UMKC FOUNDATION
FORM 990- AMENDED
PUBLIC
DISCLOSURE
TAX YEAR 2019

# **Return of Organization Exempt From Income Tax**

Department of the Treasury Internal Revenue Service

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

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

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

OMB No. 1545-0047

A F	or th	e 201	9 calendar year, or tax year begin	ning 07/01, <b>201</b> 9	, and endir	ng		06/30,	<b>20</b> 20			
			C Name of organization				D Employer ide	entification r	umber			
<b>B</b> c	heck if ap		UMKC FOUNDATION									
X	Addre	ess ge	Doing Business As				26-0840	)496				
	Name	e change	Number and street (or P.O. box if mail is r	not delivered to street address)	Room/suite		E Telephone n	umber				
	Initial	l return	5115 OAK STREET, 202 A	ADMIN CENTER			(816) 235-2672					
	Termi	inated	City or town, state or province, country, a	nd ZIP or foreign postal code								
X	Amen		KANSAS CITY, MO 64112				<b>G</b> Gross receip	ts \$ 4	8,567	,128.		
		cation	F Name and address of principal officer:	JERRY REECE			H(a) Is this a grou		Yes	X No		
	_ pond.	9	5115 OAK STREET, 202 A	ADMIN CENTER, KANSAS C	CITY, MO	6	subordinates <b>H(b)</b> Are all subord		Yes	No		
$\overline{\Gamma}$	Tax-ex	empt st	atus: X 501(c)(3) 501(c) (	) <b>(</b> insert no.) 4947(a)(1)	or 52	27	If "No," attac	ch a list. (see in:	structions)			
J	Websi	ite: 🕨	WWW.UMKCFOUNDATION.ORG				H(c) Group exem	ption number	<b>•</b>			
ĸ	Form (	of organ	ization: X Corporation Trust	Association Other ►	L Year o	of formati	ion: 2007 <b>M</b>	•	•	MO		
$\overline{}$	art I		mmary									
			describe the organization's mission or	most significant activities: UMKC	FOUNDATI	ON'S	SOLE PUR	POSE IS	TO			
Φ	•		EFIT THE UNIVERSITY OF M									
anc			ROUGH FUNDS RAISED, HELD									
ern	2		this box I if the organization di									
Governance	3		er of voting members of the governing	·				<b>3</b>		14.		
	4	Numb	er of independent voting members of the	he governing body (Part VI, line 1h)				4		14.		
ies	5		number of individuals employed in cale					5		$\frac{11.}{17.}$		
Activities &	_							6		$\frac{17.}{14.}$		
Act	6	Total	number of volunteers (estimate if necess	(C) line 42				7a		0		
-			unrelated business revenue from Part VI					7a 7b		0		
_	D	ivet ur	nrelated business taxable income from F	-orm 990-1, line 34		<del></del>	Prior Year		urrent Y			
							1,546,62		38,026			
ne	8	Contri	butions and grants (Part VIII, line 1h)	COP	l <del></del>	3,030,76			5,388.			
Revenue	9		am service revenue (Part VIII, line 2g)		NSPECTION	-						
Re	10		ment income (Part VIII, column (A), line	s 3, 4, and 7d)			1,543,40			$\frac{9,393}{2004}$		
	11		revenue (Part VIII, column (A), lines 5,				6,120,78	0.		2,094		
	12		revenue - add lines 8 through 11 (must						42,263			
	13		s and similar amounts paid (Part IX, colu				1,748,17		14,678	<u>,422</u> .		
	14		its paid to or for members (Part IX, colur		0 470 40	0.	1 000	111				
ses	15		es, other compensation, employee bene			2,478,49			$\frac{9,144}{4,100}$			
Expenses	16a	Profes	ssional fundraising fees (Part IX, column	(A), line 11e)			262,85	,2.	254	4,190		
Α×	b		fundraising expenses (Part IX, column (E						2 554			
	17		expenses (Part IX, column (A), lines 11a				623,14			5,823		
	18		expenses. Add lines 13-17 (must equal				5,112,65		20,478			
	19	Rever	ue less expenses. Subtract line 18 from	line 12			1,008,12		21,784			
Net Assets or Fund Balances							ning of Current \		End of Yea			
sset	20		assets (Part X, line 16)				45,957,93		78,190			
d Ag	21	Total I	iabilities (Part X, line 26)				476,05			3,147 <sub>.</sub>		
		Net as	ssets or fund balances. Subtract line 21	from line 20	<u>.</u>		45,481,88	57.	76,352	<u>,690</u> .		
Pa	rt II	Sig	gnature Block									
Und	der per	nalties o	of perjury, I declare that I have examined this complete. Declaration of preparer (other than	s return, including accompanying sched	lules and state	ments, a	and to the best of	my knowled	dge and be	elief, it is		
Tiuc	5, 00110	T and	complete. Declaration of preparer (other than	onicer) is based on an information of wif	non preparer no	as arry Kr						
0:-							06/1	9/2022				
Sig			Signature of officer				Date					
He	re		JERRY REECE	CHAIR								
			Type or print name and title									
		Print/	Type preparer's name	Preparer's signature	Date		Check	if PTIN				
Paid		APR	IL ARNOLD CPA				self-employ	ed P015	559426			
	parer	Firm's	name > FORVIS, LLP				Firm's EIN ▶	44-0160	260			
use	Only		address ▶ 1201 WALNUT, SUITE 1700	KANSAS CITY, MO 64106-2246				816-221	-6300			
May	the I	RS dis	cuss this return with the preparer showr	n above? (see instructions)				X	Yes	No		
_			Reduction Act Notice, see the separate						Form <b>99</b> (			

UMKC FOUNDATION 26-0840496 Form 990 (2019) Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission: UMKC FOUNDATIONS SOLE PURPOSE IS TO BENEFIT THE UNIVERSITY OF MISSOURI - KANSAS CITY (UMKC) BY SUPPORTING (THROUGH FUNDS RAISED, HELD AND ADMINISTERED BY THE FOUNDATION) ACADEMIC PROGRAMS AND EDUCATIONAL OPPORTUNITIES THAT WILL (SEE SCHEDULE O) 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?..... 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 \$ 15,389,432. including grants of \$ 14,678,422. ) (Revenue \$ SEE SCHEDULE O ) (Revenue \$ **4b** (Code: including grants of \$ ) (Expenses \$ including grants of \$ ) (Revenue \$ **4c** (Code:

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

**4e** Total program service expenses ▶

(Expenses \$ including grants of \$

15,389,432.

) (Revenue \$

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Part IV Page 3

Part	V Checklist of Required Schedules			
	<u> </u>		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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? If			
	"Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	Х	
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? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		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? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			3.5
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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			v
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Λ
ī	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445	X	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	- 1	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120		Х
h	Schedule D, Parts XI and XII	12a		21
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	174		
-	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16		Х
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? If "Yes," complete Schedule G, Part I (see instructions)	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes," complete Schedule I, Parts I and II	21	X	

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UMKC FOUNDATION

Part	Checklist of Required Schedules (continued)		V	NI-
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		21
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
27	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			Х
28	persons? If "Yes," complete Schedule L, Part III	27		
20	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV		37	X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"	-		
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
0.5	or IV, and Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	-		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
Port	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Shook ii Concadio C Containo a response of note to any line in this fact v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
10.4	reportable gaming (gambling) winnings to prize winners?	1c	X	
JSA 9E1030		Form	990	(2019
	5077TJ K922 7/6/2022 12:39:55 PM V 19-8.5F 1200113-AMENDED			

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
	If "Yes," enter the name of the foreign country ▶			
	$See \ instructions \ for \ filing \ requirements \ for \ Fin CEN \ Form \ 114, \ Report \ of \ For eign \ Bank \ and \ Financial \ Accounts \ (FBAR).$			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	_		
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			v
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.		х
	required to file Form 8282?	7с		A
	If "Yes," indicate the number of Forms 8282 filed during the year	7.0		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g 7 h		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 11		
	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.	4.0		v
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

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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

Sect	ion A. Governing Body and Management			
			Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year			
ıa	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.  Enter the number of voting members included on line 1a, above, who are independent.			
D	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		Х
_	any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct	,		X
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	1_ 1	v	
	one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	l	v	
	stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		v	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			X
Cooti	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	Code	1	21
Seci	ion B. Folicies (This Section B requests information about policies not required by the internal Nevenue	Code	·/ Yes	No
		10a		X
	Did the organization have local chapters, branches, or affiliates?	Iva		25
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	120		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Х	
	rise to conflicts?	120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Х	
40	describe in Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?	17		
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	Х	
a	The organization's CEO, Executive Director, or top management official	15b	-	X
b	Other officers or key employees of the organization	. 55		
160	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
b	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?	16b		
Secti	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ MO ,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	r (Sec	tion 5	(01(c)
.0	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request Other (explain on Schedule O)	(000		,01(0)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	of inter	est p	oolicy,
•	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 record LISA BARONIO 5115 OAK STREET, 202 ADMIN CENTER KANSAS CITY, MO 64112 816-235-5778	is 🕨		

Form **990** (2019)

Form 990 (2019) UMKC FOUNDATION 26-0840496 Page **7** 

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	Pos heck ss pe	erson	e than compensated et that confirmed to the complete to the complete to the compensate of the compensa	an tee)	(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
(1)JAY MARSH WILSON	40.00									
ASSISTANT VICE PRESIDENT	1.00				X			180,746.	0.	22,628.
(2) JEFFREY C. CHAPMAN	40.00									
ASSISTANT VICE PRESIDENT	0.					X		147,769.	0.	18,011.
(3) JENNIFER M. INGRAHAM	40.00									
ASSISTANT VICE PRESIDENT	0.					X		147,169.	0.	17,003.
(4)LISA B. BARONIO	40.00									
PRESIDENT	1.00			Х				140,584.	0.	17,555.
(5)HILARY PEKNIK	40.00									
DIRECTOR OF MAJOR GIFTS	0.					X		102,005.	0.	13,842.
(6) THOMAS M. BLOCH	2.00									
PAST CHAIR	0.	X		Х				0.	0.	0.
(7) KENT W. SUNDERLAND	3.00									
CHAIR	0.	X		Х				0.	0.	0.
(8) ROBERT D. REGNIER	2.00									
SECRETARY	0.	X		Х				0.	0.	0.
(9) KEVIN E. BRYANT	2.00							_	_	_
TREASURER	0.	X		Х				0.	0.	0.
(10) TERRENCE P. DUNN	1.00							_	_	_
EMERITUS DIRECTOR	0.	X						0.	0.	0.
(11) WARREN K. ERDMAN	1.00									
DIRECTOR	0.	X						0.	0.	0.
(12) GARY D. FORSEE	1.00									
EMERITUS DIRECTOR	0.	X						0.	0.	0.
(13) JAMES A. POLSINELLI	1.00									
DIRECTOR	0.	X						0.	0.	0.
(14) RYAN D. RAPP	1.00	,							0.	0.
DIRECTOR	1 0.	Х						0.	0.	<u> </u>

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Part VII Section A. Officers, Directors,	, Trustees, Ke	y En	nplo	ye	es,	and F	ligl	hest Compensat	ed Employees (c	ontinued)	
(A)	(B)			(0	C)			(D)	(E)	(F)	
Name and title	Average	(do l	not c		sition	e than o	no	Reportable	Reportable	Estimated	
	hours per week (list any	,				is both		compensation from	compensation from related	amount of other	
	hours for	office	T _			tor/trust		the	organizations	compensation	n
	related organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensate employee	Forme	organization	(W-2/1099-MISC)	from the organization	
	below dotted	idua	ution	e,	mpl	est c	er,	(W-2/1099-MISC)		and related	
	line)	or trus	nal tı		oyee	omp				organizations	;
		stee	uste			ens					
			ď			ated					
15) JERRY D. REECE	2.00										
VICE CHAIR	0.	Х		Х				0	0.		0
16) NELSON R. SABATES, M.D.	1.00										
DIRECTOR	1.00	Х						0	0.		0
17) MARNY D. SHERMAN	1.00										
DIRECTOR	0.	X						0	0.		0
18) L. JOSHUA SOSLAND	1.00										
DIRECTOR	0.	Х						0	0.		0
19) FRANK J. WEWERS	1.00										
DIRECTOR	0.	X						0	0.		0
20) C. MAULI AGRAWAL, PH.D.	2.00										
CHANCELLOR	0.	X		Х				0	0.		C
21) ALAN L. ATTERBURY	1.00								_		_
EMERITUS DIRECTOR	0.	X						0	0.		C
22) G. KENNETH BAUM	1.00										,
EMERITUS DIRECTOR	0.	X						0	0.		C
23) THOMAS D. HYDE	1.00										,
EMERITUS DIRECTOR	0.	X						0	0.		C
24) NATALIE NIKKI KRAWITZ	1.00										,
EMERITA DIRECTOR	0.	X						0	0.		C
25) LEO E. MORTON	1.00	-									_
EMERITUS DIRECTOR	0.	X						718,273.	0.	89,0	20
1b Sub-total							<b>&gt;</b>	718,273.	0.	89,0.	39. 0.
c Total from continuation sheets to Part V	•							718,273.	0.	89,0	
d Total (add lines 1b and 1c)							<u> </u>			69,0.	39.
2 Total number of individuals (including but reportable compensation from the organiz				u a	DOV	e) who	те	ceived more than	\$ 100,000 01		
	ation p									Yes	No
3 Did the organization list any former	officer directe	or or	· tri	ıcto		kov o	mn	lovos or highes	t componented	103	140
<b>3</b> Did the organization list any <b>former</b> employee on line 1a? <i>If "Yes," complete Sc</i>										3	Х
4 For any individual listed on line 1a, is to organization and related organizations											
individual										4 X	
5 Did any person listed on line 1a receive											
for services rendered to the organization?										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
ATTACHMENT 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 1

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and I	ligl	hest Compensat	ed Employe	es (c	ontinued)	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	erson	e than of is both Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation related organizatio (W-2/1099-M	from ns	(F) Estimate amount other compensa from the organizati and relate organization	of tion e ion ed
26) JOHN J. SHERMAN	1.00					ed						
EMERITUS DIRECTOR	0.	X						0.		0.		0
27) ELIZABETH T. SOLBERG	1.00											
EMERITA DIRECTOR	0.	X						0.		0.		0
28) CHARLES S. SOSLAND	1.00											
EMERITUS DIRECTOR	0.	X						0.		0.		0
29) R. WAYNE THOMPSON, D.D.S.	1.00											
EMERITUS DIRECTOR	0.	X						0		0.		0
30) DARCY A. HOWE	2.00	21						0.		0.		
TREASURER	0.	X		Х				0.		0.		C
31) JAMES D. RINE	1.00	Λ		Λ				0.	•	0.		
DIRECTOR	1.00	x						0.		0.		C
DIRECTOR	0.	Λ						0.	•	0.		
	+											
	· <del></del>	-										
	·											
	.L											
1b Sub-total							$\blacktriangleright$	0.		0.		0.
c Total from continuation sheets to Part VII, S	Section A						$\blacktriangleright$					
d Total (add lines 1b and 1c)							<b>&gt;</b>					
2 Total number of individuals (including but not	limited to t	hose	liste	d al	bov	e) who	o re	ceived more than	\$100,000 of			
reportable compensation from the organization	n 🕨	į	5									
											Yes	No
3 Did the organization list any former office	cer, directo	r, or	tru	ıste	e.	kev e	emp	olovee, or highes	t compensat	ed		
employee on line 1a? If "Yes," complete Sched											3	X
4 For any individual listed on line 1a, is the	eum of rer	ortah	م ماد	nm	nar	eation	n 21	nd other company	sation from t	ho		
organization and related organizations gr	eater than	\$15	50.0	00?	) If	"Yes	S."	complete Schedu	le J for su	ıch		
individual											4 X	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? <i>If "</i> Y											5 X	
Section B. Independent Contractors	, <b> </b>						,			-		
Complete this table for your five highest concompensation from the organization. Report year.												
(A)								(B)			(C)	
Name and business ad	dress							Description of se	ervices	С	Compensation	
												-

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

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# Part VIII Statement of Revenue

Part		Check if Schedule O contains a respon	se or note to any	y line in this Part V	/III		
				(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts	1a	Federated campaigns 1a					
and Other Similar Amounts	b	Membership dues 1b					
A, W	С	Fundraising events 1c					
<u>a</u>	d	Related organizations 1d					
ξĒ	е	Government grants (contributions) 1e					
က	f	All other contributions, gifts, grants,					
the second		and similar amounts not included above • 1f	38,026,616.				
ō	g	Noncash contributions included in	• 007 350				
a S	h	lines 1a-1f		38,026,616.			
	- ''	Total. Add lilles 1a-11	Business Code	30,020,010.			
ų	0 -	UMKC CONTRACT REVENUE	561499	565,246.	565,246.		
	2a	UMKC SUPPORT	561499	1,517,725.	1,517,725.		
2 Z	b	MANAGEMENT FEE ON ENDOWED GIFTS	561499	532,417.	532,417.		
Revenue	4						
200	u						
<b>:</b>	f	All other program service revenue					
	g	Total. Add lines 2a-2f	▶	2,615,388.			
	3	Investment income (including dividends,					
		other similar amounts)	▶	1,006,692.			1,006,692
	4	Income from investment of tax-exempt bond	proceeds . ►	0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 6,786,338.					
venue	b	Less: cost or other basis					
ē		and sales expenses <b>7b</b> 6,303,637.					
&	c d	Gain or (loss)		482,701.			482,701
Other Re		Net gain or (loss)		102,7011			102,702
ਰੋ∣	ва	Gross income from fundraising					
		events (not including \$ of contributions reported on line					
		1c). See Part IV, line 18	0.				
	b	Less: direct expenses 8b	0.				
	c	Net income or (loss) from fundraising events.		0.			
	9a	Gross income from gaming activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses 9b	0.				
		Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	0.				
	b	Less: cost of goods sold 10b	0.				
_	С	Net income or (loss) from sales of inventory.		0.			
2			Business Code				
Revenue	11a	OTHER INCOME	900099	132,094.			132,094
ē	b						
(§	С						
<u> </u> _	d	All other revenue					
	<u>e</u>			132,094.			
2 ^	12	Total revenue. See instructions	▶	42,263,491.	2,615,388.		1,621,487

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# 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 Sche	dule O contains a respo	nse or note to any line	in this Part IX		
Do not include amounts rep 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance	to domestic organizations				
and domestic governments. S	See Part IV, line 21	14,581,079.	14,581,079.		
2 Grants and other ass individuals. See Part IV, lir		97,343.	97,343.		
3 Grants and other as	ssistance to foreign				
organizations, foreign gov	vernments, and foreign				
individuals. See Part IV, Iir	nes 15 and 16	0.			
4 Benefits paid to or for me	mbers	0.			
5 Compensation of curre	· · · · · · · · · · · · · · · · · · ·	369,248.	121,852.	121,852.	125,544.
trustees, and key employe		307/2101	121,032.	12170321	123,311.
6 Compensation not included persons (as defined under	section 4958(f)(1)) and	0.			
persons described in section		1,330,606.	439,100.	439,100.	452,406.
7 Other salaries and wages		1,330,000.	437,100.	437,100.	432,400.
8 Pension plan accruals and	,	54,158.	17,872.	17,872.	18,414.
section 401(k) and 403(b)		145,970.	48,170.	48,170.	49,630.
9 Other employee benefits		89,162.	29,423.	29,423.	30,316.
10 Payroll taxes		05,102.	27,123.	25,125.	30,310.
11 Fees for services (nonemp	• •	0.			
a Management		112,492.		112,492.	
<ul><li>b Legal</li><li>c Accounting</li></ul>		66,493.		66,493.	
d Lobbying		0.		,	
e Professional fundraising serv		254,190.			254,190.
f Investment management		135,002.		135,002.	
g Other. (If line 11g amount ex					
(A) amount, list line 11g expenses		13,040.		4,564.	8,476.
12 Advertising and promotio	•	48,601.	16,038.	16,038.	16,525.
13 Office expenses		112,541.	37,140.	38,264.	37,138.
14 Information technology		0.			
15 Royalties		0.			
16 Occupancy		0.			
17 Travel		32,397.		16,199.	16,198.
18 Payments of travel or en					
for any federal, state, or	local public officials	0.			
19 Conferences, conventions	s, and meetings	13,920.		13,920.	
20 Interest		0.			
21 Payments to affiliates		0.			
22 Depreciation, depletion, a		7.520		3,760.	2 760
23 Insurance		7,520.		3,760.	3,760.
24 Other expenses. Itemize					
above (List miscellaneous e					
line 24e amount exceeds (A) amount, list line 24e ex					
BAD DEBT EXPENSE		2,919,428.		2,919,428.	
hGKCCF CONTRACT F		74,880.		74,880.	
cPUBLICATIONS		9,227.		, 1,000.	9,227.
dORGANIZATIONAL M	MEMBERSHIPS	5,969.		5,969.	2,221.
		5,313.	1,415.	2,441.	1,456.
e All other expenses	Add lines 1 through 24e	20,478,579.	15,389,432.	4,065,867.	1,023,280.
26 Joint costs. Complete organization reported in from a combined education	this line only if the column (B) joint costs ational campaign and				_, 020, 200.
fundraising solicitation. Cl following SOP 98-2 (ASC	·	0.			

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# Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,038,473.	1	3,416,125.
	2	Savings and temporary cash investments	0.	2	224,312.
	3	Pledges and grants receivable, net	94,222.	3	26,660,641.
	4	Accounts receivable, net	524,597.	4	1,348,150.
	5	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	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
ß	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
Ą	9	Prepaid expenses and deferred charges	18,511.	9	22,400.
	_	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation	0.	10c	0.
	11	Investments - publicly traded securities	33,382,141.	11	35,146,975.
	12	Investments - other securities. See Part IV, line 11	10,889,393.	12	11,361,634.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	10,600.	15	10,600.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	45,957,937.	16	78,190,837.
	17	Accounts payable and accrued expenses	476,050.	17	1,251,863.
	18	Grants payable	0.	18	318,684.
	19	Deferred revenue.	0.	19	0.
	20	Tax-exempt bond liabilities.	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons	0.	22	0.
=	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	267,600.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	476,050.	26	1,838,147.
ces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions	1,051,032.	27	-1,396,016.
ä	28	Net assets with donor restrictions	44,430,855.	28	77,748,706.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
\ss	31	Retained earnings, endowment, accumulated income, or other funds.		31	
et /	32	Total net assets or fund balances	45,481,887.	32	76,352,690.
ž	33	Total liabilities and net assets/fund balances	45,957,937.	33	78,190,837.
_			<u> </u>		Form <b>990</b> (2019)

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	,					
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		42,2		
2	Total expenses (must equal Part IX, column (A), line 25)	2		20,4		
3	Revenue less expenses. Subtract line 2 from line 1	3		21,7		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		45,4		
5	Net unrealized gains (losses) on investments	5		-1,5	20,6	65.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8		10,5		
9	Other changes in net assets or fund balances (explain on Schedule O)	9			17,8	321.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		76,3	52,6	90.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	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?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	ınt?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the			
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo	the			
	required audit or audits, explain why on Schedule Q and describe any steps taken to undergo such a	ıdite		3b		

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

Department of the Treasury

Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization UMKC FOUNDATION

Employer identification number 26-0840496

Pa	rt I	Reason for Public Cha	rity Status (All o	rganizations must o	omplet	e this pa	art.) See instructions	
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative	hospital service o	rganization described	n <b>sectio</b>	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5	X	An organization operated	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or gover	rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).	
7		An organization that norma						om the general public
		described in section 170(b)	=	· ·				
8		A community trust describe			Part II.)			
9		An agricultural research org	-		-		I in conjunction with a	land-grant college
		or university or a non-land-	=			-		
		university:	gram ramaga ar ag	,	,		,,,	
10		An organization that norma	Ilv receives: (1) m	ore than 331/3 % of its	support	from co	ntributions membersh	nin fees, and gross
. •		receipts from activities rela	ted to its exempt f	unctions - subject to	certain e	exception	is, and (2) no more tha	n 331/3% of its
		support from gross investmacquired by the organization	nent income and u	nrelated business tax	able inco	ome (less	s section 511 tax) from	businesses
11		An organization organized	•		. , , , ,		,	
12		An organization organized	•	•	-			earry out the nurneses
12		of one or more publicly su		•	-			
		Check the box in lines 12a t						
_	Г		=				•	_
а	L	Type I. A supporting orga	•		-			
		the supported organization				ajority of	the directors of truste	es or the
	Г	supporting organization.	-					(-)   b   b   b
b	L	<b>Type II.</b> A supporting org	•				· · ·	
		control or management of		<del>-</del>	the sam	e persor	is that control or man	age the supported
		organization(s). You must	=					
С	L	Type III functionally integ						ly integrated with,
_		its supported organization		· ·				
d	L	Type III non-functionally			-			
		that is not functionally inte	-		-		•	d an attentiveness
	Г	requirement (see instruct	•	-				
е	L	Check this box if the orga						I, Type III
	_	functionally integrated, or						
t		nter the number of supported						
g		ovide the following information			<i>6-2</i>		6.3. A	(14) A
	(1)	name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tot	al							

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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 II Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

tion A. Public Support						
ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,035,925.	7,016,939.	9,365,471.	1,772,220.	38,026,616.	66,217,171.
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
The value of services or facilities furnished by a governmental unit to the organization without charge						0.
Total. Add lines 1 through 3	10,035,925.	7,016,939.	9,365,471.	1,772,220.	38,026,616.	66,217,171.
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						20 507 100
						38,597,109.
						27,620,062.
• •	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
, , , , , ,						66,217,171.
Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	805,914.	167,518.	833,734.	950,523.	1,006,692.	3,764,381.
Net income from unrelated business activities, whether or not the business is regularly carried on						0.
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					132,094.	132,094.
Total support. Add lines 7 through 10						70,113,646.
Gross receipts from related activities, etc. (s	ee instructions) .				12	16,576,438.
organization, check this box and stop here	<u> </u>		d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
•						20.20
		•				39.39%
	•	·				52.85 <b>%</b>
	•		•			
				•		
-	•		-			
	-					
<del>-</del>					-	•
_			=	· ·		
=						
	•	•				
						-
				_	-	
- · · ·						<u>-</u>
S						▶ □
	membership fees received. (Do not include any "unusual grants.")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3.  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).  Public support. Subtract line 5 from line 4 tion B. Total Support  Amounts from line 4.  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. Add lines 7 through 10.  Gross receipts from related activities, etc. (s First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Suppertion C. Computation of Public Suppertion C. The organization of the organization of the organization, check this box and stop here. The organization of this box and stop here. The organization of this box and stop here. The organization of the organization.  10%-facts-and-circumstances test - 2 10% or more, and if the organization of the organization.  10%-facts-and-circumstances test - 2 15 is 10% or more, and if the organization.  Private foundation. If the organization.  Private foundation. If the organization.	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	Gifts, grants, contributions, and membership fees received. (Do not include any funusual grants.").  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge.  The portion of total contributions by each person (other than a governmental unit or publicy supported organization) included on line 11, column (f).  Public support. Subtract line 5 from line 4  tton B. Total Support  Mary year (or fiscal year beginning in) Path (a) 2015 (b) 2016 (c) 2017  Amounts from line 4.  Cross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Net income from unrelated business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  Total support Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions).  First five years. If the Form 990 is for the organization's first, second, third, fourth, organization, check this box and stop here. The organization qualifies as a publicly supported organization, 139/13 support test - 2019. If the organization did not check a box on line 13, ar box and stop here. The organization qualifies as a publicly supported organization.  331/3% support test - 2018. If the organization did not check a box on line 13, ar box and stop here. The organization meets the "facts-and-circumstances" test, che art VI how the organization meets the "facts-and-circumstances" test, che art VI how the organization meets the "facts-and-circumstances" test, che part VI how the organization meets the "facts-and-circumstances" test. Supported organization.  10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, 17a	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants."). 10,035,925. 7,016,939. 9,365,471. 1,772,220. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . 10,035,925. 7,016,939. 9,365,471. 1,772,220. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . 10,035,925. 7,016,939. 9,365,471. 1,772,220. Take view of services or facilities from rised by a governmental unit to the organization without charge. Total. Add lines 1 through 3. 10,035,925. 7,016,939. 9,365,471. 1,772,220. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 11 that exceeds 2% of the amount shown on line 11, column (f). Public support. Subtract line 6 from line 4 tion B. Total Support  Independent of triscal year beginning in)   Amounts from line 4. (a) 2015 (b) 2016 (c) 2017 (d) 2018 (c) 2017 (d) 2018 (d) 2018 (d) 2018 (e) 2019 (d) 2018 (e) 2019 (e) 2	indar year (or fiscal year beginning in)    (a) 2015   (b) 2016   (c) 2017   (d) 2018   (e) 2019  Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')    Tax revenues levied for the organization's benefit and either paid to or expended on its behalf    The value of services or facilities furnished by a governmental unit to the organization without charge    Total. Add lines 1 through 3    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)    The value of services or facilities furnished by a governmental unit or publicly supported organization without charge    Total. Add lines 1 through 3    Total Add lines 1 through 3    Total Note of the amount shown on line 11, column (f)    Total Support not received no securities loans, remains received on securities loans, remts, royalties, and income from similar sources    Net income from unrelated business activities, whether or not the business is regularly carried on    Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)    Total support. Add lines 7 through 10    Total support Add lines 7 through 10    Total support Add lines 7 through 10    Total support. Add lines 7 through 10    Total support. Add lines 7 through 10    Total support have a sale of capital assets (Explain in Part VI)    Total support. Add lines 7 through 10    Total support percentage for 2019 (line 6, column (f) divided by line 11, column (f))    14

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#### 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.)

					· '		
	tion A. Public Support		I	I	1		
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
5	or expended on its behalf						
5	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
ıa	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year_						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
9 10 a	Amounts from line 6						
	rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
42	(Explain in Part VI.)		+				
13	Total support. (Add lines 9, 10c, 11,						
14	and 12.)	or the organiza	tion's first soos	and third fourth	or fifth toy	year as a continu	501(a)(3)
14	organization, check this box and <b>stop here</b> .	•	·		•		` ^ ` _
Sac	tion C. Computation of Public Supp						
15	Public support percentage for 2019 (line 8,		•	ımn (f))		15	%
16	Public support percentage from 2018 Sched					16	<del>/</del> 0
	tion D. Computation of Investment					1 .0 1	70
17	Investment income percentage for 2019 (lin			13, column (f))		17	%
18	Investment income percentage from 2018 S						%
	331/3% support tests - 2019. If the org					•	
	17 is not more than 331/3%, check this	-					
b	331/3% support tests - 2018. If the orga		-				
	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization d	id not check a	a box on line 1	4, 19a, or 19b,	check this box	and see instruc	ctions <b>&gt;</b>

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UMKC FOUNDATION

#### Part IV **Supporting Organizations**

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

# S

Section	on A. All Supporting Organizations	<u> ,                                </u>		
	11 5 5		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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)? If "Yes," explain in <b>Part VI</b> 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.	4c		
5a		5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9с		
10 a	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			

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10a

determine whether the organization had excess business holdings.)

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer 10b below.

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Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.			
Sooti	on E. Type III Functionally Integrated Supporting Organizations	3		
<u> 1</u>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	44	'onol	
	The organization satisfied the Activities Test. Complete <b>line 2</b> below.	ucu	ons).	
a b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	inetru	ctions)	
·	The digamization supported a governmental entity. Describe in all whow you supported a government entity (see	monuc	Yes	
2	Activities Test. Answer (a) and (b) below.		. 00	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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.	2a		
-				
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's position that its supported organization(s) would have engaged in these	2b		
2				
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part VI). <b>See</b>
instructions. All other Type III non-functionally integrated supporting organization			
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	y integra	ated Type III supporting	g organization (see
instructions).	=	• • •	•

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

Secti	Section D - Distributions					
1	Amounts paid to supported organizations to accomplish ex					
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed			
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	<b>Total annual distributions.</b> Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which	the organization is resp	onsive			
	(provide details in Part VI). See instructions.					
9	Distributable amount for 2019 from Section C, line 6					
10	Line 8 amount divided by line 9 amount					
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
1	Distributable amount for 2019 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2019					
	(reasonable cause required - explain in Part VI). See					
	instructions.					
3	Excess distributions carryover, if any, to 2019					
а	From 2014					
b	From 2015					
С	From 2016					
d	From 2017					
е	From 2018					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2019 distributable amount					
i	Carryover from 2014 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2019 from					
	Section D, line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2019 distributable amount					
С	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2019, if					
	any. Subtract lines 3g and 4a from line 2. For result					
	greater than zero, explain in <b>Part VI.</b> See instructions.					
6	Remaining underdistributions for 2019. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2020. Add lines 3j					
•	and 4c.					
8	Breakdown of line 7:					
a	Excess from 2015					
b	Excess from 2016					
С	Excess from 2017					
d	Excess from 2018					
е	Excess from 2019					

Schedule A (Form 990 or 990-EZ) 2019

Part V

Schedule A (Form 990 or 990-EZ) 2019 Page 8

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

# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

### Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

**Employer identification number** 

UMKC FOUNDATION 26-0840496 Organization type (check one): Filers of: Section: X 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** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization UMKC FOUNDATION

Employer identification number 26-0840496

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_		\$15,000,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2		\$14,939,695.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3		\$2,453,893.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4		\$1,350,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5_		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization UMKC FOUNDATION

Employer identification number 26-0840496

art II	<b>Noncash Property</b>	(see instructions	). Use duplicate c	opies of Part II if ad	ditional space is needed.
--------	-------------------------	-------------------	--------------------	------------------------	---------------------------

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

Name of organization UMKC FOUNDATION **Employer identification number** 26-0840496 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 information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

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 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

UMF	KC FOUNDATION	26-0840496
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fu	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	
	conferring impermissible private benefit?	
Pa	art II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education)  Preservation of land for public use (for example, recreation or education)	of a historically important land area
	Protection of natural habitat Preservation	of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termi	nated by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspecti	-
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	conservation easements during the year
	<b>&gt;</b>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	onservation easements during the year
_	<b>\$</b>	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
_	and section 170(h)(4)(B)(ii)?	Yes □ No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and balance sheet, and include, if applicable, the text of the footnote to the organization's financi	
	organization's accounting for conservation easements.	ar statements that describes the
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets
1 6	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	Ommar Addets.
 1а	· •	a statement and balance sheet works
ıa	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education,	or research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes the	nese items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue st	tatement and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or reservoide the following amounts relating to these items:	earch in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1	<b>&gt;</b> ¢
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar a	
_	following amounts required to be reported under FASB ASC 958 relating to these items:	30000 for illianolal galli, provide the
а	Revenue included on Form 990, Part VIII, line 1	<b>&gt;</b> ¢
b	Assets included in Form 990, Part X.	<b>⊳</b> \$

Schedule D (Form 990) 2019 Page 2

Pa	rt    Organizations Maintaini	ng Collections of	Art, Historical Tre	easures, or Of	ther Similar Assets	(continu	ed)	
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):							
а	X Public exhibition		d Loan	or exchange pro	ogram			
b	Scholarly research		e Other					
С	Preservation for future gene	rations						
4	Provide a description of the organ	nization's collections	and explain how	they further the	e organization's exem	pt purpo	se in	Part
	XIII.							
5	During the year, did the organization							_
	assets to be sold to raise funds rath		ained as part of the	organization's c	collection?	Yes	X	No
Pa	rt IV Escrow and Custodial A							
	Complete if the organiza	ition answered "Ye	s" on Form 990, F	Part IV, line 9,	or reported an amo	unt on F	orm	
	990, Part X, line 21.							
1a	Is the organization an agent, truste							7
	included on Form 990, Part X?					Yes		No
b	If "Yes," explain the arrangement in	n Part XIII and comp	lete the following tal	ole:				
					Amou	nt		
C	Beginning balance							
d	Additions during the year							
e	Distributions during the year							
f	Ending balance				- Palasassas Palars			T
	Did the organization include an am				-	Yes	_	No
	If "Yes," explain the arrangement in	n Part XIII. Check ne	ere if the explanation	nas been provi	ided on Part XIII			
Pa	rt V Endowment Funds. Complete if the organiza	ution answered "Ve	s" on Form 000 I	Part IV/ line 10	1			
	Complete ii the organiza	(a) Current year	(b) Prior year	(c) Two years ba		(e) Fou	r voore	hack
_		44,430,855.	43,438,208.	41,704,0	, , ,			424.
1a	Beginning of year balance	3,833,730.	1,328,240.	1,658,2				384.
b	Contributions	3,033,730.	1,320,210.	1,050,2	55. 652,476	. 3,	007,	
С	Net investment earnings, gains,	-371,910.	2,059,761.	3,111,3	31. 3,642,232		422	,395.
	and losses	1,752,950.	1,748,171.	1,748,1				,212.
	Grants or scholarships	177327330.	1771071711	17,1071	1/332/130	/		
е	Other expenditures for facilities	8,792.	255,523.	-876,5	43. 253,364	_	251	,424.
	and programs	521,301.	391,660.	2,163,8				,025.
Ţ	Administrative expenses	45,609,632.	44,430,855.	43,438,20				600.
g	End of year balance				L	,		
2 a	Provide the estimated percentage Board designated or quasi-endown		end balance (line 19. %	column (a)) nei	id as:			
	Permanent endowment ► 89.8							
c	Term endowment ▶ 10.2000	<u></u> ,0						
	The percentages on lines 2a, 2b, a		00%.					
3a	Are there endowment funds not in	·		are held and a	dministered for the			
	organization by:	•	· ·				Yes	No
	(i) Unrelated organizations					3a(i)		X
	(ii) Related organizations					3a(ii)		X
b	If "Yes" on line 3a(ii), are the relate	ed organizations liste	d as required on Sch	edule R?		. 3b		
4	Describe in Part XIII the intended u	ises of the organizat	tion's endowment fu	nds.				
Pa	rt VI Land, Buildings, and Equ	uipment.		Dowt IV / Line 4	1. C. Town 000 F	) - " V   !:	10	
	Complete if the organization of property	(a) Cost or			a. See Form 990, F	ではる。III (d) Book v		<u>.                                      </u>
	Decemption of property	(invest	ment) (c	other)	depreciation	( <b>u</b> ) DOOK V	aiue	
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment							
	Other							
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Forn	n 990. Part X. colum	n (B), line 10c.)	<b>▶</b>			

Page 3 Schedule D (Form 990) 2019

Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990,	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year marke	on:
(1) Financi	al derivatives			
	held equity interests			
(3) Other_				
(A) OTH	ER SECURITIES	11,361,634.	FMV	
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)	11,361,634.		
Part VIII			Deat IV 15 - 44 - 0 - 5 - 5 - 5 - 600	Don't V. Um - 40
	Complete if the organization answered			•
	(a) Description of investment	(b) Book value	(c) Method of valuati Cost or end-of-year marke	
(4)				
(1)				
(2)				
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
	n (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) De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) l	ine 15.)	<u></u> ▶	
Part X	Other Liabilities. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11e or 11f. See Forr	m 990, Part X,
	line 25.			
1.		tion of liability		(b) Book value
	ral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	//\			
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			-tt- (!
<ul> <li>Liability for</li> </ul>	ar uncertain tax positions. In Part XIII brovide the	THAT OF THE TOUTHOUGH TO 1	ine organization's tinancial statements th	LADOUG TOO

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 JSA 9E1270 1.000 5077TJ K922 7/6/2022 12:39:55 PM V 19-8.5F

Schedule D (Form 990) 2019 Page 4

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	41,358,079.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants	1	
d	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	-770,410.
_	Subtract line 2e from line 1	3	42,128,489.
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		<u> </u>
4	Investment expenses not included on Form 990, Part VIII, line 7b 4a 135,002.		
a b	Other (Describe in Part XIII.)	1	
	Add lines 4a and 4b	4c	135,002.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	42,263,491.
Part		_	
1	Total expenses and losses per audited financial statements	1	21,339,507.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities		
	Prior year adjustments		
	Other losses		
C d	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	995,930.
_	Subtract line 2e from line 1	3	20,343,577.
3 4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		<u> </u>
	Investment expenses not included on Form 990, Part VIII, line 7b 4a 135,002.		
	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	135,002.
С 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	20,478,579.
	XIII Supplemental Information.		
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5	nation	

UMKC FOUNDATION 26-0840496 Schedule D (Form 990) 2019 Page 5

### Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

THE UMKC FOUNDATION IS A SEPARATE, BUT AFFILIATED, ENTERPRISE DEVOTED TO RAISING FUNDS FOR THE BENEFIT OF THE UNIVERSITY OF MISSOURI- KANSAS CITY, WHILE EXERCISING FIDUCIARY RESPONSIBILITY OVER PHILANTHROPIC INVESTMENTS MADE TO THE UNIVERSITY. THE UMKC FOUNDATION'S ENDOWMENT POOL IS ESSENTIAL TO SUSTAINING ACADEMIC EXCELLENCE, AS IT PROVIDES A STEADY SOURCE OF INCOME TO SUPPORT STUDENT SCHOLARSHIPS, PROFESSORSHIPS, PROGRAM SUPPORT, RESEARCH, AND OTHER LEARNING OPPORTUNITIES AT THE UNIVERSITY OF MISSOURI-KANSAS CITY, EVEN IN THE MIDST OF BUDGET FLUCTUATIONS AND THE ECONOMY AS A WHOLE. THE ENDOWMENT POOL CONTAINS VARIOUS GIFTS, BEQUESTS, AND OTHER FUNDS TO BE HELD IN PERPETUITY, AND ALLOW THE UNIVERSITY TO UTILIZE THE INCOME IN CONFORMANCE WITH DONOR STIPULATIONS.

SCHEDULE D, PART X, LINE 2

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

SCHEDULE D, PART XI, LINE 2D

REVENUE FROM UMKC RESEARCH FOUNDATION 58,821

CHANGE IN LIFE INSURANCE 2,296

\_\_\_\_\_

60,913

Schedule D (Form 990) 2019 UMKC FOUNDATION 26-0840496 Page 5

# Part XIII Supplemental Information (continued)

SCHEDULE D, PART XII, LINE 2D

EXPENSES FROM UMKC RESEARCH FOUNDATION

\$ 306,588

### **SCHEDULE F** (Form 990)

# **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 for instructions and the latest information.

OMB No. 1545-0047 **Open to Public** Inspection

26-0840496

Department of the Treasury Internal Revenue Service Name of the organization

UMKC FOUNDATION

Employer identification number

Par	General Information of Form 990, Part IV, line 14		Outside the	United States. Comple	ete if the organization a	inswered "Yes" on			
	or grantmakers. Does the organization maintain records to substantiate the amount of its grants and the assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to								
	award the grants or assistance?	award the grants or assistance? Yes No							
	For grantmakers. Describe in outside the United States.	_	·		-	d other assistance			
3	Activities per Region. (The follow		3 table can be (c) Number of			T			
	(a) Region	(b) Number of offices in the region	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	expenditures for and investments in the region			
(1)	CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		8,546,445.			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
(17)									
	Subtotal Continuation					8,546,445.			
b	Total from continuation sheets to Part I								
С						8,546,445.			

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

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.								
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	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
by t	er total number of recipient orga he IRS, or for which the grantee	or counsel has provi	ded a section 501(c)(3) e	quivalency lette	er		<b>&gt;</b>		
3 Ente	er total number of other organiz	ations or entities					🕨		

Schedule F (Form 990) 2019

# 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 Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Region (c) Number of (d) Amount of (e) Manner of (h) Method of (f) Amount of (g) Description valuation (book, FMV, recipients cash grant cash noncash of noncash disbursement assistance assistance appraisal, other) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)(11) (12)(13)(14)(15)(16)(17) (18)

Schedule F (Form 990) 2019

Part IV Foreign Forms Page 4

Part	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)	X 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	X 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)	X 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)	X 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	X 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	X No

Schedule F (Form 990) 2019

Page 5 Schedule F (Form 990) 2019

# 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).

Schedule F (Form 990) 2019

### **SCHEDULE G** (Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number UMKC FOUNDATION

Inspection

UMKC	FOUNDATION					26-0840496	
Part	Fundraising Activities. Comp Form 990-EZ filers are not red				Yes" on Form 99	00, Part IV, line 1	7.
	Indicate whether the organization rais  X Mail solicitations X Internet and email solicitations X Phone solicitations X In-person solicitations Did the organization have a written or or key employees listed in Form 990, If "Yes," list the 10 highest paid indiv compensated at least \$5,000 by the organization have a written or or key employees listed in Form 990, If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the organization raise.	ed funds through e f g oral agreement v Part VII) or entity iduals or entities	any of the  X Solid Solid Spectorist any inconnection	following a citation of r citation of g cial fundral dividual (in ction with p	non-government g government grants ising events cluding officers, d professional fundra	rants irectors, trustees, ising services?	X Yes No fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
	ATTACHMENT 1						
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total					41,679.		
	List all states in which the organizati registration or licensing.	ion is registered (	or licensed	I TO SOIICIT	contributions or	nas been notified	it is exempt from
MO,							

26-0840496

Page 2

UMKC FOUNDATION

Schedule G (Form 990 or 990-EZ) 2019

Pa	rt l	Fundraising Events. Complet more than \$15,000 of fundra events with gross receipts green	aising event contributi			
		0 . 0	(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts				
<u>~</u>	3	Less: Contributions				
	4	Cash prizes				
	5	Noncash prizes				
<b>Direct Expenses</b>	6	Rent/facility costs				
t Exp	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses				
	10 11	Direct expense summary. Add line Net income summary. Subtract line	es 4 through 9 in colur ne 10 from line 3, colu	mn (d)	<b>&gt;</b>	
Pa			anization answered "\			reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct I	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add line	es 2 through 5 in colu	mn (d)	<b>&gt;</b>	
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)		
9 8	l	Enter the state(s) in which the orgals the organization licensed to con If "No," explain:		in each of these state		Yes No
10a		Were any of the organization's gaming				. Yes No

Sched	lule G (Form 990 or 990-EZ) 2019 Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	
	amount of gaming revenue retained by the third party  \$\bigs\  \bigs\  \bigs\
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶\$
	Description of services provided ▶
	Director/officer
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year ▶ \$
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2019

#### ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

CEDAR RAPIDS IA 52404

NAME AND ADDRESS OF		DID FUNDRAISER HAVE	GROSS RECEIPTS	AMOUNT PAID TO	AMOUNT PAID TO
FUNDRAISER	ACTIVITY	CUSTODY OR CONTROL OF CONTRIBUTIONS? YES NO	FROM ACTIVITY	(OR RETAINED BY FUNDRAISER	(OR RETAINED BY ORGANIZATION
RUFALLO NOEL LEVITZ LLC	CONSULTING	X	41,679.	222,581.	
1025 KIRKWOOD PARKWAY SW			,	,	

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

# **Grants and Other Assistance to Organizations**, Governments, and Individuals in the United States

OMB No. 1545-0047 2019

**Open to Public** 

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Inspection ► Go to www.irs.gov/Form990 for the latest information. **Employer identification number** Name of the organization UMKC FOUNDATION 26-0840496 **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 X No Yes the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section (g) Description of 1 (a) Name and address of organization (b) EIN (d) Amount of cash (e) Amount of non-(h) Purpose of grant (if applicable) or government grant cash assistance noncash assistance or assistance (1) UNIVERSITY OF MISSOURI - KANSAS CITY FUNDING FOR ENDOWED

436003859	501(C)(3)	14,133,405.				SCHOLARSHIPS
		,,				PCHOTAKOUTES
						MAINTENANCE &
431213056	501(C)(3)	207,651.				OPERATING
	431213056	431213056 501(C)(3)	431213056 501(C)(3) 207,651.	431213056 501(C)(3) 207,651.	431213056 501(C)(3) 207,651.	

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

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

Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019)

# 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 non-cash assistance
1 SCHOLARSHIPS	84.	97,343.			
2					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART I, LINE 2

GRANTS ARE PROVIDED TO THE UNIVERSITY OF MISSOURI-KANSAS CITY (UMKC) FOR USE IN ACCORDANCE WITH THE SELECTION CRITERIA AND PROCESS IDENTIFIED IN THE DONOR DOCUMENT BY WHICH FUNDS WERE RECEIVED. THE UMKC FOUNDATION MAINTAINS RECORDS TO SUBSTANTIATE THE AMOUNT OF THE GRANTS AWARDED, WHEREAS UMKC MONITORS THE USE OF FUNDS. NO GRANTS ARE MADE FOR USE OUTSIDE THE UNITED STATES.

UMKC MONITORS THE SCHOLARSHIPS GRANTED TO STUDENTS.

#### **SCHEDULE J** (Form 990)

**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 for instructions and the latest information.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization UMKC FOUNDATION

Part I Questions Regarding Compensation

Inspection Employer identification number

26-0840496

			Yes	No
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.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account  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	1b		
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?	2		
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.			
	X   Compensation committee   X   Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X 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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	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:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	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:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	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.	7		Х
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	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

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

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

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

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
LISA B. BARONIO	(i)	140,584.	0.	0.	3,125.	14,430.	158,139.	0.
1 PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
JAY MARSH WILSON	(i)	144,096.	36,650.	0.	11,223.	11,405.	203,374.	0.
2ASSISTANT VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
JEFFREY C. CHAPMAN	(i)	128,769.	19,000.	0.	9,803.	8,208.	165,780.	0.
3 <sup>ASSISTANT</sup> VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
JENNIFER M. INGRAHAM	(i)	130,919.	16,250.	0.	17,003.	0.	164,172.	0.
4 <sup>ASSISTANT</sup> VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
_ 7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
_14	(ii)							
	(i)							
_15	(ii)							
	(i)							
_16	(ii)							1.1.1/5 200) 2040

Schedule J (Form 990) 2019

#### Part | Supplemental Information

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

SCHEDULE J PART II & FORM 990, PART VII, SECTION A, LINE 5

THE COMPENSATION REPORTED FOR LISA BARONIO IS PAID BY THE UNIVERSITY OF

MISSOURI - KANSAS CITY, AN UNRELATED ORGANIZATION.

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization UMKC FOUNDATION

Department of the Treasury Internal Revenue Service

Employer identification number

26-0840496

Par	Types of Property			<u> </u>	
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art	X	2.	67,370.	FORMAL APPRAISAL
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications	X		1.	INTERNAL VALUATION
5	Clothing and household				
	goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	8.	759,262.	FAIR MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC,				
	or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation				
	contribution - Historic				
	structures				
14	Qualified conservation				
	contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts		1.	60,717.	
25	Other ►( ATCH 1 )		Δ.	00,717.	
26	Other ►()				
27	Other ►()				
28	Other ►(				
29	Number of Forms 8283 received				<b>29</b> 1.
	which the organization completed I	orm 8283,	Part IV, Donee Acknowledg	jement	Yes No
20-	During the year did the argenizat		hu contribution only propo	which was a second and the Down I line	
Sua	During the year, did the organizat				-
	28, that it must hold for at least t to be used for exempt purposes for	-			
<b>L</b>	If "Yes," describe the arrangement		ording period?		30a 21
	<u> </u>		tongo policy that require	on the review of any	nonotondard
31	Does the organization have a			-	
224	contributions?  Does the organization hire or use				• • • • • • • • • • • • • • • • • • • •
s∠a	_	-	•	•	
L	contributions?				32a A
	If "Yes," describe in Part II.  If the organization didn't report an	amount in a	valuma (a) for a time of are	norty for which column (a)	) is shocked
33	describe in Part II.	amount in C	olumn (c) for a type of pro	perty for writeri column (a,	, is cilected,

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

Schedule M (Form 990) 2019

Schedule M (Form 990) (2019) Page **2** 

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
LIFE INSURANCE POLICY	Х	1.	60,717.	FAIR MARKET VALUE
TOTALS	-	1.	60,717.	

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

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

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

STUDENT FEES AND TUITION.

FORM 990, PART III, LINE 4A

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

Name of the organizationEmployer identification numberUMKC FOUNDATION26-0840496

FORM 990, PART I, LINE 1

FOUNDATION) ACADEMIC PROGRAMS AND EDUCATIONAL OPPORTUNITIES THAT WILL

ENHANCE UMKC OVER AND ABOVE THOSE WHICH ARE FUNDED WITH STATE SUPPORT,

FORM 990, PART III, LINE 1

ENHANCE UMKC OVER AND ABOVE THOSE WHICH ARE FUNDED WITH STATE SUPPORT,

STUDENT FEES AND TUITION.

THE UMKC FOUNDATION ("FOUNDATION") AND ITS EMPLOYEES HAVE THE
PRIMARY RESPONSIBILITY FOR THE SOLICITATION OF CONTRIBUTIONS FROM
PRIVATE SOURCES FOR THE SUPPORT OF UMKC. THE FOUNDATION SOLICITS
CONTRIBUTIONS WHICH ARE MADE TO THE FOUNDATION AND HELD AND
ADMINISTERED BY THE FOUNDATION FOR THE BENEFIT OF UMKC. THE
FOUNDATION ALSO SOLICITS CONTRIBUTIONS WHICH ARE MADE DIRECTLY TO
UMKC OR TO ONE OF ITS SCHOOLS OR OTHER SUPPORTING ORGANIZATIONS.
THE FUNDRAISING EFFORTS OF THE FOUNDATION PRODUCED THE FOLLOWING
RESULTS DURING THE YEAR ENDED JUNE 30, 2020: CONTRIBUTIONS AND
COMMITMENTS FOR FUTURE CONTRIBUTIONS TO THE FOUNDATION OF
\$40,452,247, CONTRIBUTIONS AND COMMITMENTS FOR FUTURE CONTRIBUTIONS
TO UMKC (INCLUDING ITS SEVERAL SCHOOLS AND OTHER SUPPORTING
ORGANIZATIONS) OF \$3,396,395 AND PLANNED GIFT COMMITMENTS OF \$282,507.
FOR THE FISCAL YEAR ENDED JUNE 30, 2020 THE EFFORTS OF THE FOUNDATION

Name of the organization Employer identification number
UMKC FOUNDATION 26-0840496

HAVE PRODUCED PLEDGES AND PLANNED GIVING COMMITMENTS TOTALING \$44,131,149 PLUS OUTRIGHT GIFTS OF \$15,026,460 RESULTING IN A NET PRODUCTION FUNDRAISING TOTAL OF \$59,157,609. FOR THE YEARS ENDED JUNE 30, 2020 AND 2019, THE FOUNDATION MADE GRANTS FROM EARNINGS OF ITS ENDOWMENT FUNDS HELD BY THE FOUNDATION TO SUPPORT VARIOUS UMKC PROGRAMS IN THE AMOUNTS OF \$13,299,178 AND \$1,748,171, RESPECTIVELY.

FORM 990, PART VI, SECTION A, LINE 7A

THE PRESIDENT OF THE CURATORS OF THE UNIVERSITY OF MISSOURI SHALL BE

ENTITLED TO APPOINT UP TO, BUT NOT MORE THAN, TWENTY PERCENT OF THE

MEMBERS OF THE BOARD. THE PRESIDENTS APPOINTMENTS WILL NOT INCLUDE MORE

THAN TWO PERSONS WHO ARE EMPLOYEES OF THE UNIVERSITY. PRIOR TO MAKING

SUCH APPOINTMENTS THE PRESIDENT SHALL CONSULT WITH THE NOMINATING

COMMITTEE OF THE FOUNDATION REGARDING PERSONS BEING CONSIDERED BY THE

PRESIDENT FOR APPOINTMENT TO THE BOARD.

FORM 990, PART VI, SECTION A, LINE 7B

THE BYLAWS MAY NOT BE AMENDED, WITHOUT THE APPROVAL OF THE UNIVERSITY OF MISSOURI, IN A MANNER WHICH WOULD (I) DIMINISH THE RIGHT OF THE UNIVERSITY OF MISSOURI PRESIDENT TO APPOINT VOTING MEMBERS OF THE BOARD OF DIRECTORS, (II) RESULT IN THE CHANCELLOR NOT BEING A DIRECTOR AND A MEMBER OF THE EXECUTIVE COMMITTEE OR (III) CHANGE THE SOLE PURPOSE OF THE FOUNDATION TO INCLUDE SOMETHING OTHER THAN THE SUPPORT OF UMKC.

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

THE FORM 990 IS PREPARED BY AN INDEPENDENT THIRD PARTY ACCOUNTING FIRM.

Name of the organization

UMKC FOUNDATION

Employer identification number
26-0840496

IT IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW AND RECOMMENDED REVISIONS BEFORE IT IS FILED.

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

THE BOARD OF DIRECTORS REVIEW THE CONFLICT OF INTEREST POLICY ON AN

ANNUAL BASIS AND NOTATE IF THEY HAVE ANY CONFLICTS IN WRITTEN FORM. ANY

BOARD MEMBER OR STAFF MEMBER IS EXPECTED TO RECUES HIMSELF OR HERSELF

FROM ANY FOUNDATION COMMITTEE OR PROCESS CONSIDERING ACTION IN WHICH HE

OR SHE HAS A BUSINESS OR SIGNIFICANT FINANCIAL INTEREST. THE CHAIR AND

PRESIDENT WILL REVIEW POTENTIAL CONFLICTS OF INTEREST AND RECOMMEND

REMEDIAL ACTION. BOARD MEMBERS WITH A CONFLICT WILL BE REMOVED FROM THE

VOTE ON THE POTENTIAL TRANSACTION.

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

THE COMPENSATION OF THE PRESIDENT OF THE FOUNDATION WAS ESTABLISHED BY A

WRITTEN EMPLOYMENT AGREEMENT WHICH WAS APPROVED BY THE BOARD OF

DIRECTORS, ALL OF WHOM ARE INDEPENDENT PERSONS. THIS EMPLOYMENT AGREEMENT

PROVIDES THAT THE PRESIDENT IS ELIGIBLE FOR A PERFORMANCE AWARD EACH

YEAR, THE AMOUNT OF WHICH IS DETERMINED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Schedule O (Form 990 or 990-EZ) 2019 Page **2** 

Name of the organization

UMKC FOUNDATION

Employer identification number

26-0840496

FORM 990, PART XI, LINE 9

NET TRANSFER FROM (TO) UMKC ENTITIES \$ 15,525

CHANGE IN LIFE INSURANCE VALUE \$ 2,296

-----

\$ 17,821

FORM 990, PART XII, LINE 2C

OVERSIGHT OF THE AUDIT, REVIEW, OR COMPILATION FOR FINANCIAL

STATEMENTS:

THE OVERSIGHT OF THE AUDIT, REVIEW, OR COMPILATION OF UMKC FOUNDATION'S FINANCIAL STATEMENTS IS THE RESPONSIBILITY OF THE AUDIT COMMITTEE AND THAT RESPONSIBILITY AND AUTHORITY HAS NOT CHANGED FROM THE PRIOR YEAR FORM 990.

#### AMENDED RETURN

THE RETURN WAS UPDATED TO REFLECT ADJUSTMENTS MADE TO THE FINANCIAL STATEMENTS. THE FOLLOWING ITEMS WERE CHANGED ON THE RETURN:

FORM 990, PART VIII: THE AMOUNT OF CONTRIBUTIONS ON LINE 1F CHANGED.

FORM 990, PART IX: THE AMOUNT OF GRANTS GIVEN ON LINE 1 CHANGED AND THE BAD DEBT EXPENSE ON LINE 24A CHANGED.

FORM 990, PART X: THE END OF YEAR BALANCE FOR PLEDGES RECEIVABLE, GRANTS PAYABLE, AND THE NET ASSET BALANCES CHANGED.

FORM 990, PART XI: UPDATED TO REFLECT ADJUSTMENTS MADE TO THE FINANCIAL STATEMENTS.

Schedule O (Form 990 or 990-EZ) 2019 Page **2** 

Name of the organization
UMKC FOUNDATION
Employer identification number
26-0840496

SCHEDULE A, PART II: UPDATED TO REFLECT ADJUSTMENTS MADE TO THE FINANCIAL

STATEMENTS.

SCHEDULE D PART XI AND XII: THE AMOUNT OF REVENUE AND EXPENSES PER THE

AUDIT REPORT WAS UPDATED TO REFLECT ADJUSTMENTS MADE TO THE FINANCIAL

STATEMENTS.

SCHEDULE I: THE GRANT AMOUNT TO THE UNIVERSITY OF MISSOURI-KANSAS CITY

CHANGED.

ATTACHMENT 1

171,470.

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

CALL CENTER

RUFFALO NOEL LEVITZ LLC PO BOX 718

DES MOINES, IA 50303

#### SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

# **Related Organizations and Unrelated Partnerships**

 $\blacktriangleright$  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 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the organization

UMKC FOUNDATION

Employer identification number 26-0840496

raiti	identification of Distegarded Littles. Complete if the organization	alisweled les oil	TOITH 990, Fait I	v, iii ie 55.		
	(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

(a)  Name, address, and EIN of related organization	<b>(b)</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	Section 5	g) 512(b)(13) rolled ity?
						Yes	No
(1) UMKC RESEARCH FOUNDATION 43-1397294							
202 ADMIN CENTER, 5115 OAK ST KANSAS CITY, MO 64112	RESEARCH	MO	501(C)(3)	7	UMKC FDN	X	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
1.1							

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

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 Page **2** 

Part III	Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34,													
art III	because it had one or more related organizations treated as a partnership during the tax year.													
	(a)	(b)	(c)	(d)	_ (e)	(f)	(g)	(h)	(i)	(j)	Ī			

(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	Disprop	(h) Disproportionate allocations?  (i) Code V - UBI amount in box 2 of Schedule K- (Form 1065)		(j) General or managing partner?		(k) Percentage ownership
		Country)		000000000000000000000000000000000000000			Yes	No		Yes	No	
(1)												
(2)	_											
(3)												
(4)												
(5)												
(6)												
(7)												

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

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

Page 3

Yes No

Schedule R (Form 990) 2019

Schedule	e R (Form 990) 2019
Part \	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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?			
٠,	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
a L		1b		X
	Gift, grant, or capital contribution to related organization(s)			X
	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d		
е	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
а	Sale of assets to related organization(s)	1g		X
	Purchase of assets from related organization(s)	1h		X
	Exchange of assets with related organization(s).	1i		Х
•	Lease of facilities, equipment, or other assets to related organization(s).	1j		X
J	Lease of facilities, equipment, or other assets to related organization(s)	٠,		
		4.		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	37	
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11	Х	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
	Sharing of paid employees with related organization(s)	10	X	
	0 1 1 7 (7 11 11 11 11 11 11 11 11 11 11 11 11 11			
n	Reimbursement paid to related organization(s) for expenses	1р		Х
-	Reimbursement paid by related organization(s) for expenses	1q		Х
ч	Relinbursement paid by related organization(s) for expenses	14		
		4		Х
r	Other transfer of cash or property to related organization(s)	1r		X
S	Other transfer of cash or property from related organization(s).	1s		
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 three		S.	
	(a) (b) (c) Name of related organization Transaction Amount involved Method	(d)	arminii	na
		unt inv		19
(1)				
(2)				
<u> </u>				
(3)				
(-,				
(1)				
(4)				
/E\				
(5)				
(6)				
	Schedule R (	Form	990)	2019

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

Schedule R (Form 990) 2019

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

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

(a) Name, address, and EIN of entity	Primary activity  Primary activity  Legal domicile (state or foreign country)		i irom tax unger	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			sections 512-514)	Yes				Yes	No	(1 01111 1000)	Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													
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26-0840496 UMKC FOUNDATION

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Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.