 544 WABASH AVE. KANSAS CITY, MO 64124	44-0546275	501(C)(3)	35,000.	0.			CARE SERVICES
NORTHLAND HEALTH CARE ACCESS 5810 NW BARRY ROAD LOWER LEVEL KANSAS CITY, MO 64154	43-1578121	501(C)(3)	65,000.	0.			HEALTHY FAMILIES PROGRAM
NORTHLAND HEALTH CARE ACCESS 5810 NW BARRY ROAD LOWER LEVEL KANSAS CITY, MO 64154	43-1578121	501(C)(3)	97,500.	0.			CRITICAL CARE PROGRAM TO KCMO NORTHLAND ADULTS FOCUSED ON HEALTH EQUITY & INCLUSION
NOURISHKC P.O. BOX 10337 KANSAS CITY, MO 64171-0321	43-1525298	501(C)(3)	25,000.	0.			NOURISHING KC 2022
NOURISHKC P.O. BOX 10337 KANSAS CITY, MO 64171-0321	43-1525298	501(C)(3)	100,000.	0.			2022 HEALTHY COMMUNITIES FUNDING
NURTURE KC 1111 W. 39TH STREET, SUITE 100 KANSAS CITY, MO 64111	43-1897000	501(C)(3)	60,000.	0.			NURTURE KC DOULA PROJECT

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NURTURE KC 1111 W. 39TH STREET, SUITE 100 KANSAS CITY, MO 64111	43-1897000	501(C)(3)	300,000.	0.			PROMISE 1000 (YEAR 7)
OPERATION BREAKTHROUGH 3039 TROOST AVE. KANSAS CITY, MO 64109	43-0971560	501(C)(3)	15,000.	0.			IGNITION LAB OPPORTUNITY INTERNSHIP PROGRAM
OPERATION BREAKTHROUGH 3039 TROOST AVE. KANSAS CITY, MO 64109	43-0971560	501(C)(3)	85,000.	0.			2022 HEALTHY COMMUNITIES FUNDING
ORAL HEALTH KANSAS, INC. PO BOX 4567 TOPEKA, KS 66604	20-0337278	501(C)(3)	82,500.	0.			ORAL HEALTH INTEGRATION AND LITERACY
ORAL HEALTH KANSAS, INC. PO BOX 4567 TOPEKA, KS 66604	20-0337278	501(C)(3)	75,000.	0.			KANSAS ORAL HEALTH IMPROVEMENT ACT
PARENT POWER LAB INC. 2804 CHERRY STREET KANSAS CITY, MO 64108	87-4513034	501(C)(3)	60,000.	0.			PARENT ORGANIZING INSTITUTE
PCS FOR PEOPLE KANSAS CITY LLC 3210 MICHIGAN AVENUE KANSAS CITY, MO 64109	85-0602157	501(C)(3)	40,000.	0.			DIGITAL NAVIGATION SERVICES
PHARMACY OF GRACE P.O. BOX 14884 LENEXA, KS 66285	82-5372375	501(C)(3)	50,000.	0.			ACCESS TO CHRONIC DISEASE PRESCRIPTIONS FOR UNINSURED & UNDERINSURED PATIENTS IN WYANDOTTE
POETRY FOR PERSONAL POWER PO BOX 300440 KANSAS CITY, MO 64130	46-2612596	501(C)(3)	125,000.	0.			2022 MENTAL HEALTH FUNDING

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RECONCILIATION SERVICES 3101 TROOST AVE. KANSAS CITY, MO 64109	36-4580402	501(C)(3)	15,000.	0.			RECONCILIATION SERVICES (RS) CORE OPERATING SUPPORT
RECONCILIATION SERVICES 3101 TROOST AVE. KANSAS CITY, MO 64109	36-4580402	501(C)(3)	165,000.	0.			2022 MENTAL HEALTH FUNDING
RECONCILIATION SERVICES 3101 TROOST AVE. KANSAS CITY, MO 64109	36-4580402	501(C)(3)	160,000.	0.			2022 HEALTHY COMMUNITIES FUNDING
REDEMPTORIST SOCIAL SERVICES CENTER INC - 207 W LINWOOD - KANSAS CITY, MO 64111	26-0054325	501(C)(3)	20,000.	0.			EMERGENCY ASSISTANCE-FOOD
RESTART, INC. 918 E. 9TH STREET KANSAS CITY, MO 64106	43-1349378	501(C)(3)	200,000.	0.			2022 MENTAL HEALTH FUNDING
ROSE BROOKS CENTER, INC. PO BOX 320599 KANSAS CITY, MO 64132	51-0231573	501(C)(3)	135,000.	0.			SAFECARE DOMESTIC VIOLENCE HEALTH INTEGRATION
ROSE BROOKS CENTER, INC. PO BOX 320599 KANSAS CITY, MO 64132	51-0231573	501(C)(3)	150,000.	0.			2022 MENTAL HEALTH FUNDING
ROSE BROOKS CENTER, INC. PO BOX 320599 KANSAS CITY, MO 64132	51-0231573	501(C)(3)	70,000.	0.			ROSE BROOKS CENTER'S EQUITY AND INCLUSION CAPACITY BUILDING
ROSEDALE DEVELOPMENT ASSOCIATION 1403 SOUTHWEST BOULEVARD KANSAS CITY, KS 66103	48-0886413	501(C)(3)	40,000.	0.			GENERAL OPERATING

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ROSEDALE DEVELOPMENT ASSOCIATION 1403 SOUTHWEST BOULEVARD KANSAS CITY, KS 66103	48-0886413	501(C)(3)	100,000.	0.			2022 HEALTHY COMMUNITIES FUNDING
SAFEHOME PO BOX 4563 OVERLAND PARK, KS 66204	48-0917798	501(C)(3)	20,000.	0.			ENHANCING ACCESS TO SERVICES FOR VICTIMS OF CRIME
SAFEHOME PO BOX 4563 OVERLAND PARK, KS 66204	48-0917798	501(C)(3)	125,000.	0.			2022 MENTAL HEALTH FUNDING
SAINT LUKE'S FOUNDATION 901 E 104TH STREET KANSAS CITY, MO 64131	44-6014699	501(C)(3)	100,000.	0.			2022 HEALTHY COMMUNITIES FUNDING
SAMUEL U. RODGERS HEALTH CENTER 825 EUCLID AVENUE KANSAS CITY, MO 64124	43-0899356	501(C)(3)	100,000.	0.			2022 MENTAL HEALTH FUNDING
SAMUEL U. RODGERS HEALTH CENTER 825 EUCLID AVENUE KANSAS CITY, MO 64124	43-0899356	501(C)(3)	75,000.	0.			CONTINUOUS PROCESS IMPROVEMENT PLAN
SAMUEL U. RODGERS HEALTH CENTER 825 EUCLID AVENUE KANSAS CITY, MO 64124	43-0899356	501(C)(3)	240,000.	0.			SAM RODGERS CORE SUPPORT
SAVE, INC. P.O. BOX 45301 KANSAS CITY, MO 64171	43-1465268	501(C)(3)	50,000.	0.			HOUSING AND HEALTH
SAVE, INC. P.O. BOX 45301 KANSAS CITY, MO 64171	43-1465268	501(C)(3)	100,000.	0.			2022 MENTAL HEALTH FUNDING

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SCHOOL DISTRICT 2 RAYTOWN 6608 RAYTOWN ROAD KANSAS CITY, MO 64133	44-6004129	GOVERNMENTAL ENT	75,000.	0.			2022 MENTAL HEALTH FUNDING
SERVE THE WORLD CHARITIES 1414 E. 103RD STREET KANSAS CITY, MO 64131	47-2131016	501(C)(3)	50,000.	0.			STW CHARITIES GENERAL OPERATING EXPENSES
SETON CENTER FAMILY & HEALTH SERVICES - 2816 EAST 23RD STREET - KANSAS CITY, MO 64127	43-0926003	501(C)(3)	288,750.	0.			DENTAL SERVICES FOR LOW-INCOME NEIGHBORS
SHEFFIELD PLACE 6604 EAST 12TH STREET KANSAS CITY, MO 64126	43-1532267	501(C)(3)	134,000.	0.			2022 MENTAL HEALTH FUNDING
SHEPHERD'S CENTER OF KANSAS CITY CENTRAL - 9200 WARD PARKWAY SUITE 200 - KANSAS CITY, MO 64114	43-0994417	501(C)(3)	75,000.	0.			CORE OPERATING SUPPORT
SHEPHERD'S CENTER OF KANSAS CITY KANSAS INC - 757 ARMSTRONG AVENUE - KANSAS CITY, KS 66101	48-1039483	501(C)(3)	27,835.	0.			HOME CARE PROGRAM
SISTERS IN CHRIST 6317 EVANSTON AVE KANSAS CITY, MO 64133	43-1799360	501(C)(3)	75,000.	0.			SISTERS IN CHRIST CORE SUPPORT
SOUTHEAST KANSAS MENTAL HEALTH CENTER - 304 N. JEFFERSON AVENUE - IOLA, KS 66749	48-0678906	501(C)(3)	144,000.	0.			2022 MENTAL HEALTH FUNDING
SOUTHWEST BOULEVARD FAMILY HEALTH CARE, DBA FAMILY HEALTH CARE, INC. - 340 SOUTHWEST BOULEVRAD - KANSAS CITY, KS 66103	48-1067752	501(C)(3)	300,000.	0.			FAMILY HEALTH CARE SAFETY NET SERVICES

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START AT ZERO 5508 TROOST AVE. KANSAS CITY, MO 64110	47-4246490	501(C)(3)	75,000.	0.			EARLY CHILDHOOD DEVELOPMENTAL SCREENINGS
START AT ZERO 5508 TROOST AVE. KANSAS CITY, MO 64110	47-4246490	501(C)(3)	50,000.	0.			EMERGENCY CAPACITY SUPPORT
SUNFLOWER HOUSE 15440 W. 65TH STREET SHAWNEE, KS 66217	48-0918698	501(C)(3)	85,000.	0.			2022 MENTAL HEALTH FUNDING
SWOPE HEALTH SERVICES 3801 BLUE PARKWAY KANSAS CITY, MO 64130	43-0957840	501(C)(3)	506,250.	0.			SWOPE HEALTH SERVICES: CORE OPERATING SUPPORT
SWOPE HEALTH SERVICES 3801 BLUE PARKWAY KANSAS CITY, MO 64130	43-0957840	501(C)(3)	50,000.	0.			PACE KC ADULT WELLNESS CENTER HIRING IN COMPETITIVE ENVIRONMENT
SYNERGY SERVICES, INC. 400 E. 6TH STREET KANSAS CITY, MO 64152	43-0970674	501(C)(3)	172,500.	0.			HOMELESS YOUTH CAMPUS 'TEENS AND TOTS" INTEGRATED HEALTH CLINIC
SYNERGY SERVICES, INC. 400 E. 6TH STREET KANSAS CITY, MO 64152	43-0970674	501(C)(3)	85,000.	0.			2022 MENTAL HEALTH FUNDING
TEACHERS LIKE ME 4128 TRACY AVENUE KANSAS CITY, MO 64110	85-1594627	501(C)(3)	65,000.	0.			PROFESSIONAL DEVELOPMENT AND THERAPY FOR TEACHERS
THE CHILDREN'S PLACE, INC. 6401 ROCKHILL ROAD KANSAS CITY, MO 64131	51-0195216	501(C)(3)	50,000.	0.			EXPANSION OF DAY TREATMENT SERVICES

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THE CHILDREN'S PLACE, INC. 6401 ROCKHILL ROAD KANSAS CITY, MO 64131	51-0195216	501(C)(3)	165,000.	0.			2022 MENTAL HEALTH FUNDING
THE CURATORS OF THE UNIVERSITY OF MISSOURI - 601 TURNER AVENUE - COLUMBIA, MO 65211	43-6003859	EDUCATION	45,000.	0.			MOVE MORE, GET MORE
THE ELSMORE COMMUNITY RURITAN CLUB 441 3800TH ST ELSMORE, KS 66732	48-0937938	501(C)(3)	5,700.	0.			FOOD PANTRY DISTRIBUTION PROGRAM
THE FAMILY CONSERVANCY 444 MINNESOTA AVE KANSAS CITY, KS 66101	44-0454800	501(C)(3)	25,000.	0.			SUPPORT FOR COMMUNITY MENTAL HEALTH SERVICES AND ENSURING INTERNAL SYSTEM STABILITY
THE FAMILY CONSERVANCY 444 MINNESOTA AVE KANSAS CITY, KS 66101	44-0454800	501(C)(3)	150,000.	0.			2022 MENTAL HEALTH FUNDING
THE FARM SCHOOL AT GIBBS ROAD INC. 4223 GIBBS ROAD KANSAS CITY, KS 66106	83-3749203	501(C)(3)	85,000.	0.			2022 HEALTHY COMMUNITIES FUNDING
THE KANSAS CITY PUBLIC LIBRARY 14 WEST 10TH STREET KANSAS CITY, MO 64105	43-1497955	501(C)(3)	75,000.	0.			PEERS HELPING PEERS AT THE KANSAS CITY PUBLIC LIBRARY
THE TRANSITION ACADEMY 3105 GILLHAM ROAD; STE. 200 KANSAS CITY, MO 64109	84-2533606	501(C)(3)	69,770.	0.			IMPACT & EVALUATION
THE VILLAGE INITIATIVE 3004 NORTH 27TH ST KANSAS CITY, KS 66104	90-0808727	501(C)(3)	100,000.	0.			2022 MENTAL HEALTH FUNDING

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THRIVE ALLEN COUNTY 9 SOUTH JEFFERSON IOLA, KS 66749	32-0198379	501(C)(3)	146,250.	0.			THRIVE CARES (COORDINATING AND ASSISTING RELIABLE ENROLLMENT SERVICES)
THRIVE ALLEN COUNTY 9 SOUTH JEFFERSON IOLA, KS 66749	32-0198379	501(C)(3)	160,000.	0.			2022 HEALTHY COMMUNITIES FUNDING
THRIVE ALLEN COUNTY 9 SOUTH JEFFERSON IOLA, KS 66749	32-0198379	501(C)(3)	125,000.	0.			2022 MENTAL HEALTH FUNDING
THRIVE ALLEN COUNTY 9 SOUTH JEFFERSON IOLA, KS 66749	32-0198379	501(C)(3)	75,000.	0.			THRIVE ALLEN COUNTY CORE FUNDING
TOGETHER KC P.O. BOX 22749 KANSAS CITY, MO 64113	85-1464950	OTHER	75,000.	0.			KCMO HEALTH LEVY CAMPAIGN
TOGETHER KC P.O. BOX 22749 KANSAS CITY, MO 64113	85-1464950	OTHER	25,000.	0.			VOTE YES FOR AFFORDABLE HOUSING BONDS IN KANSAS CITY
TOWN FORK CREEK NEIGHBORHOOD ASSOCIATION - 2803 E 51ST STREET - KANSAS CITY, MO 64130	43-1260484	501(C)(3)	50,000.	0.			BUILD TOWN FORK CREEK
TRUE LIGHT FAMILY RESOURCE CENTER 712 E. 31ST STREET KANSAS CITY, MO 64109	02-0783393	501(C)(3)	49,574.	0.			EMERGENCY COLD WEATHER OVERNIGHT SHELTER FOR HOMELESS WOMEN
TRUMAN MEDICAL CENTER (DBA UNIVERSITY HEALTH) CHARITABLE FOUNDATION - 2310 HOLMES, STE 735 - KANSAS CITY, MO 64108	43-1194064	501(C)(3)	255,000.	0.			PRIMARY CARE CONNECTIONS AND INTEGRATION: STRENGTHENING THE PRIMARY CARE FRONT LINE FOR

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TRUMAN MEDICAL CENTER (DBA UNIVERSITY HEALTH) CHARITABLE FOUNDATION - 2310 HOLMES, STE 735 - KANSAS CITY, MO 64108	43-1194064	501(C)(3)	50,000.	0.			2022 HEALTHY COMMUNITIES FUNDING
TURN THE PAGE KC 107 W 9TH ST., SUITE 211 KANSAS CITY, MO 64111	46-0673665	501(C)(3)	50,000.	0.			TURN THE PAGE KC COMMUNITY-BASED LITERACY PROGRAMMING
TURN THE PAGE KC 107 W 9TH ST., SUITE 211 KANSAS CITY, MO 64111	46-0673665	501(C)(3)	25,000.	0.			2022 HEALTHY COMMUNITIES FUNDING
UNIFIED GOVERNMENT OF WYANDOTTE COUNTY/KANSAS CITY, KANSAS, PUBLIC HEALTH DEPART - 619 ANN AVE. - KANSAS CITY, KS 66101	48-1194075	GOVERNMENTAL ENT	25,000.	0.			COMMUNITY ENGAGEMENT AROUND RACISM AS A PUBLIC HEALTH CRISIS
UNIFIED SCHOOL DISTRICT 257 600 EAST STREET IOLA, KS 66749-3008	48-0699446	EDUCATION	25,000.	0.			IOLA HIGH SCHOOL WEIGHT ROOM
UNIFIED SCHOOL DISTRICT 258-HUMBOLDT - 801 NEW YORK STREET - HUMBOLDT, KS 66748	48-0698395	EDUCATION	40,000.	0.			USD258 HEALTHY FOUNDATIONS SCHOOL HEALTH PROGRAM
UNION SHAREWAVES FOUNDATION 6721 W 121ST STREET LEAWOOD, KS 66209	83-2598889	501(C)(3)	20,000.	0.			SHAREWAVES FOUNDATION OPERATIONAL SUPPORT
UNITED COMMUNITY SERVICES OF JOHNSON COUNTY, INC. - 9001 W. 110TH ST., STE. 100 - OVERLAND PARK, KS 66210	48-0914699	501(C)(3)	25,000.	0.			RACE EQUITY IN CITIES (REIC): LEARNING & SUSTAINABILITY SUPPORT
UNITED COMMUNITY SERVICES OF JOHNSON COUNTY, INC. - 9001 W. 110TH ST., STE. 100 - OVERLAND PARK, KS 66210	48-0914699	501(C)(3)	50,000.	0.			JOHNSON COUNTY MULTI-SECTOR HOUSING TASK FORCE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH INSTITUTE, INC. - 3901 RAINBOW BLVD MSN 1039 - KANSAS CITY, KS 66103-2937	48-1108830	501(C)(3)	90,000.	0.			2022 HEALTHY COMMUNITIES FUNDING
UNIVERSITY OF MISSOURI-KANSAS CITY FOUNDATION - 202 ADMINISTRATION CENTER - KANSAS CITY, MO 64112	26-0840496	501(C)(3)	41,975.	0.			SOJOURNER HEALTH CLINIC
UPPER ROOM, INC. 300 E. 39TH STREET KANSAS CITY, MO 64111	43-1803509	501(C)(3)	60,000.	0.			AFFORDABLE CHILDCARE FOR KC FAMILIES
URBAN NEIGHBORHOOD INITIATIVE 2300 MAIN STREET, SUITE 180 KANSAS CITY, MO 64108	45-4879810	501(C)(3)	75,000.	0.			UNI CORE OPERATING SUPPORT
URBAN NEIGHBORHOOD INITIATIVE 2300 MAIN STREET, SUITE 180 KANSAS CITY, MO 64108	45-4879810	501(C)(3)	100,000.	0.			2022 HEALTHY COMMUNITIES FUNDING
URBAN SCHOLASTIC CENTER 2900 MINNESOTA AVENUE KANSAS CITY, KS 66102	56-2484548	501(C)(3)	30,000.	0.			URBAN SCHOLASTIC CENTER PROGRAMMING
USD 256 MARMATON VALLEY 128 WEST OAK MORAN, KS 66755	48-0699131	EDUCATION	41,787.	0.			MARMATON VALLEY SCHOOL DISTRICT PLAYGROUND
UZAZI VILLAGE 4232 TROOST AVE KANSAS CITY, MO 64110	46-0589830	501(C)(3)	60,000.	0.			UZAZI VILLAGE CORE OPERATIONS COSTS
UZAZI VILLAGE 4232 TROOST AVE KANSAS CITY, MO 64110	46-0589830	501(C)(3)	100,000.	0.			2022 HEALTHY COMMUNITIES FUNDING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UZAZI VILLAGE 4232 TROOST AVE KANSAS CITY, MO 64110	46-0589830	501(C)(3)	77,500.	0.			MENTAL HEALTH EXPANSION PROJECT
VERONICAS VOICE PO BOX 172472 KANSAS CITY, KS 66117	20-3902846	501(C)(3)	50,000.	0.			2022 MENTAL HEALTH FUNDING
VETERANS COMMUNITY PROJECT 8900 TROOST AVE. KANSAS CITY, MO 64131	47-4960735	501(C)(3)	75,000.	0.			VETERANS COMMUNITY PROJECT SUPPORTIVE SERVICES
VIBRANT HEALTH DBA TURNER HOUSE CLINIC - 21 N. 12TH ST, SUITE 300 - KANSAS CITY, KS 66102	48-1151382	501(C)(3)	137,000.	0.			2022 MENTAL HEALTH FUNDING
VIBRANT HEALTH DBA TURNER HOUSE CLINIC - 21 N. 12TH ST, SUITE 300 - KANSAS CITY, KS 66102	48-1151382	501(C)(3)	351,000.	0.			INCREASED ACCESS TO PATIENT-CENTERED INTEGRATED PRIMARY HEALTH CARE SERVICES AND QUALITY
VIBRANT HEALTH DBA TURNER HOUSE CLINIC - 21 N. 12TH ST, SUITE 300 - KANSAS CITY, KS 66102	48-1151382	501(C)(3)	75,000.	0.			IMPROVING ACCESS TO PHARMACY SERVICES FOR UNDERSERVED CHILDREN AND ADULTS
WESTSIDE HOUSING ORGANIZATION INC 919 W. 24TH STREET KANSAS CITY, MO 64108	43-1122742	501(C)(3)	50,000.	0.			HOUSING STABILITY AND EQUITY
WYANDOT CENTER FOR COMMUNITY BEHAVIORAL HEALTHCARE - 757 ARMSTRONG AVENUE - KANSAS CITY, KS 66101	48-0576044	501(C)(3)	125,000.	0.			2022 MENTAL HEALTH FUNDING
YOUNG WOMEN ON THE MOVE 3148 PARALLEL PARKWAY KANSAS CITY, KS 66104	68-0622776	501(C)(3)	100,000.	0.			2022 MENTAL HEALTH FUNDING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTH AMBASSADORS INC 5809 MICHIGAN AVENUE KANSAS CITY, MO 64130	45-5220294	501(C)(3)	50,000.	0.			2022 MENTAL HEALTH FUNDING
YOUTH GUIDANCE KANSAS CITY 300 E. 39TH STREET KANSAS CITY, MO 64111	36-2167032	501(C)(3)	75,000.	0.			2022 MENTAL HEALTH FUNDING

**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 I, LINE 2:

THE FOUNDATION HAS SPECIFIC POLICIES REGARDING GRANT APPLICATIONS AND ONGOING MONITORING WHICH INCLUDES A REPORTING FROM THE GRANTEE.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: BE GREAT TOGETHER

(H) PURPOSE OF GRANT OR ASSISTANCE: CAPTURING POSITIVE NARRATIVES AROUND INSTITUTIONAL AND COMMUNITY APPROACHES TO ADDRESSING HISTORIC INEQUITIES

**Part IV** Supplemental Information

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

NAME OF ORGANIZATION OR GOVERNMENT: ELEVATE METRO KC

(H) PURPOSE OF GRANT OR ASSISTANCE: TEACHER-MENTORS TEACHING CHARACTER AND LIFE SKILLS IN SCHOOL AND MENTORING ELEVATE STUDENTS OUT OF SCHOOL

NAME OF ORGANIZATION OR GOVERNMENT:

HARRY S TRUMAN CHILDREN'S NEUROLOGICAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: RETAIN DIVERSE WORKFORCE TO PROVIDE CONSISTENT, QUALITY CARE FOR INDIVIDUALS WITH SEVERE DEVELOPMENTAL DISABILITIES

NAME OF ORGANIZATION OR GOVERNMENT: HOPE FAMILY CARE CENTER LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: CHRONIC DISEASE MANAGEMENT EXPANSION PROGRAM FOR THE UNINSURED AND UNSERVED IN KANSAS CITY

NAME OF ORGANIZATION OR GOVERNMENT:

KANSAS UNIVERSITY ENDOWMENT ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: CENTER FOR GENETIC SERVICES AND HEALTH EQUITY (CGSHE) TO ADDRESS CANCER HEALTH INEQUITIES THROUGH GENETIC COUNSELING AND TESTING

NAME OF ORGANIZATION OR GOVERNMENT: LEVEL UP KIDS INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FREE, SAFETY NET, ACCESSIBLE DENTAL CARE FOR UNDERSERVED SCHOOL-AGE CHILDREN IN KANSAS CITY, MISSOURI

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

MID-AMERICA REGIONAL COUNCIL COMMUNITY SERVICES CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: LOCAL PUBLIC HEALTH COORDINATION FOR  
KC REGIONAL OPIOID SETTLEMENT PROJECT DESIGN AND IMPLEMENTATION

NAME OF ORGANIZATION OR GOVERNMENT: PHARMACY OF GRACE

(H) PURPOSE OF GRANT OR ASSISTANCE: ACCESS TO CHRONIC DISEASE  
PRESCRIPTIONS FOR UNINSURED & UNDERINSURED PATIENTS 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 (DBA UNIVERSITY HEALTH) 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:

VIBRANT HEALTH DBA TURNER HOUSE CLINIC

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

**2022**

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 checked="" 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
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2022



**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 and/or 1099-NEC 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) QIANA THOMASON PRESIDENT/CEO	(i)	417,400.	12,750.	396.	30,500.	32,753.	493,799.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CHRISTIE ZARKOVICH CAFIO/ASST TREASURER	(i)	314,000.	50,250.	90.	17,975.	19,679.	401,994.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MCCLAIN BRYANT MACKLIN DIRECTOR OF POLICY & STRATEGIC INITI	(i)	149,998.	250.	60.	15,707.	32,341.	198,356.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ANGIE WILLIAMS DIR. OF COMM. INVEST.	(i)	143,100.	250.	305.	14,335.	32,335.	190,325.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JENNIFER SYKES DIRECTOR OF COMMUNICATIONS	(i)	133,779.	250.	450.	13,688.	32,311.	180,478.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JANE MOSLEY DIRECTOR OF LEARNING & EVALUATION	(i)	140,573.	250.	498.	14,342.	20,039.	175,702.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) GRACIELA COUCHONNAL VP STRATEGY & EVAL THRU 8/22	(i)	143,280.	0.	7,888.	15,117.	8,113.	174,398.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) BRENDA CALVIN CHIEF OF STAFF	(i)	137,114.	250.	2,538.	13,736.	1,556.	155,194.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) CHRISTENA DIVEN DIRECTOR OF ACCOUNTING	(i)	111,390.	250.	197.	11,236.	32,094.	155,167.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ANDRES DOMINGUEZ IMPACT STRATEGIST	(i)	103,022.	250.	7,417.	11,278.	32,235.	154,202.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE O  
(Form 990)**

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

HEALTH CARE FOUNDATION OF GREATER KC

Employer identification number

20-0167282

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RESOURCES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EXPERIENCE THE GREATEST INJUSTICE IN HEALTH OUTCOMES. HEALTH FORWARD'S  
SERVICE AREAS INCLUDE KANSAS CITY, MISSOURI; CASS, JACKSON AND  
LAFAYETTE COUNTIES IN MISSOURI; AND ALLEN, JOHNSON, AND WYANDOTTE  
COUNTIES IN KANSAS.

FORM 990, PART VI, SECTION A, LINE 4:

KEY ISSUES ADDRESSED IN THE 2022 HEALTH FORWARD FOUNDATION BYLAWS REVISION  
TO THE 7TH AMENDED-RESTATED VERSION WERE FOCUSED ON BOARD MEMBER VACANCIES,  
RESIGNATIONS, AND REMOVALS; STANDING AND SPECIAL COMMITTEE STRUCTURE AND  
RESPONSIBILITIES; CONFLICT OF INTEREST POLICY; GRANTS ADMINISTRATION AND  
APPROVAL AUTHORITY.

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

THE FORM 990 RETURN IS REVIEWED BY MANAGEMENT AND THE AUDIT COMMITTEE. THE  
RETURN IS PROVIDED 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.

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization HEALTH CARE FOUNDATION OF GREATER KC	Employer identification number 20-0167282
--	--

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

THE PRESIDENT/CEO'S COMPENSATION PACKAGE IS REVIEWED ANNUALLY BY THE  
 COMPENSATION SUB-COMMITTEE OF THE BOARD OF DIRECTORS. THE PRESIDENT/CEO  
 SETS THE COMPENSATION OF EXECUTIVE OFFICERS IN ALIGNMENT WITH THE  
 ORGANIZATION'S EXECUTIVE COMPENSATION PROGRAM AND PHILOSOPHY INCLUDING  
 BENCHMARKING WITH COMPARABLE 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

**2022**

**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			<b>X</b>

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

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

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

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

**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.

**1** 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?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

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

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