UMKC FOUNDATION
FORM 990
PUBLIC
DISCLOSURE
TAX YEAR 2020

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

Form **990** 

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.

2020
Open to Public Inspection

A F	or th	e 202	0 calendar year, or tax year begir	nning 07/01	, 2020,	and ending	<u> </u>		06/30	, <b>20</b> 21			
<b>B</b> c	heck if ap	oplicable:	C Name of organization UMKC FOUNDATION				D	Employer ide	entification	number			
	Addre							26-0840	1496				
-	chang		Doing Business As  Number and street (or P.O. box if mail is	not delivered to street address)		Room/suite		Telephone no					
	+	change	5115 OAK STREET, 202	,	'	(Oom/Suite		816) 23					
	+	return	City or town, state or province, country, a					010 / 23	5-2072				
	Termi Amen		KANSAS CITY, MO 64112	and ZIF or loreign postal code			۔ ا	C	ь . Ф	26 110	172		
	return		F Name and address of principal officer:	JERRY REECE				Gross receipt  a) Is this a grou		36,110			
	pendi				OT TOW	MO 6411		subordinates'	?	Yes	X No		
_	_		5115 OAK STREET, 202 A				L H(I	b) Are all subord		Yes	No		
<u> </u>		empt st		) <b>◀</b> (insert no.) 494	17(a)(1) or	527			h a list. (see i				
_			WWW.UMKCFOUNDATION.ORG			1.1/		C) Group exemp			MO		
				Association Other		L Year of 1	ormation	2007 <b>M</b>	State of leg	al domicile:	MO		
P	art l		mmary		MKC E		INTIC C	יחום חוום	DOCE T	C TO			
		Briefly	y describe the organization's mission of EFIT THE UNIVERSITY OF M	r most significant activities: _U		JUNDALIC		DODE FUR.		5 10			
nce			ROUGH FUNDS RAISED, HELD										
rna			<del></del>										
Governance	2		k this box  if the organization d	•	•				1 1		14.		
დ ფ			per of voting members of the governing						3		14.		
es			per of independent voting members of t						4		23.		
Activities &			number of individuals employed in cale						5		14.		
Acti	0	Total	number of volunteers (estimate if necess	sary)					6		14.		
			unrelated business revenue from Part V						7a		0		
	D	net ui	nrelated business taxable income from	Form 990-1, line 34				Prior Year	7b	Current Y			
		0 4	ibutions and assets (Dort VIII lies 4b)					3,026,61		24,310			
ne	8	Contri	ibutions and grants (Part VIII, line 1h)		COPY	FOR		2,615,38			0,010		
Revenue			am service revenue (Part VIII, line 2g)		BLIC INS	SPECTION		1,489,39			5,126		
Re			tment income (Part VIII, column (A), line					132,09			4,023		
			revenue (Part VIII, column (A), lines 5,	= -			1	2,263,49		28,510			
	12		revenue - add lines 8 through 11 (must					1,678,49		32,15			
			s and similar amounts paid (Part IX, colu				1.	1,070,42	0.	34,13.	0,321		
	14		fits paid to or for members (Part IX, colu		-	1,989,14		1 53	4,883				
ses	15		les, other compensation, employee bene			254,19			$\frac{1,003}{1,749}$				
Expenses	10a		ssional fundraising fees (Part IX, column		5,317.			231,17	0.	22.	± , , ± ,		
Ě	17		fundraising expenses (Part IX, column (I			H	-	3,556,82	3	561	6,453		
			expenses (Part IX, column (A), lines 11 expenses. Add lines 13-17 (must equal					0,478,57		34,478			
			nue less expenses. Subtract line 18 from					L,784,91		-5,96			
es	13	IVEVE	Tue less expenses. Subtract line to non	TIIIIC IZ				g of Current Y		End of Ye			
ets (	20	Total	assets (Part X, line 16)			-		3,190,83		78,33			
Ass Bal	21		E 1.222 (D + )/ E = 00)					1,838,14			2,982		
Net Assets or Fund Balances	22		ssets or fund balances. Subtract line 21	from line 20				5,352,69		77,282			
	rt II		gnature Block	TOTAL MIC 20, 1 1 1 1 1 1				, ,		, -	,		
Un	der per	nalties o	of perjury, I declare that I have examined thi	is return, including accompanying	g schedule	es and stateme	ents, and	to the best of	my knowle	edge and b	elief, it is		
true	e, corre	ct, and	complete. Declaration of preparer (other than	officer) is based on all information	on of which	n preparer has	any know	rledge.					
								05/1	5/2022				
Sig	jn		Signature of officer					Date					
He	re		JERRY REECE	C	HAIR								
			Type or print name and title										
		Print/	Type preparer's name	Preparer's signature		Date		Check	if PTIN				
Paid	t	APR	IL ARNOLD CPA			05/15/	2022	self-employe		559426			
	parer		s name ▶ BKD, LLP	l		1			44-016				
Use	Only		irm's address > 1201 WALNUT, SUITE 1700 KANSAS CITY, MO 64106-2246					Phone no. 816-221-6300					
May	the II		scuss this return with the preparer show					ione no.	X		No		
			Reduction Act Notice, see the separat	, ,					[ **	Form 99	_		

### Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

iling of this f	form, visit www.irs.gov/e-file-providers/e-file-f	or-charities	-and-non-profits.				
Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed).				
•	ons required to file an income tax return othe orm 7004 to request an extension of time to f		, -	O-C filers), partnerships,	, RE	MICs,	and trusts
Гуре or	Name of exempt organization or other filer, see in	structions.		Taxpayer identification nu	ımbe	r (TIN)	)
orint	UMKC FOUNDATION			26-084049	6		
File by the	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions.				
lue date for iling your	5115 OAK STREET, 202 ADMIN CEI						
eturn. See nstructions.	City, town or post office, state, and ZIP code. For KANSAS CITY, MO 64112	a foreign ad	dress, see instructions.				
Enter the Re	eturn Code for the return that this application	is for (file	a separate application fo	or each return)			0 1
Application		Return	Application				Return
s For		Code	Is For				Code
	Form 990-EZ	01	Form 990-T (corporat	ion)			07
Form 990-BL		02	Form 1041-A				08
Form 4720 (	,	03	Form 4720 (other tha	n individual)	—		09
Form 990-PF		04	Form 5227		—		10
	(sec. 401(a) or 408(a) trust) (trust other than above)	05 06	Form 6069 Form 8870		—		11
Telephone If the orga If this is foor the whole Is with the	LISA BARONIO s are in the care of   State of Sta	business ir ur digit Gro f it is for pa on is for.	Fax No.   the United States, checoup Exemption Number (art of the group, check the process of the control of the group, check the group is group.	ck this box		If tand a	this is
for the	organization named above. The extension is calendar year 20 or tax year beginning 07/0 ax year entered in line 1 is for less than 12 m	for the org	ganization's return for:	06/30_,	20_		
	change in accounting period	00 T 470	2 ar COCO antor the	tantativa tav laga anv	_		
	application is for Forms 990-BL, 990-PF, 99 undable credits. See instructions.	9U-1, 4/20	o, or bobs, enter the	temative tax, less any	3a	e l	0.
	application is for Forms 990-PF, 990-T,	4720 o	r 6069 enter any re	fundable credits and		Þ	
	ted tax payments made. Include any prior yea		· · · · · · · · · · · · · · · · · · ·		3b	\$	0.
	e due. Subtract line 3b from line 3a. Include					Ψ	
	onic Federal Tax Payment System). See instru			,, ., . <del></del>	3с	\$	0.
	u are going to make an electronic funds withdrawa		it) with this Form 8868. se	e Form 8453-EO and Forn	_		
nstructions.	5 5	,	,				L - V
	act and Paperwork Reduction Act Notice, see instr	uctions.			Forr	n <b>886</b>	<b>8</b> (Rev. 1-2020)

UMKC FOUNDATION 26-0840496 Form 990 (2020) 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 FOUNDATION'S 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 \$ 32,739,000. including grants of \$ 32,155,521. ) (Revenue \$ 1,880,010. ) SEE SCHEDULE O ) (Revenue \$ **4b** (Code: including grants of \$ ) (Expenses \$ ) (Revenue \$ **4c** (Code: including grants of \$

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

(Expenses \$ including grants of \$

**4e** Total program service expenses ▶ 32,739,000.

Form **990** (2020)

) (Revenue \$

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Form 990 (2020)

Part IV Page 3

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
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		Х
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		· v	
•	complete Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
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	Х	
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? 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			
	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		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			3.7
	Schedule D, Parts XI and XII.	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	401	v	
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	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		21
D	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	145		
-	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? 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		Х
	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		77	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

Form 990 (2020)

Part IV Checklist of Required Schedules (continued) Page 4

ı aı t	One chilst of Nequired Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		X	NO
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
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			Х
h	through 24d and complete Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
·	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		
	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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
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			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
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			37
20	"Yes," complete Schedule L, Part IV	28c	X	X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	Λ	
30	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	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	000		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
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			
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   6		162	INO
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
,	reportable gaming (gambling) winnings to prize winners?	1c	Х	
JSA 0E1030				(2020)
	2151PX K922 5/10/2022 5:16:52 PM V 20-7.21 1200113			

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rai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 23			
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)			
3a	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
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
	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	_		3.7
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_		v
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Λ
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	00		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	mination 1000 and capital community model and the mination of			
о 11	eroes resolves, included on a only seek at this into 12, for public dec of side facilities.			
	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			
D	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	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			
С	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.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	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			X
Sect	ion A. Governing Body and Management			
			Yes	No
	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			v
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			v
	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 6		X
6	Did the organization have members or stockholders?	0		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a	Х	
	one or more members of the governing body?	1 a	21	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b	Х	
•	stockholders, or persons other than the governing body?	7.0		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a	Х	
a	The governing body?	8b	X	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
3	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	_
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?	150	Х	
a	The organization's CEO, Executive Director, or top management official	15a 15b	21	X
b	Other officers or key employees of the organization	130		21
40-	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	···		
D	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	.00	<u> </u>	<u> </u>
	List the states with which a copy of this Form 990 is required to be filed ▶ MO ,			
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T	(800	tion 5	(01/0)
10	(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)	(Sec	นบท จ	1 (C)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inter	est p	olicy,
	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	s 🕨		

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# 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.

C6   KENT W. SUNDERLAND   3.00   CHAIR   0.	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)  Officer  Institutional trustee		(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations				
PRESIDENT	(1)LISA BARONIO	40.00									
(2) JENNIFER INGRAHAM		5.00				Х			255,867.	0.	61,506.
ASSISTANT VICE PRESIDENT 0.	(2) JENNIFER INGRAHAM	40.00									
ASSISTANT VICE PRESIDENT 0.		0.					Х		153,341.	0.	16,901.
(4)   HILARY PEKNIK	(3)JAY WILSON	40.00									
DIRECTOR OF MAJOR GIFTS   0.	ASSISTANT VICE PRESIDENT	0.					Х		144,748.	0.	23,908.
C5)THOMAS M. BLOCH	(4)HILARY PEKNIK	40.00									
PAST CHAIR  (6) KENT W. SUNDERLAND  CHAIR  0. X X X  0. 0. 0.  (7) ROBERT D. REGNIER  2.00  SECRETARY  0. X X  0. 0.  0. 0.  (8) WARREN K. ERDMAN  DIRECTOR  0. X  0. 0.  (9) RYAN D. RAPP  DIRECTOR  VICE CHAIR  0. X X  0. 0.  0. 0.  (10) JERRY D. REECE  VICE CHAIR  0. X X  0. 0.  0. 0.  (11) NELSON R. SABATES, M.D.  DIRECTOR  1.00  DIRECTOR  1.00  CHANCELLOR  0. X  0. 0.  0.	DIRECTOR OF MAJOR GIFTS	0.					Х		100,488.	0.	16,110.
C6   KENT W. SUNDERLAND   3.00   CHAIR   0.	(5) THOMAS M. BLOCH	2.00									
CHAIR	PAST CHAIR	0.	X		Х				0.	0.	0.
(7) ROBERT D. REGNIER   2.00   SECRETARY   0.	(6) KENT W. SUNDERLAND	3.00									
SECRETARY   0.			Х		Х				0.	0.	0.
(8) WARREN K. ERDMAN	(7) ROBERT D. REGNIER										
DIRECTOR		0.	Х		Х				0.	0.	0.
(9) RYAN D. RAPP	(8)WARREN K. ERDMAN	1.00									
DIRECTOR   0.		0.	Х						0.	0.	0.
(10) JERRY D. REECE       2.00         VICE CHAIR       0. X X         0. (11) NELSON R. SABATES, M.D.       1.00         DIRECTOR       1.00 X         0. 0. 0.         (12) MARNY D. SHERMAN       1.00         DIRECTOR       0. X         0. 0. 0.         (13) FRANK J. WEWERS       1.00         DIRECTOR       0. X         0. 0. 0.         (14) C. MAULI AGRAWAL, PH.D.       2.00         CHANCELLOR       0. X											
VICE CHAIR       0. X X       0. 0. 0.         (11)NELSON R. SABATES, M.D.       1.00       0. 0. 0.         DIRECTOR       1.00 X       0. 0. 0.         OIRECTOR       0. X       0. 0. 0.         (13) FRANK J. WEWERS       1.00       0. 0. 0. 0.         DIRECTOR       0. X       0. 0. 0. 0.         (14) C. MAULI AGRAWAL, PH.D.       2.00       0. 0. 0. 0.         CHANCELLOR       0. X       X       0. 0. 0. 0.			X						0.	0.	0.
(11) NELSON R. SABATES, M.D.       1.00         DIRECTOR       1.00         (12) MARNY D. SHERMAN       1.00         DIRECTOR       0. X         (13) FRANK J. WEWERS       1.00         DIRECTOR       0. X         0. 0.       0. 0.         (14) C. MAULI AGRAWAL, PH.D.       2.00         CHANCELLOR       0. X											
DIRECTOR       1.00 X       0. 0. 0.         (12) MARNY D. SHERMAN       1.00 DIRECTOR       0. X       0. 0. 0.         (13) FRANK J. WEWERS       1.00 DIRECTOR       0. X       0. 0. 0.         (14) C. MAULI AGRAWAL, PH.D.       2.00 CHANCELLOR       0. X       0. 0. 0.		0.	X		Х				0.	0.	0.
CHANCELLOR   Column	3 /										
DIRECTOR       0. X       0. 0.         (13) FRANK J. WEWERS       1.00       0. 0.         DIRECTOR       0. X       0. 0.         (14) C. MAULI AGRAWAL, PH.D.       2.00       0. 0.         CHANCELLOR       0. X       X       0. 0.			Х						0.	0.	0.
1.00   0.0	3 /										
DIRECTOR       0. X       0. 0.         (14) C. MAULI AGRAWAL, PH.D.       2.00         CHANCELLOR       0. X       X             0. 0.       0. 0.         0. 0.       0. 0.			Х						0.	0.	0.
(14) C. MAULI AGRAWAL, PH.D.       2.00         CHANCELLOR       0. X       X             0.       0.	<del>. ,</del>										
CHANCELLOR 0. X X 0. 0. 0.			X						0.	0.	0.
	3 /								_	_	_
Form 990 (2020)	CHANCELLOR	0.	X		X				0.	0.	

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Part VII Section A. Officers, Directors, Tro	ustees, Ke	y En	nplo	ye	es,	and F	ligl	hest Compensat	ed Employee	es (cc	ontinue	d)
(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	o or/trust e is or/trust e employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation related organization (W-2/1099-MI	from	Est amo o comp fro orga and	(F) imated ount of other pensation m the inization related nizations
15) DARCY A. HOWE	2.00											
TREASURER	0.	Х		Х				0 .	•	0.		(
16) JAMES D. RINE	1.00											
DIRECTOR	0.	X						0 .	•	0.		(
17) SCOTT BOSWELL	1.00											
DIRECTOR	0.	X						0 .		0.		(
18) JOSH SOSLAND	1.00											
DIRECTOR	0.	Х						0 .		0.		(
		-										
1b Sub-total	oction A						<b>&gt;</b>	654,444.		0.	1	18,425. 0
d Total (add lines 1b and 1c)	<del>-</del>		• •	• •	• •			654,444.		0.	1	18,425.
Total number of individuals (including but not reportable compensation from the organization)	limited to t	hose					re		\$100,000 of	- 1		
												Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched											3	X
4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	50,0	00?	) If	"Yes	,"	complete Schedu	le J for suc	ch	4	X
5 Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Y</i>	accrue co	mpen	sati	on f	fron	n any	un	related organization	on or individu	al	5	Х
Section B. Independent Contractors	os, somple	.0 001	.546	.,	01	54011	, IO					
Complete this table for your five highest com- compensation from the organization. Report of year.												
(A) Name and business add	dress							(B) Description of se	ervices	Co	(C) ompens	ation

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 ► 0.

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### Part VIII Statement of Revenue

Par	't VII	Check if Schedule O contains a resp	onse or note to an	v line in this Part \	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
Ω, Ē	С	Fundraising events 1c					
ifts ar A	d	Related organizations 1d					
שַׂיָּה	е	Government grants (contributions) 1e					
Sir	f	All other contributions, gifts, grants,					
utic		and similar amounts not included above . 1f	24,310,625.				
흕	g	Noncash contributions included in					
ont od (		lines 1a-1f 1g	\$ 459,881.				
ā Č	h	Total. Add lines 1a-1f	<b>.</b> .	24,310,625.			
			Business Code				
<u>8</u>	2a	UMKC CONTRACT REVENUE	561499	207,742.	207,742.		
Program Service Revenue	b	UMKC SUPPORT	561499	962,530.	962,530.		
ı Si ent	С	MANAGEMENT FEE ON ENDOWED GIFTS	561499	709,738.	709,738.		
ran	d	<u> </u>					
90 R	e	<u>=</u>					
Α.	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,880,010.			
	3	Investment income (including dividends	s, interest, and				
		other similar amounts)	▶ │	1,231,332.			1,231,332.
	4	Income from investment of tax-exempt bo	nd 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)	<u> ▶</u>	0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 8,484,18	2.				
<u>e</u>	b	Less: cost or other basis					
evenue		and sales expenses 7b 7,599,38	3.				
ě	С	Gain or (loss) 7c 884,79	4.				
<u>ت</u> 22	d	Net gain or (loss)	▶	884,794.			884,794.
Other R	8a	Gross income from fundraising					
Ó		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18	<b>a</b> 0.				
	b	Less: direct expenses	0.				
	С	Net income or (loss) from fundraising even	ts▶	0.			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9	a 0.				
	b	Less: direct expenses 9	0.				
	С	Net income or (loss) from gaming activities	s	0.			
	10a	Gross sales of inventory, less					
		returns and allowances10	<b>a</b> 0.				
	b	Less: cost of goods sold					
	С	Net income or (loss) from sales of inventory		0.			
S			Business Code				
Miscellaneous Revenue	11a	OTHER INCOME	900099	204,023.			204,023.
ane	b						
eve	c						
is R	d	All other revenue					
≥	е	Total. Add lines 11a-11d		204,023.			
	12	Total revenue. See instructions		28,510,784.	1,880,010.		2,320,149.
JSA							Form <b>QQQ</b> (2020)

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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 Schedule O contains a response	onse or note to any line	in this Part IX		
	not include amounts reported on lines 6b, 7b, 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. See Part IV, line 21	32,056,173.	32,056,173.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	99,348.	99,348.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
	trustees, and key employees	299,347.	98,785.	98,784.	101,778.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	1,017,503.	335,776.	335,776.	345,951.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	79,358.	26,188.	26,188.	26,982.
9	Other employee benefits	44,151.	14,570.	14,570.	15,011.
10	Payroll taxes	94,524.	31,193.	31,193.	32,138.
11	Fees for services (nonemployees):				
а	ı Management	0.			
b	Legal	19,630.		19,630.	
C	Accounting	56,718.		56,718.	
d	Lobbying	0.			001 540
	Professional fundraising services. See Part IV, line 17.	221,749.		125 622	221,749.
f	f Investment management fees	137,639.		137,639.	
g	Other. (If line 11g amount exceeds 10% of line 25, column	20 611		6 160	22 440
	(A) amount, list line 11g expenses on Schedule O.)	39,611.	0.360	6,162.	33,449.
	Advertising and promotion	28,391.	9,369.	9,369.	9,653.
	Office expenses	187,819.	67,113.	53,593.	67,113.
	Information technology	0.			
	Royalties	0.			
	Occupancy	2,783.		1,391.	1,392.
	Travel	2,703.		1,371.	1,372.
18	Payments of travel or entertainment expenses	0.			
4.0	for any federal, state, or local public officials	0.			
	Conferences, conventions, and meetings	0.			
	Interest Payments to affiliates	0.			
		0.			
	Depreciation, depletion, and amortization Insurance	1,389.		694.	695.
	Other expenses. Itemize expenses not covered	,			
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	GKCCF PUBLICATIONS	75,378.		75,378.	
b	PUBLICATIONS	9,906.			9,906.
C	ORGANIZATIONAL MEMBERSHIPS	5,719.		5,719.	
d	ALL OTHER EXPENSES	1,470.	485.	485.	500.
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	34,478,606.	32,739,000.	873,289.	866,317.
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.			
	J \ /	J • I	1		

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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	<u></u>	
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	3,416,125.	1	1,047,636.
	2	Savings and temporary cash investments	224,312.	2	224,363.
	3	Pledges and grants receivable, net	26,660,641.	3	20,265,905.
	4	Accounts receivable, net	1,348,150.	4	1,243,822.
	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.
Ŋ	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
As	9	Prepaid expenses and deferred charges	22,400.	9	13,319.
		Land, buildings, and equipment: cost or other	,		
	1.00	basis. Complete Part VI of Schedule D 10a			
	h	Less: accumulated depreciation	0.	10c	0.
	11	Investments - publicly traded securities	35,146,975.	11	40,561,621.
	12	Investments - other securities. See Part IV, line 11.	11,361,634.	12	14,968,671.
	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)	78,190,837.	16	78,335,937.
_	17	Accounts payable and accrued expenses	1,251,863.	17	406,976.
			318,684.	18	366,271.
	18 19	Grants payable	0.	19	0.
	_	Deferred revenue	0.	20	0.
	20 21	Tax-exempt bond liabilities	0.	21	0.
"	22	Loans and other payables to any current or former officer, director,	<u> </u>	21	<u> </u>
ţį	22	trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	0.	22	0.
Lia	23	Secured mortgages and notes payable to unrelated third parties	267,600.	23	279,735.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third	<u> </u>	24	· ·
	23	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	1,838,147.	26	1,052,982.
es	20	Organizations that follow FASB ASC 958, check here ► X	1,030,117.	20	1,032,302.
anc	27	and complete lines 27, 28, 32, and 33.	1 206 016		E66 607
3al	27	Net assets without donor restrictions	-1,396,016.	27	-566,687.
Þ	28	Net assets with donor restrictions.	77,748,706.	28	77,849,642.
r Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
S O	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or	32	Total net assets or fund balances	76,352,690.	32	77,282,955.
Z	33	Total liabilities and net assets/fund balances	78,190,837.	33	78,335,937.
_	33	Total liabilities and net assets/fund balances	78,190,837.	33	78,335,935

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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					_ X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			10,7	
2	Total expenses (must equal Part IX, column (A), line 25)	2			78,6	
3	Revenue less expenses. Subtract line 2 from line 1	3			67,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7		52,6	
5	Net unrealized gains (losses) on investments	5		6,8	72,6	
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			25,4	ł60.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	7	7,2	82,9	55.
Part	·					
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
					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," ex	plain	ı 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 com-	piled	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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed o	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			_	3.7	
	the audit, review, or compilation of its financial statements and selection of an independent accountage			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the			v
	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	_	I	.		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	dits .		3b	000	(0005)
				⊢orm	330	(2020)

### **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	organizations must	complet	te this pa	art.) See instructions	S.			
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 chu	urches, or associa	tion of churches desc	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).				
2		A school described in <b>secti</b>	tion 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3		A hospital or a cooperative	e hospital service organization described in section 170(b)(1)(A)(iii).								
4		A medical research organiz	ation 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	Х	An organization operated t	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 gove	rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).				
7		An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public			
	_	described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)							
8		A community trust describe	-		-						
9		An agricultural research org	=			-					
		or university or a non-land-	grant college of ag	riculture (see instruct	ions). Ei	nter the i	name, city, and state of	f the college or			
		university:									
10		An organization that norma receipts from activities rela support from gross investmacquired by the organizatio	ted to its exempt facent income and un	unctions, subject to c nrelated business tax	ertain ex able inco	ceptions me (les	s; and (2) no more thar s section 511 tax) from	331/3 % of its			
11		An organization organized	-	-	-						
12		An organization organized	•					• • • •			
		of one or more publicly su	· ·								
	_	Check the box in lines 12a t	<del>-</del>					<del>-</del>			
а	L	<b>Type I.</b> A supporting orga	•	•	-		• , ,				
		the supported organization				ajority of	the directors or truste	es of the			
		supporting organization. <b>\</b>	-								
b	L	<b>Type II.</b> A supporting org	•				· · ·				
		control or management of		=	the sam	e persor	is that control or man	age the supported			
	Г	organization(s). You must	•								
С	L	Type III functionally integ						ly integrated with,			
	Г	its supported organization		· ·				tad annani-atian(a)			
d	L	Type III non-functionally			-						
		that is not functionally inte		• •			•	an attentiveness			
_	Г	requirement (see instruct		-				I. Tumo III			
е	L	Check this box if the orga functionally integrated, or						і, туре ііі			
f	Fr	nter the number of supported	7 1	, , ,		•					
a.		ovide the following information									
		Name of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of			
	``	5	, ,	(described on lines 1-10		ur governing		other support (see			
				above (see instructions))	Yes	ment?	instructions)	instructions)			
						110					
(A)											
(B)											
(C)											
(D)											
(E)											
<del>-,</del>											
Tota	al										

Schedule A (Form 990 or 990-EZ) 2020 Page **2** 

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,016,939.	9,365,471.	1,772,220.	38,026,616.	24,310,625.	80,491,871.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	7,016,939.	9,365,471.	1,772,220.	38,026,616.	24,310,625.	80,491,871.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						48,296,066.
_6_	Public support. Subtract line 5 from line 4						32,195,805.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	<b>(e)</b> 2020	(f) Total
7	Amounts from line 4	7,016,939.	9,365,471.	1,772,220.	38,026,616.	24,310,625.	80,491,871.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	167,518.	833,734.	950,523.	1,006,692.	1,231,332.	4,189,799.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				132,094.	204,023.	336,117.
11	Total support. Add lines 7 through 10						85,017,787.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	18,456,448.
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>					
	tion C. Computation of Public Sup						27 07
14	Public support percentage for 2020 (li		•			14	37.87 <b>%</b> 40.46 <b>%</b>
15	Public support percentage from 2019	•	•			15	
16a	331/3% support test - 2020. If the or						
	box and <b>stop here.</b> The organization q						
b	331/3% support test - 2019. If the org						
	this box and <b>stop here.</b> The organization	•		_			
17a	10%-facts-and-circumstances test - 2	_					
	10% or more, and if the organization					-	•
	Part VI how the organization meets			_			
	organization						
b	10%-facts-and-circumstances test - 2	-	=				
	15 is 10% or more, and if the organia						
	in Part VI how the organization meets						
18	organization						
	instructions						
						<del></del>	<del></del>

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#### Schedule A (Form 990 or 990-EZ) 2020 Support Schedule for Organizations Described in Section 509(a)(2) Part III

(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.)

Sec	tion A. Public Support			· 1	'	,	
Caler	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
. u	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
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						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	-			•		
	organization, check this box and stop here.						<u> ▶ </u>
	tion C. Computation of Public Supp			(f))		. <b>.</b>	
15	Public support percentage for 2020 (line 8,					15	<u>%</u>
16	Public support percentage from 2019 Sche					16	<u></u> %
	tion D. Computation of Investment			40 1 ""			
17	Investment income percentage for 2020 (lin					17	%
18	Investment income percentage from 2019 S					18	%
19 a	331/3% support tests - 2020. If the org	-					
_	17 is not more than 331/3%, check this						
b	331/3% support tests - 2019. If the orga				•		
	line 18 is not more than 331/3%, check		•	•	. ,		<del></del>
20	Private foundation. If the organization d	iia not check a	a box on line 1	4, 19a, or 19b,	check this box	and see instruc	tions

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Schedule A (Form 990 or 990-EZ) 2020 Page **4** 

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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 **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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).
- 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).
- 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 Part VI.
- **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 **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 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 supporting organizations)? If "Yes," answer line 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Part I	V 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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in <b>Part VI</b> .	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	_		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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			
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
	1	2		
Section	on C. Type II Supporting Organizations		24	
			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 <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
		1		
Section	on D. All Type III Supporting Organizations		\ <u>'</u>	
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 line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	_		
2 (1)		3		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see	e insti	$\overline{}$	
2	Activities Test. Answer lines 2a and 2b below.		Yes	140
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 Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	_		
	that these activities constituted substantially all of its activities.	_2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	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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Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s							
1	Check here if the organization satisfied the Integral Part Test as a qualifying									
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.									
Se	ction 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								
Se	ction 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):									
а	Average monthly value of securities	1a								
b	Average monthly cash balances	1b								
С	Fair market value of other non-exempt-use assets	1c								
d	Total (add lines 1a, 1b, and 1c)	1d								
_ е	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e								
2	Acquisition indebtedness applicable to non-exempt-use assets	2								
3	Subtract line 2 from line 1d.	3								
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4								
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5								
6	Multiply line 5 by 0.035.	6								
7	Recoveries of prior-year distributions	7								
8	Minimum Asset Amount (add line 7 to line 6)	8								
Se	ction C - Distributable Amount			Current Year						
1	Adjusted net income for prior year (from Section A, line 8, column A)	1								
2	Enter 0.85 of line 1.	2								
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3								
4	Enter greater of line 2 or line 3.	4								
5	Income tax imposed in prior year	5								
6	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-functional	ly integra	ited Type III supporting	g organization						
	(see instructions).	_								

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Page **7** 

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ea	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	ıs	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				

Schedule A (Form 990 or 990-EZ) 2020

Distributions for 2020 from

Part VI. See instructions.

Breakdown of line 7:

Excess from 2016 . . .

Excess from 2017 . . .

Excess from 2018 . . .

Excess from 2019 . . .

Excess from 2020 . . .

and 4c.

Applied to underdistributions of prior years

Applied to 2020 distributable amount

Remainder. Subtract lines 4a and 4b from line 4.

Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in **Part VI.** See instructions.

Remaining underdistributions for 2020. Subtract lines 3h

and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2021. Add lines 3j

Section D, line 7:

<u>с</u> 5

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UMKC FOUNDATION 26-0840496

Schedule A (Form 990 or 990-EZ) 2020 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

**2020** 

**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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 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) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization UMKC FOUNDATION

Employer identification number

			20-0840496
Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$\$	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	N/A	\$\$, 7,250,497.	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	N/A	\$\$	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	N/A	\$\$	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	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	N/A	\$	Person Payroll Noncash (Complete Part II for

noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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					
7	N/A	\$\$	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.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	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.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
			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

Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional space is ne	eded.
(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
		1 <b>C</b>	1

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) 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

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

### **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

UMK	CC FOUNDATION	26-0840496
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	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 fund	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education)  Preservation of	a historically important land area
	Protection of natural habitat Preservation of	a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	ne 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	
		2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	ated by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	-
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	onservation easements during the year
	<u> </u>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con	servation easements during the year
_	<b>&gt;</b> \$	4-0414070
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 now the organization reports conservation easements in its revenue and e	expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial organization's accounting for conservation easements.	statements that describes the
Pa	Int III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	Sillia 7.000to.
1a		statement and halance sheet works
ıu	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	r research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes the	se items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue state art, historical treasures, or other similar assets held for public exhibition, education, or resea	tement and balance sheet works of
	provide the following amounts relating to these items:	non in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1	▶\$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar ass	
	following amounts required to be reported under FASB ASC 958 relating to these items:	3
а		▶ \$
b	Revenue included on Form 990, Part VIII, line 1	<b>&gt;</b> \$

UMKC FOUNDATION 26-0840496

Schedule D (Form 990) 2020 Page 2

Pa	rt    Organizations Maintaini	ng Collections of	Art, Histori	cal Tre	asures	s, or	Other	Similar A	Assets (d	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 appl	y):										
а	X Public exhibition		d	Loan o	r excha	ange	prograr	n				
b	Scholarly research e Other											
С												
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part											
	XIII.		•		,		•	,				
5	During the year, did the organizatio	n solicit or receive d	lonations of	art. histo	rical tre	easui	res. or o	other simi	lar			
	assets to be sold to raise funds rath									Yes	X	No
Pa	Part IV Escrow and Custodial Arrangements.											
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.											
1a	Is the organization an agent, trust	ee, custodian or ot	ther interme	diary fo	r contr	ibutio	ons or	other ass	ets not			
	included on Form 990, Part X?			-					[	Yes	; [	No
b	If "Yes," explain the arrangement in											,
	, 1	'		J					Amount			
С	Beginning balance					1c						
d	Additions during the year					1d						
е	Distributions during the year				- H	1e						
f	Ending balance					1f						
2a	Did the organization include an am-						stodial	account lia	ability?	Yes		No
	If "Yes," explain the arrangement in											1
	rt V Endowment Funds.	Traitrain Chook he	<u> </u>			о р.				· · · ·		
	Complete if the organiza	tion answered "Ye	s" on Form	990. P	art IV.	line	10.					
	Semprete ii iiie eigaiii.	(a) Current year	(b) Prior y		(c) Two			(d) Three	ears back	<b>(e)</b> Fou	ır vears	back
4.	Danis dan afasan kalasas	45,922,719.	44,430				208.		4,013.			600.
1a	Beginning of year balance	2,936,321.	4,149				240.		8,253.	,		476.
b	Contributions	273307321.	1,110	,320.	- / -	220,	210.	1,03	0,233.		0,2,	
С	Net investment earnings, gains,	8,466,673.	-371	,910.	2 (	159	761.	3 11	1,331.	3	642	232.
_	and losses	1,805,015.	1,755				171.		8,100.			130.
	Grants or scholarships	1,003,013.	Ξ,733	,033.		, 10,		-,,,	0,100.	- /	J / L /	
е	Other expenditures for facilities	6,247.	Ω	,792.	,	255	523.	_87	6,543.		253	,364.
	and programs	585,194.		,301.			660.		3,832.			,304. ,801.
f	Administrative expenses	54,929,257.	45,922				855.		8,208.	11		013.
g	End of year balance								0,200.	тт,	701,	
2 a	Provide the estimated percentage Board designated or quasi-endowm	ent >	end balance _%	(line 1g,	column	(a))	held as:					
b	Permanent endowment ► 80.0	000_%										
С	Term endowment ► 20.0000	%										
	The percentages on lines 2a, 2b, a	nd 2c should equal 1	00%.									
3a	Are there endowment funds not in t	the possession of th	ie organizati	on that a	are held	d and	d admin	istered 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	d organizations listed	d as required	on Sche	edule R	?				3b		
4	Describe in Part XIII the intended u	ses of the organizat	tion's endowi	ment fun	ds.							
Pa	rt VI Land, Buildings, and Equ Complete if the organiza	ation answered "Ye		n 990, F	Part IV,	line	11a. S	See Form	990, Pa	ırt X, liı	ne 10	
	Description of property	(a) Cost or (invest	other basis (	(b) Cost o	r other ba her)	sis		umulated eciation	(d	) Book v	alue	
1a	Land	,		10)	,		асрі	Joidhori				
b	Buildings											
C	Leasehold improvements					$\overline{}$						
d	Equipment					+						
u ^						+						
Tota	Other  I. Add lines 1a through 1e. (Column		n 990 Part V	column	(R) lin	<u> 10</u>	<u>^ )</u>					
1010		(a) musi syuai i Om	, JJU, I all A	, coluitili	וווו , <i>וו</i> ט) י	0 100	··/	<u> </u>				

Schedule D (Form 990) 2020

Page 3 Schedule D (Form 990) 2020

Part VII	Investments - Other Securities. Complete if the organization answered	l "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	ion:
(1) Einanair	al derivatives		Cook of one of your many	
	held equity interests			
(3) Other _	field equity interests 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
(A) OTH	ER SECURITIES	14,968,671.	FMV	
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)	14,968,671.		
Part VIII	Investments - Program Related.		D 1 N 1 1 1 2 5 200	D 1 1 1 10
	Complete if the organization answered		I	•
	(a) Description of investment	(b) Book value	(c) Method of valuati Cost or end-of-year mark	
(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.			
I alt IX	Complete if the organization answered	Tyes" on Form 990	, Part IV, line 11d. See Form 990,	Part X, line 15.
	<b>(a)</b> De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
<u>(5)</u>				
(6)				
(7) (8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) I	ine 15.)	<b>•</b>	
Part X	Other Liabilities. Complete if the organization answered line 25.			m 990, Part X,
1.		tion of liability		(b) Book value
(1) Feder	al income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			
2. Liability for	or uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements th	at reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

UMKC FOUNDATION 26-0840496

Schedule D (Form 990) 2020 Page 4

Part	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total revenue, gains, and other support per audited financial statements	1	36,779,396.				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments						
b	Donated services and use of facilities						
С	Recoveries of prior year grants						
d	Other (Describe in Part XIII.)		0 406 051				
е	Add lines 2a through 2d	2e	8,406,251.				
3	Subtract line 2e from line 1	3	28,373,145.				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b.  137,639.						
a	investment expenses not included on Form 930, Fart VIII, line Fb.						
b	Other (Describe III) are Alli.)	4c	137,639.				
с 5	Add lines <b>4a</b> and <b>4b</b>	5	28,510,784.				
Part		_	· · · · · · · · · · · · · · · · · · ·				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total expenses and losses per audited financial statements	1	35,787,673.				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities						
b	Prior year adjustments						
С	Other losses						
d	Other (Describe in Part XIII.)						
е	Add lines 2a through 2d	2e	1,446,706.				
3	Subtract line 2e from line 1	3	34,340,967.				
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 137,639.						
b	Other (Describe in Part XIII.)	40	137,639.				
с 5	Add lines <b>4a</b> and <b>4b</b>	4c 5	34,478,606.				
	XIII Supplemental Information.		31/1/0/0001				
Provide 2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5	Part V, nation	line 4; Part X, line				

Schedule D (Form 990) 2020 UMKC FOUNDATION 26-0840496 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	\$ 47,076
INVESTMENT INCOME - UMKC RESEARCH FOUNDATION	\$ 30,590
CHANGE IN LIFE INSURANCE	\$ 25,460

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\$ 103,096

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XII, LINE 2D

EXPENSES FROM UMKC RESEARCH FOUNDATION

\$ 16,180

### **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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 26-0840496

UMK	C FOUNDATION				26-08404	96
Part	General Information of Form 990, Part IV, line 14		Outside the	United States. Comple	ete if the organization a	answered "Yes" on
	For grantmakers. Does the orgother assistance, the grantees' award the grants or assistance?	eligibility for t	he grants or	assistance, and the selec	tion criteria used to	Yes No
	For grantmakers. Describe in loutside the United States.	_			-	d other assistance
3	Activities per Region. (The follov	ving Part I, line  (b) Number of offices in the region	3 table can be (c) Number of employees, agents, and independent contractors in the region	e duplicated if additional sp  (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	ace is needed.)  (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		10,194,624.
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
<u>(10)</u>						
<u>(11)</u>						
(12)						
<u>(13)</u>						
(14)						
<u>(15)</u>						
(16)						
(17)						
3a	Subtotal					10,194,624.
b	Total from continuation					
	sheets to Part I					
С	Totals (add lines 3a and 3b)					10,194,624.

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

Schedule F (Form 990) 2020

UMKC FOUNDATION 26-0840496

Page 2 Schedule F (Form 990) 2020

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Y Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.						red "Yes" on	Form 990,		
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
exe	er total number of recipient org mpt 501(c)(3) organization by the er total number of other organiz	ne IRS, or for which t	he grantee or counsel has	provided a sec	ction 501(c)(3) equiv	alency letter	▶		

UMKC FOUNDATION 26-0840496

Schedule F (Form 990) 2020

#### 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) 2020 Page **4** 

Part	IV Foreign Forms			-3-
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) 2020

Page 5 Schedule F (Form 990) 2020

## 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) 2020

#### **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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

UMKC	C FOUNDATION					26-0840496						
Part	Fundraising Activities. Com Form 990-EZ filers are not re				Yes" on Form 99	0, Part IV, line 1	7.					
1	Indicate whether the organization ra	ised funds through a	any of the	following	activities. Check a	Ill that apply.						
а	X Mail solicitations	е	X Solid	citation of i	non-government g	rants						
b	X Internet and email solicitations	f	<u> </u>									
С	X Phone solicitations	g	Special fundraising events									
d	X In-person solicitations											
2a	Did the organization have a written of	or oral agreement w	ith any in	dividual (in	cluding officers, d	irectors, trustees, _						
b	or key employees listed in Form 990 If "Yes," list the 10 highest paid ind compensated at least \$5,000 by the	ividuals or entities					X Yes No fundraiser is to be					
	(i) Name and address of individual or entity (fundraiser)	al (ii) Activity		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					
1			Yes	No								
	UFALLO NOEL LEVITZ LLC	CONSULTING		X	151,639.	221,749.						
2	OTTALLO NOLL LLVIIZ LLC	CONDUITING		21	131,033.	221,710.						
3												
4												
5												
6												
7												
8												
9												
10												
Total				<b>-</b>	151,639.	221,749.						
3	List all states in which the organizate registration or licensing.	ation is registered o	or licensed	d to solicit			it is exempt from					
MO,												

26-0840496

Page 2

UMKC FOUNDATION

Schedule G (Form 990 or 990-EZ) 2020

Pa	rt l	Fundraising Events. Complet more than \$15,000 of fundra events with gross receipts gre	aising event contributi	answered "Yes" on I ons and gross incom	Form 990, Part IV, ne on Form 990-EZ	line 18, or reported, lines 1 and 6b. List
		grant man grant array to grant	(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
Ф			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts				
<u>~</u>	3	Less: Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
<b>Direct Expenses</b>	6	Rent/facility costs				
t Expe	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses				
Pa	11	Direct expense summary. Add line Net income summary. Subtract line  Gaming. Complete if the orga \$15,000 on Form 990-EZ, line	ne 10 from line 3, colu anization answered "\	mn (d)	<u></u>	T
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<u>~</u>	1	Gross revenue				
xbeuses	2	Cash prizes				
ш	3	Noncash prizes				
Direct	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 colur	mn (d)	<b>&gt;</b>	
	8	Net gaming income summary. Su	btract line 7 from line	1, column (d)		
9 8	1	Enter the state(s) in which the orgalis the organization licensed to cond	anization conducts gar	ming activities: in each of these state		Yes No
10a		Were any of the organization's gaming If "Yes," explain:			uring the tax year?	Yes No

Sched	lule G (Form 990 or 990-EZ) 2020
11 12	Does the organization conduct gaming activities with nonmembers?
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 ▶ \$
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? Yes No
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) 2020

### SCHEDULE I (Form 990)

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

OMB No. 1545-0047
20**20** 

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.

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

Open to Public Inspection

Name of the organization	e of the organization										
UMKC FOUNDATION						26-0840496					
Part I General Information on Grants a	nd Assistanc	е				'					
<ol> <li>Does the organization maintain records to the selection criteria used to award the gra</li> <li>Describe in Part IV the organization's process.</li> </ol>	nts or assistand	e?					Yes X No				
Part II Grants and Other Assistance to Part IV, line 21, for any recipient		_			additional space is n		es" on Form 990,				
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance				
(1) UNIVERSITY OF MISSOURI - KANSAS CITY							SCHOLARSHIP &				
5100 ROCKHILL ROAD KANSAS CITY, MO 64110	43-6003859	501(C)(3)	31,862,606.				ACADEMIC PROGRAM				
(2) DIASTOLE-HOSPITAL HILL INCORPORATED							MAINTENANCE AND				
2501 HOLMES KANSAS CITY, MO 64108	43-1213056	501(C)(3)	193,567.				OPERATING				
_(3)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
(11)											
(12)											
<ul><li>2 Enter total number of section 501(c)(3) and</li><li>3 Enter total number of other organizations li</li></ul>							2.				
2 Enter total flamber of other organizations in	otos in the line	abio			<u> </u>	<u> </u>					

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

Schedule I (Form 990) 2020

Schedule I (Form 990) (2020)

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	77.	99,348.			
2					
3					
4					
5					
6					
7 Supplemental Information Dravide t					

**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 Inspection

Name of the organization UMKC FOUNDATION

Part I Questions Regarding Compensation

Department of the Treasury Internal Revenue Service

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  Housing allowance or residence for personal use								
	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	1b							
2	explain	10							
	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								
J	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									
c	Participate in or receive payment from an equity-based compensation arrangement?								
_	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.								
	The second state of the se								
	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		Х					
b	Any related organization?	5b		X					
D	If "Yes" on line 5a or 5b, describe in Part III.	36							
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		Х					
b	Any related organization?	6b		Х					
	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		X					
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		X					
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) 2020

Schedule J (Form 990) 2020 Page 2

#### 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
JAY WILSON	(i)	124,998.	19,750.	0.	9,704.	14,204.	168,656.	0.
1 ASSISTANT VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
JENNIFER INGRAHAM	(i)	129,341.	24,000.	0.	16,901.	0.	170,242.	0.
ASSISTANT VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
LISA BARONIO	(i)	226,467.	29,400.	0.	30,690.	30,816.	317,373.	0.
3 <sup>PRESIDENT</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
4	(ii)							
	(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)							

Schedule J (Form 990) 2020

#### 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.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

UMKC FOUNDATION

► Attach to Form 990.

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

Employer identification number

26-0840496

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash con			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		14.	459,881.	FAIR MARK	I TE	/ALUI	E
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							
25 26	Other ►() Other ►()							
20 27	Other ►()							
	Other ►(							
	Number of Forms 8283 received		anization during the tax w	ear for contributions for				
23	which the organization completed F				29			
	Willow and Organization completed i	0 0200,	r are v, Borioo riokirowioage				Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line:	s 1 through			
	28, that it must hold for at least the				_			
	to be used for exempt purposes for	-			•	30a		X
b	If "Yes," describe the arrangement i							
31	Does the organization have a		tance policy that require	es the review of any i	nonstandard			
	contributions?					31	Х	
32a	Does the organization hire or use	e third parti	es or related organization	s to solicit, process, or s	ell noncash			
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in c	column (c) for a type of pro	perty for which column (a)	is checked,			
	describe in Part II.							

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

Schedule M (Form 990) 2020

Schedule M (Form 990) (2020) Page **2** 

Part II Supplem

**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.

SCHEDULE M, PART I, COLUMN B

THE NUMBER IN THIS COLUMN REPRESENTS THE NUMBER OF CONTRIBUTORS.

Schedule M (Form 990) (2020)

#### 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

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

UMKC FOUNDATION

Name of the organization

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

Employer identification number 26-0840496

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, STUDENT FEES AND TUITION.

FORM 990, PART III, LINE 1

ENHANCE UMKC OVER AND ABOVE THOSE WHICH ARE FUNDED WITH STATE SUPPORT, STUDENT FEES AND TUITION.

FORM 990, PART III, LINE 4A

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, 2021: CONTRIBUTIONS AND COMMITMENTS FOR FUTURE CONTRIBUTIONS TO THE FOUNDATION AND UMKC (INCLUDING ITS SEVERAL SCHOOLS AND OTHER SUPPORTING ORGANIZATIONS) OF \$24,988,723 AND PLANNED GIFT COMMITMENTS OF \$4,102,508. FOR THE FISCAL YEAR ENDED JUNE 30, 2021 THE EFFORTS OF THE FOUNDATION HAVE PRODUCED PLEDGES AND PLANNED GIVING COMMITMENTS TOTALING \$29,091,231. FOR THE YEARS ENDED JUNE 30, 2021 AND 2020, THE FOUNDATION MADE GRANTS FROM

Name of the organization

UMKC FOUNDATION

Employer identification number

26-0840496

EARNINGS OF ITS ENDOWMENT FUNDS HELD BY THE FOUNDATION TO SUPPORT VARIOUS UMKC PROGRAMS IN THE AMOUNTS OF \$32,155,521 AND \$13,299,178, 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.

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.

FORM 990, PART XI, LINE 9

CHANGE IN LIFE INSURANCE VALUE

\$ 25,460

FORM 990, PART XII, LINE 2C

OVERSIGHT OF THE AUDIT, REVIEW, OR COMPILATION FOR FINANCIAL

STATEMENTS:

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

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.

#### 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

2020

Open to Public Inspection

Name of the organization
UMKC FOUNDATION

Employer identification number
26-0840496

(a)  N (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
			√ (if applicable) of disregarded entity Primary activity Legal domicile (state	l (if applicable) of disregarded entity Primary activity Legal domicile (state Total income	I (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets

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) 2020

Schedule R (Form 990) 2020

Part III	because it had one or						inswered "Yes"	on i	Forn	n 990, Part IV,	iine	34,	
	(a) me, address, and EIN of related organization	<b>(b)</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) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			oounity)					Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													

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 entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes No
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

(7)

Schedule R (	Form 990) 2020
Part V	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.		1a		X
b	Gift, grant, or capital contribution to related organization(s)		1b		X
	Gift, grant, or capital contribution from related organization(s)		1c		X
	Loans or loan guarantees to or for related organization(s)		1d		X
е	Loans or loan guarantees by related organization(s)		1e		X
f	Dividends from related organization(s)		1f		X
			1g		X
	Purchase of assets from related organization(s)		1h		X
i	Exchange of assets with related organization(s).		1i		X
i	Lease of facilities, equipment, or other assets to related organization(s).		1j		X
,					
k	Lease of facilities, equipment, or other assets from related organization(s)		1k	Х	
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
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1n		X
	Sharing of paid employees with related organization(s)		10	Х	
Ŭ	onating of paid ontployees with foldied organization(o)				
n	Reimbursement paid to related organization(s) for expenses		1р		Х
	Reimbursement paid by related organization(s) for expenses		1q		X
ч	Normbursoment paid by related organization(s) for expenses 1111111111111111111111111111111111				
r	Other transfer of cash or property to related organization(s)		1r		Х
s	Other transfer of cash or property from related organization(s)		1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction	n thres	sholds	s.	
	(a) (b) (c)		(d)		
	Name of related organization Transaction Amount involved Mype (a-s)	Aethod o	of dete nt invo		g
	туре (а-5)	amou	iit iiivc	nveu	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
=	Schedu	ıle R (F	orm	990) 2	2020

Page 3

Yes No

Schedule R (Form 990) 2020

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

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

(a) Name, address, and EIN of entity	(b) Primary activity Legal domicile (state or foreign country) romatory unrelated, excluding from tax under the country of the		income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	Share of total income (g) Share of end-of-year assets		(h) portionate ations?	(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	No			Yes	No	(1 01111 1000)	Yes	No	
(1)													
(2)													
(3)													
_(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													
											L		m 000) 2020

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26-0840496 UMKC FOUNDATION

Schedule R (Form 990) 2020 Page 5

## Part VII Supplemental Information

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

Form **990-T** 

# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

r calendar year 2020 or other tax year beginning	07/01 , 2020, and ending	06
r calendar year 2020 or other tax year beginning	$\underline{\hspace{0.1cm}}$ , 2020, and ending $\underline{\hspace{0.1cm}}$	

		For cale	endar year 2020 or other t	ax year l	beginning $07/$	01	, 2020, and ending	$1 - \frac{06/30}{}$	<b>20</b> 2	<u>1</u>	<b>2020</b>	
	artment of the Treasury		►Go to www.irs.g								Open to Public Inspection	on for
_	nal Revenue Service	▶ Do	not enter SSN numbers			_				<u> </u>	Open to Public Inspectio 501(c)(3) Organizations	
A	Check box if address changed.		Name of organization (		eck box if name chan	ged a	and see instructions	.)			er identification numb	oer
		Print	UMKC FOUNDATI		W 501						840496 exemption number	
	kempt under section	or	Number, street, and room 5515 OAK STRE							(see instr		
	501( C )( 3 )	Type	City or town, state or p						-			
	408(e) 220(e)		KANSAS CITY,		•	eigii	postal code		F		Check box if	
	408A 530(a) 529(a) 529A		<u> </u>					78,335,937	1 -		an amended return.	
			ok value of all assets at end X 501(c) corporat		501(c) trust		401(a) trust	Other trus		Δn	pplicable reinsuranc	
	Check if filing only to	<del>, ,                                    </del>	Claim credit fro				Claim a refund				plicable reliisuranc	e entity
			ation filing a consolida			L title						$\Box$
			d Schedules A (Form 99									
			corporation a subsidia									No 2
	, ,		identifying number of	,	0 1	ш <b>р</b> о		oou g. oup .			. ,	
			KAREN WILKERSO				Telephone	number ▶ 81	L6-2	235-5		
		į	5115 OAK STREE	T, 20	)2 ADMIN CE	VTE	R					
		I	KANSAS CITY		MO 64	112	2					
Pa	rt I Total Unre	elated E	Business Taxable	Incom	е							
1	Total of unrelat	ed busii	ness taxable income	comp	uted from all ui	rela	ated trades or	businesses (	see			
	instructions)									1		
2	Reserved									2		
3										3		
4			see instructions for limi							4		
5			taxable income before		-				1	5		0.
6			ng loss. See instructions						Г	6		
7			ness taxable income		•				- 1			
_										7		
8			ally \$1,000, but see in							8		
9 10			luction. See instructions						- I	9 10		
11			es 8 and 9 <b>able income.</b> Subtrad						ı	10		
• •							9		´	11		0.
Pa	rt II Tax Com			<u> </u>								
1			corporations. Multiply	Part I. I	ine 11 by 21% (0.2	1)				1		
2			t rates. See instruct									
_	Part I, line 11 fron	Г	Tax rate schedule	_	_ '					2		
3	*	_	s		<del></del>					3		
4			nstructions							4		
5			(trusts only)							5		
6			ility income. See instru							6		
7			n 6 to line 1 or 2, which						- I	7		

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2020)

### Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

iling of this	form, visit www.irs.gov/e-file-providers/e-file-f	for-charities	-and-non-profits.							
Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed).							
•	ons required to file an income tax return othe orm 7004 to request an extension of time to f		, -	O-C filers), partnerships,	, RE	MICs,	and trusts			
Гуре or	Name of exempt organization or other filer, see instructions.  Taxpayer identification not proceed to the process of the proce									
orint	UMKC FOUNDATION			26-084049	0496					
File by the lue date for										
iling your	5115 OAK STREET, 202 ADMIN CEN									
eturn. See nstructions.	City, town or post office, state, and ZIP code. For KANSAS CITY, MO 64112	a foreign ad	dress, see instructions.							
Enter the Re	eturn Code for the return that this application	is for (file	a separate application fo	or each return)			0 7			
Application		Return	Application			Return				
s For		Code	Is For				Code			
	r Form 990-EZ	01	Form 990-T (corporat	ion)	—		07			
Form 990-BI		02	Form 1041-A	م ام طاز باط برما /	—		08			
Form 4720 ( Form 990-PF	,	03 04	Form 4720 (other tha Form 5227	10						
	(sec. 401(a) or 408(a) trust)	05	Form 6069				11			
	(trust other than above)	Form 8870	12							
Telephone If the orga If this is for the whole Is the with the	s are in the care of ► 5115 OAK STREET  e No. ► 816 235-5778  anization does not have an office or place of or a Group Return, enter the organization's for e group, check this box  e names and TINs of all members the extensions.	business ir ur digit Gro f it is for pa ion is for.	Fax No.   In the United States, check the pup Exemption Number (art of the group, check the public than the pu	ck this box		If the	his is ttach			
	est an automatic 6-month extension of time u			$\frac{22}{2}$ , to file the exempt	t org	anizat	tion return			
2 If the ta	organization named above. The extension is calendar year 20 or tax year beginning 07/  ax year entered in line 1 is for less than 12 methange in accounting period	01 , 20 <u>20</u>	O, and ending	06/30_, eturn Final retur		<u>21</u> .				
3a If this	application is for Forms 990-BL, 990-PF, 9	90-T, 4720	O, or 6069, enter the	tentative tax, less any						
nonrefu	undable credits. See instructions.				За	\$	0.			
	application is for Forms 990-PF, 990-T,		· · · · · · · · · · · · · · · · · · ·							
	ted tax payments made. Include any prior yea				3b	\$	0.			
	e due. Subtract line 3b from line 3a. Include		ent with this form, if re-	quired, by using EFTPS						
	onic Federal Tax Payment System). See instru				3с		0.			
	u are going to make an electronic funds withdrawa	I (direct deb	it) with this Form 8868, se	e Form 8453-EO and Form	n 887	79-EO f	or payment			
nstructions.										
For Privacy A	Act and Paperwork Reduction Act Notice, see instr	ructions.			Forn	n <b>8868</b>	Rev. 1-2020)			

26-0840496 Page **2** UMKC FOUNDATION Form 990-T (2020)

FOIIII	330-i (Zi	20) Office I Compiliation	20 00	10170	г	raye 🚣
Par	t III	Tax and Payments				
1 a	Foreign	tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a				
		redits (see instructions)				
		business credit. Attach Form 3800 (see instructions)				
		or prior year minimum tax (attach Form 8801 or 8827)				
		edits. Add lines 1a through 1d	1e			
2		t line 1e from Part II, line 7	2			
3		xes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866				
		Other (attach statement)	3			
4	Total ta	x. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under				
		1294. Enter tax amount here	4			0.
5		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5			
		ats: A 2019 overpayment credited to 2020				
	•	stimated tax payments. Check if section 643(g) election applies   6b				
		osited with Form 8868				
		organizations: Tax paid or withheld at source (see instructions)				
		withholding (see instructions)				
f	•	or small employer health insurance premiums (attach Form 8941) 6f				
q		redits, adjustments, and payments: Form 2439				
3		orm 4136 Other Total ▶ 6g				
7		ayments. Add lines 6a through 6g	7			
8		ed tax penalty (see instructions). Check if Form 2220 is attached.	8			
9		If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9			
10		yment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid.	10			
11	-	·	11			
	t IV	Statements Regarding Certain Activities and Other Information (see instructions)				
1		time during the 2020 calendar year, did the organization have an interest in or a signature or		thority	Yes	No
-		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may				
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the f				
	here >		Ü	,		Х
2	During	the tax year, did the organization receive a distribution from, or was it the grantor of, or tr	ansferor	to, a		
	-	trust?				Х
	-	' see instructions for other forms the organization may have to file.		Ī		
3	Enter tl	e amount of tax-exempt interest received or accrued during the tax year				
4 a		organization change its method of accounting? (see instructions)		[		Х
		is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1				
		in Part V				
Par		Supplemental Information				
Provid	de the ex	planation required by Part IV, line 4b. Also, provide any other additional information. See instructions.				
		paration rogalises by traction, miles have not provided any other additional miles matter accommendation.				
		SUPPLEMENTAL INFORMATION ATTACHED				
		nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the beauty of the statements of perjury.	st of my k	nowledge a	and beli	ief, it is
Sigr	า 📗 "	ue, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	tho IDS	discuss	thic r	roturn
Her		TDDV DDDGD   \(\OPE\) 1 F \(\OPE\) QUATD   \(\OPE\)		eparer sh		
			instructions)			No
		Print/Type preparer's name Preparer's signature Date Check	if	PTIN		
Paid		APRIL ARNOLD CPA 05/15/2022 self-em		P0155	5942	6
Prep		Firm's name ▶ BKD , LLP Firm's E		4-0160		
use 	Only	Firm's address ▶ 1201 WALNUT, SUITE 1700, KANSAS CITY, MO 64106-2246 Phone	no. 816	-221-6	300	
JSA 0X274	1 1.000			Form 99		

#### SUPPLEMENTAL INFORMATION DETAIL

PART NUMBER: PART V LINE NUMBER: N/A

#### EXPLANATION:

PART V, SUPPLEMENTAL INFORMATION

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC §512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTES OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.