

**KANSAS CITY BALLET ASSOCIATION**  
PUBLIC DISCLOSURE COPY  
FORM 990  
TAX YEAR  
2016

**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2016, or fiscal year beginning 07/01, 2016, and ending 06/30, 2017

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).

**2016**

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

KANSAS CITY BALLET ASSOCIATION

Employer identification number

436052680

Name and title of officer

JEFFREY BENTLEY, EXECUTIVE DIRECTOR

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

- 1a Form 990 check here ▶  **b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . . 1b** 33143240.
- 2a Form 990-EZ check here ▶  **b Total revenue, if any (Form 990-EZ, line 9) . . . . . 2b** \_\_\_\_\_
- 3a Form 1120-POL check here ▶  **b Total tax (Form 1120-POL, line 22) . . . . . 3b** \_\_\_\_\_
- 4a Form 990-PF check here ▶  **b Tax based on investment income (Form 990-PF, Part VI, line 5). 4b** \_\_\_\_\_
- 5a Form 8868 check here ▶  **b Balance Due (Form 8868, line 3c) . . . . . 5b** \_\_\_\_\_

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize BKD, LLP to enter my PIN 86321 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ 

Date ▶ 4/13/2018

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

43372244016

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_

Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

Return of Organization Exempt From Income Tax

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

- Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning 07/01, 2016, and ending 06/30, 2017

Form header section containing organization name (KANSAS CITY BALLET ASSOCIATION), EIN (436052680), address (500 W PERSHING RD, KANSAS CITY, MO 64108), principal officer (JEFFREY BENTLEY), and tax-exempt status (501(c)(3)).

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, member counts, revenue breakdown, and fund balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block section with fields for officer signature, preparer name (KEVIN R ENSMINGER), firm name (BKD, LLP), and firm address.

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

For Paperwork Reduction Act Notice, see the separate instructions.

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

▶ **File a separate application for each return.**  
▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

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

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

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

| Type or print  | Enter filer's identifying number, see instructions                     |   |
|--|--|---|
|  | Name of exempt organization or other filer, see instructions.          | Employer identification number (EIN) or |
|  | KANSAS CITY BALLET ASSOCIATION   | 436052680                               |
|  | Number, street, and room or suite no. If a P.O. box, see instructions. | Social security number (SSN)            |
| 500 W PERSHING RD  |  |   |
| City, town or post office, state, and ZIP code. For a foreign address, see instructions. |  |   |
| KANSAS CITY, MO 64108  |  |   |

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

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

GEORGE HANS

• The books are in the care of ▶ 500 W PERSHING RD KANSAS CITY MO 64108

Telephone No. ▶ 816 931-2232 Fax No. ▶

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . .  . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 05/15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year 20\_\_ or  
▶  tax year beginning 07/01, 2016, and ending 06/30, 2017.

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

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

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

1 Briefly describe the organization's mission:

**TO ESTABLISH KANSAS CITY BALLET AS AN INDISPENSABLE ASSET OF THE KANSAS CITY COMMUNITY THROUGH EXCEPTIONAL PERFORMANCES, EXCELLENCE IN DANCE TRAINING AND COMMUNITY EDUCATION FOR ALL AGES.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 6,202,875. including grants of \$ ) (Revenue \$ 3,875,485. )  
SEE SCHEDULE O

4b (Code: ) (Expenses \$ 1,678,728. including grants of \$ ) (Revenue \$ 1,572,891. )  
SEE SCHEDULE O

4c (Code: ) (Expenses \$ 147,102. including grants of \$ ) (Revenue \$ 28,423. )  
SEE SCHEDULE O

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

4e Total program service expenses 8,028,705.

**Part IV Checklist of Required Schedules**

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

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

|            |   | Yes | No |
|------------|---|-----|----|
| <b>20a</b> | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>   |     | X  |
| <b>b</b>   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  |     |    |
| <b>21</b>  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>   |     | X  |
| <b>22</b>  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>   |     | X  |
| <b>23</b>  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>  | X   |    |
| <b>24a</b> | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>                            |     | X  |
| <b>b</b>   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   |     |    |
| <b>c</b>   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  |     |    |
| <b>d</b>   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   |     |    |
| <b>25a</b> | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>   |     | X  |
| <b>b</b>   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>                                       |     | X  |
| <b>26</b>  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>                                 |     | X  |
| <b>27</b>  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> |     | X  |
| <b>28</b>  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):   |     |    |
| <b>a</b>   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>   |     | X  |
| <b>b</b>   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>  |     | X  |
| <b>c</b>   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>  |     | X  |
| <b>29</b>  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>  | X   |    |
| <b>30</b>  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>  |     | X  |
| <b>31</b>  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>  |     | X  |
| <b>32</b>  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>  |     | X  |
| <b>33</b>  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>  |     | X  |
| <b>34</b>  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>  |     | X  |
| <b>35a</b> | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   |     | X  |
| <b>b</b>   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>   |     |    |
| <b>36</b>  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>   |     | X  |
| <b>37</b>  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>   |     | X  |
| <b>38</b>  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.  | X   |    |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, sub-column number, value, Yes, and No. Rows include questions 1a through 14b regarding IRS filings and tax compliance.



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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (31), 1b (29), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

GEORGE HANS 500 W PERSHING RD KANSAS CITY, MO 64108

816-931-2232

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

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

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

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

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

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

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

| (A)<br>Name and Title                               | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|   |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| (1)JEFFERY B. BENTLEY<br>EXECUTIVE DIRECTOR         | 50.00<br>0.  | X  |                       | X       |              |                              | 173,665. | 0.   | 6,377.  |   |
| (2)DEVON CARNEY<br>ARTISTIC DIRECTOR                | 50.00<br>0.  | X  |                       | X       |              |                              | 147,234. | 0.   | 6,671.  |   |
| (3)JULIA I. KAUFFMAN<br>DIRECTOR/CHAIRMAN           | 1.00<br>0.   | X  |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (4)CLAIRE BRAND<br>DIRECTOR/PRESIDENT               | 1.00<br>0.   | X  |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (5)JEAN-PAUL WONG<br>DIRECTOR/IMMEDIATE PAST PRES   | 1.00<br>0.   | X  |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (6)MICHAEL D. FROST, PHD<br>DIRECTOR/VICE PRESIDENT | 1.00<br>0.   | X  |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (7)JACK ROWE, JD<br>DIRECTOR/VICE-PRESIDENT         | 1.00<br>0.   | X  |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (8)KATHY STEPP<br>DIRECTOR/TREASURER                | 1.00<br>0.   | X  |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (9)SUSAN LORDI MARKER<br>DIRECTOR/SECRETARY         | 1.00<br>0.   | X  |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (10)ANNA ALLEN<br>DIRECTOR                          | 1.00<br>0.   | X  |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (11)EVELYN CRAFT BELGER<br>DIRECTOR                 | 1.00<br>0.   | X  |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (12)MICHAEL J. BRAY<br>DIRECTOR                     | 1.00<br>0.   | X  |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (13)KIRSTEN A. BYRD, JD<br>DIRECTOR                 | 1.00<br>0.   | X  |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (14)VINCE CLARK<br>DIRECTOR                         | 1.00<br>0.   | X  |                       |         |              |                              | 0.       | 0.   | 0.  |   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| ( 15) TOM CURRAN, PHD<br>-----<br>DIRECTOR                               | 1.00<br>-----<br>0.  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| ( 16) STEPHEN DOYAL<br>-----<br>DIRECTOR                                 | 1.00<br>-----<br>0.  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| ( 17) W. ANTHONY FEIOCK<br>-----<br>DIRECTOR                             | 1.00<br>-----<br>0.  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| ( 18) SHIRLEY BUSH HELZBERG<br>-----<br>DIRECTOR                         | 1.00<br>-----<br>0.  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| ( 19) LISA SCHUBERT HICKOK<br>-----<br>DIRECTOR                          | 1.00<br>-----<br>0.  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| ( 20) KATHLEEN KELLY<br>-----<br>DIRECTOR                                | 1.00<br>-----<br>0.  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| ( 21) BEGONYA KLUMB<br>-----<br>DIRECTOR                                 | 1.00<br>-----<br>0.  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| ( 22) LINDA LENZA<br>-----<br>DIRECTOR                                   | 1.00<br>-----<br>0.  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| ( 23) SIOBHAN MCLAUGHLIN LESLEY<br>-----<br>DIRECTOR                     | 1.00<br>-----<br>0.  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| ( 24) RICK POCCIA<br>-----<br>DIRECTOR                                   | 1.00<br>-----<br>0.  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| ( 25) CINDY ROCK<br>-----<br>DIRECTOR                                    | 1.00<br>-----<br>0.  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| <b>1b Sub-total</b> . . . . .  |  |   |                       |         |              |                              | 320,899. | 0.   | 13,048.   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |  |   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |  |   |                       |         |              |                              | 320,899. | 0.   | 13,048.   |   |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 2

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| <b>ATTACHMENT 1</b>              |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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 ► 10

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| ( 26 ) CICI ROJAS<br>-----<br>DIRECTOR                               | 1.00<br>-----<br>0.  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| ( 27 ) G. MARK SAPPINGTON, JD<br>-----<br>DIRECTOR                   | 1.00<br>-----<br>0.  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| ( 28 ) LINDA SHOARE<br>-----<br>DIRECTOR                             | 1.00<br>-----<br>0.  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| ( 29 ) KENT STALLARD, JD<br>-----<br>DIRECTOR                        | 1.00<br>-----<br>0.  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| ( 30 ) BARBARA STORM<br>-----<br>DIRECTOR                            | 1.00<br>-----<br>0.  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| ( 31 ) THOMAS F. WHITTAKER<br>-----<br>DIRECTOR                      | 1.00<br>-----<br>0.  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| <b>1b Sub-total</b> .....  |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b> .....                           |  |   |                       |         |              |                              |        |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► **2**

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

**Part VIII Statement of Revenue**

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

|   |  |  | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |           |
|---|--|--|----------------------|--|---|--|-----------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>             | <b>1a</b> Federated campaigns . . . . .  | <b>1a</b>  |                      |  |   |  |           |
|   | <b>b</b> Membership dues . . . . .   | <b>1b</b>  |                      |  |   |  |           |
|   | <b>c</b> Fundraising events . . . . .  | <b>1c</b>  | 359,755.             |  |   |  |           |
|   | <b>d</b> Related organizations . . . . .   | <b>1d</b>  |                      |  |   |  |           |
|   | <b>e</b> Government grants (contributions) . . . . .   | <b>1e</b>  | 202,337.             |  |   |  |           |
|   | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included above . . . . .   | <b>1f</b>  | 26,528,354.          |  |   |  |           |
|   | <b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .   |  | 23,487,210.          |  |   |  |           |
|   | <b>h Total.</b> Add lines 1a-1f . . . . .  |  | 27,090,446.          |  |   |  |           |
|   | <b>Program Service Revenue</b>   |  | <b>Business Code</b> |  |   |  |           |
| <b>2a</b> <u>PERFORMANCES</u>   |  | 711110   | 3,875,485.           | 3,875,485.   |   |  |           |
| <b>b</b> <u>TUITION</u>   |  | 616000   | 1,601,314.           | 1,601,314.   |   |  |           |
| <b>c</b> _____  |  |  |                      |  |   |  |           |
| <b>d</b> _____  |  |  |                      |  |   |  |           |
| <b>e</b> _____  |  |  |                      |  |   |  |           |
| <b>f</b> All other program service revenue . . . . .                          |  |  |                      |  |   |  |           |
| <b>g Total.</b> Add lines 2a-2f . . . . .                                     |  |  | 5,476,799.           |  |   |  |           |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest,<br>and other similar amounts). . . . .  |  | 161,187.             |  |   | 161,187.   |           |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds . . . . .  |  | 0.                   |  |   |  |           |
|   | <b>5</b> Royalties . . . . .   |  | 0.                   |  |   |  |           |
|   | <b>6a</b> Gross rents . . . . .  | (i) Real   | 29,376.              |  |   |  |           |
|   |  | (ii) Personal  | 10,864.              |  |   |  |           |
|   |  | <b>b</b> Less: rental expenses . . . . .                           |                      |  |   |  |           |
|   | <b>c</b> Rental income or (loss) . . . . .   |  | 29,376.              |  |   | 10,864.  |           |
|   | <b>d</b> Net rental income or (loss) . . . . .   |  |                      | 40,240.  |   | 40,240.  |           |
|   | <b>7a</b> Gross amount from sales of<br>assets other than inventory  | (i) Securities   | 8,418,063.           |  |   |  |           |
|   |  | (ii) Other   |                      |  |   |  |           |
|   |  | <b>b</b> Less: cost or other basis<br>and sales expenses . . . . . |                      | 8,049,117.   |   |  |           |
|   |  | <b>c</b> Gain or (loss) . . . . .                                  |                      | 368,946.   |   |  |           |
|   | <b>d</b> Net gain or (loss) . . . . .  |  |                      | 368,946.   |   | 368,946.   |           |
|   | <b>8a</b> Gross income from fundraising<br>events (not including \$ 359,755.<br>of contributions reported on line 1c).<br>See Part IV, line 18 . . . . . | <b>a</b>   | 128,125.             |  |   |  |           |
|   |  | <b>b</b> Less: direct expenses . . . . .                           |                      | 228,689.   |   |  |           |
|   |  | <b>c</b> Net income or (loss) from fundraising events . . . . .    |                      |  | -100,564.                               |  | -100,564. |
|   | <b>9a</b> Gross income from gaming activities.<br>See Part IV, line 19 . . . . .   | <b>a</b>   | 0.                   |  |   |  |           |
| <b>b</b> Less: direct expenses . . . . .                                      |  |  | 0.                   |  |   |  |           |
| <b>c</b> Net income or (loss) from gaming activities . . . . .                |  |  |                      | 0.   |   | 0.   |           |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . . . | <b>a</b>   | 0.   |                      |  |   |  |           |
|   | <b>b</b> Less: cost of goods sold . . . . .  |  | 0.                   |  |   |  |           |
|   | <b>c</b> Net income or (loss) from sales of inventory . . . . .  |  |                      | 0.   |   | 0.   |           |
| Miscellaneous Revenue   |  | <b>Business Code</b>   |                      |  |   |  |           |
| <b>11a</b> <u>MISCELLANEOUS</u>   | 900099   | 106,186.   |                      |  | 106,186.                                |  |           |
| <b>b</b> _____  |  |  |                      |  |   |  |           |
| <b>c</b> _____  |  |  |                      |  |   |  |           |
| <b>d</b> All other revenue . . . . .  |  |  |                      |  |   |  |           |
| <b>e Total.</b> Add lines 11a-11d . . . . .                                   |  | 106,186.   |                      |  |   |  |           |
| <b>12 Total revenue.</b> See instructions. . . . .                            |  | 33,143,240.  | 5,476,799.           |  | 575,995.                                |  |           |

**Part IX Statement of Functional Expenses**

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

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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .   | 0.                    |                                 |  |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .  | 0.                    |                                 |  |                             |
| 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 . . . . .   | 344,448.              | 158,446.                        | 141,224.                               | 44,778.                     |
| 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 . . . . .   | 3,741,082.            | 2,826,534.                      | 642,607.                               | 271,941.                    |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .   | 19,947.               | 5,156.                          | 14,791.                                |                             |
| 9 Other employee benefits . . . . .  | 552,091.              | 438,450.                        | 88,127.                                | 25,514.                     |
| 10 Payroll taxes . . . . .   | 370,505.              | 278,282.                        | 63,119.                                | 29,104.                     |
| 11 Fees for services (non-employees):  |                       |                                 |  |                             |
| a Management . . . . .   | 0.                    |                                 |  |                             |
| b Legal . . . . .  | 155,959.              |                                 | 8,244.                                 | 147,715.                    |
| c Accounting . . . . .   | 29,950.               |                                 | 29,950.                                |                             |
| d Lobbying . . . . .   | 0.                    |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17.   | 27,251.               |                                 |  | 27,251.                     |
| f Investment management fees . . . . .   | 0.                    |                                 |  |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .   | 132,970.              | 58,780.                         | 58,153.                                | 16,037.                     |
| 12 Advertising and promotion . . . . .   | 649,045.              | 649,045.                        |  |                             |
| 13 Office expenses . . . . .   | 181,808.              | 142,356.                        | 25,235.                                | 14,217.                     |
| 14 Information technology . . . . .  | 60,008.               | 42,006.                         | 12,001.                                | 6,001.                      |
| 15 Royalties . . . . .   | 0.                    |                                 |  |                             |
| 16 Occupancy . . . . .   | 1,420,657.            | 1,025,745.                      | 293,070.                               | 101,842.                    |
| 17 Travel . . . . .  | 106,953.              | 78,383.                         | 5,379.                                 | 23,191.                     |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  | 0.                    |                                 |  |                             |
| 19 Conferences, conventions, and meetings . . . . .  | 0.                    |                                 |  |                             |
| 20 Interest . . . . .  | 0.                    |                                 |  |                             |
| 21 Payments to affiliates . . . . .  | 0.                    |                                 |  |                             |
| 22 Depreciation, depletion, and amortization . . . . .   | 537,933.              | 509,802.                        | 17,093.                                | 11,038.                     |
| 23 Insurance . . . . .   | 37,392.               | 26,174.                         | 11,218.                                |                             |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)   |                       |                                 |  |                             |
| a <u>ORCHESTRA &amp; GUEST ARTISTS</u> . . . . .   | 589,689.              | 589,689.                        |  |                             |
| b <u>THEATER EXPENSES</u> . . . . .  | 557,082.              | 557,082.                        |  |                             |
| c <u>COSTUMES, SETS &amp; SHOES</u> . . . . .  | 246,357.              | 246,357.                        |  |                             |
| d <u>OTHER</u> . . . . .   | 372,835.              | 204,273.                        | 168,562.                               |                             |
| e All other expenses . . . . .   | 192,145.              | 192,145.                        |  |                             |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24e   | 10,326,107.           | 8,028,705.                      | 1,578,773.                             | 718,629.                    |
| 26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . | 0.                    |                                 |  |                             |

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |             | (B)<br>End of year     |
|---|--|--------------------------|-------------|------------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing   | 0.                       | <b>1</b>    | 0.                     |
|   | <b>2</b> Savings and temporary cash investments  | 1,238,114.               | <b>2</b>    | 1,583,784.             |
|   | <b>3</b> Pledges and grants receivable, net  | 1,078,294.               | <b>3</b>    | 1,009,169.             |
|   | <b>4</b> Accounts receivable, net  | 0.                       | <b>4</b>    | 0.                     |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   | 0.                       | <b>5</b>    | 0.                     |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | 0.                       | <b>6</b>    | 0.                     |
|   | <b>7</b> Notes and loans receivable, net   | 0.                       | <b>7</b>    | 0.                     |
|   | <b>8</b> Inventories for sale or use   | 0.                       | <b>8</b>    | 0.                     |
|   | <b>9</b> Prepaid expenses and deferred charges   | 696,383.                 | <b>9</b>    | 286,710.               |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | <b>10a</b> 28,619,614.   |             |                        |
|   | <b>b</b> Less: accumulated depreciation  | <b>10b</b> 3,534,323.    | 2,047,688.  | <b>10c</b> 25,085,291. |
|   | <b>11</b> Investments - publicly traded securities   | 10,406,190.              | <b>11</b>   | 11,174,229.            |
|   | <b>12</b> Investments - other securities. See Part IV, line 11   | 0.                       | <b>12</b>   | 0.                     |
|   | <b>13</b> Investments - program-related. See Part IV, line 11  | 0.                       | <b>13</b>   | 0.                     |
|   | <b>14</b> Intangible assets  | 0.                       | <b>14</b>   | 0.                     |
|   | <b>15</b> Other assets. See Part IV, line 11   | 52,804.                  | <b>15</b>   | 55,466.                |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) | 15,519,473.  | <b>16</b>                | 39,194,649. |                        |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses  | 292,200.                 | <b>17</b>   | 442,785.               |
|   | <b>18</b> Grants payable   | 0.                       | <b>18</b>   | 0.                     |
|   | <b>19</b> Deferred revenue   | 1,047,277.               | <b>19</b>   | 1,076,471.             |
|   | <b>20</b> Tax-exempt bond liabilities  | 0.                       | <b>20</b>   | 0.                     |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D  | 0.                       | <b>21</b>   | 0.                     |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L   | 0.                       | <b>22</b>   | 0.                     |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties   | 0.                       | <b>23</b>   | 0.                     |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties   | 0.                       | <b>24</b>   | 0.                     |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  | 0.                       | <b>25</b>   | 0.                     |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25   | 1,339,477.               | <b>26</b>   | 1,519,256.             |
| <b>Net Assets or Fund Balances</b>                                  | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>   |                          |             |                        |
|   | <b>27</b> Unrestricted net assets  | 3,144,583.               | <b>27</b>   | 25,946,501.            |
|   | <b>28</b> Temporarily restricted net assets  | 2,583,297.               | <b>28</b>   | 3,272,239.             |
|   | <b>29</b> Permanently restricted net assets  | 8,452,116.               | <b>29</b>   | 8,456,653.             |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>  |                          |             |                        |
|   | <b>30</b> Capital stock or trust principal, or current funds   |                          | <b>30</b>   |                        |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund   |                          | <b>31</b>   |                        |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds   |                          | <b>32</b>   |                        |
|   | <b>33</b> Total net assets or fund balances  | 14,179,996.              | <b>33</b>   | 37,675,393.            |
| <b>34</b> Total liabilities and net assets/fund balances            | 15,519,473.  | <b>34</b>                | 39,194,649. |                        |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |             |
|-----------|--|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 33,143,240. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 10,326,107. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 22,817,133. |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 14,179,996. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 678,264.    |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  | 0.          |
| <b>7</b>  | Investment expenses  | <b>7</b>  | 0.          |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  | 0.          |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | 0.          |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 37,675,393. |

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

|           | Yes | No |
|-----------|-----|----|
| <b>2a</b> |     | X  |
| <b>2b</b> | X   |    |
| <b>2c</b> | X   |    |
| <b>3a</b> |     | X  |
| <b>3b</b> |     |    |



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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

KANSAS CITY BALLET ASSOCIATION

Employer identification number

436052680

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

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

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

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

Schedule A (Form 990 or 990-EZ) 2016

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2016; 15 Public support percentage from 2015 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2016; b 33 1/3% support test - 2015; 17a 10%-facts-and-circumstances test - 2016; b 10%-facts-and-circumstances test - 2015; 18 Private foundation.

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.  
 If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2012   | (b) 2013   | (c) 2014    | (d) 2015    | (e) 2016    | (f) Total   |
|--|------------|------------|-------------|-------------|-------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   | 4,955,782. | 4,686,348. | 7,305,755.  | 5,431,939.  | 27,090,446. | 49,470,270. |
| 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 . . . . . | 3,730,261. | 4,511,029. | 4,705,651.  | 5,612,853.  | 5,476,799.  | 24,036,593. |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .   |            |            |             |             |             | 0.          |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |            |            |             |             |             | 0.          |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |            |            |             |             |             | 0.          |
| 6 <b>Total.</b> Add lines 1 through 5 . . . . .  | 8,686,043. | 9,197,377. | 12,011,406. | 11,044,792. | 32,567,245. | 73,506,863. |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .  | 140,000.   | 168,000.   | 155,000.    | 160,000.    | 1,304,798.  | 1,927,798.  |
| 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 . . . . .           |            |            |             |             |             | 0.          |
| c Add lines 7a and 7b. . . . .   | 140,000.   | 168,000.   | 155,000.    | 160,000.    | 1,304,798.  | 1,927,798.  |
| 8 <b>Public support.</b> (Subtract line 7c from line 6.) . . . . .   |            |            |             |             |             | 71,579,065. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2012   | (b) 2013   | (c) 2014    | (d) 2015    | (e) 2016    | (f) Total   |
|---|------------|------------|-------------|-------------|-------------|-------------|
| 9 Amounts from line 6. . . . .  | 8,686,043. | 9,197,377. | 12,011,406. | 11,044,792. | 32,567,245. | 73,506,863. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .  | 79,545.    | 74,422.    | 90,834.     | 232,920.    | 201,427.    | 679,148.    |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .   |            |            |             |             |             | 0.          |
| c Add lines 10a and 10b . . . . .   | 79,545.    | 74,422.    | 90,834.     | 232,920.    | 201,427.    | 679,148.    |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .  | 25,704.    | 29,640.    | 38,169.     | 21,958.     | 0.          | 115,471.    |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <b>ATCH 1</b> . . . . .  | 16,939.    | 42,603.    | 35,692.     | 152,358.    | 106,186.    | 353,778.    |
| 13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .  | 8,808,231. | 9,344,042. | 12,176,101. | 11,452,028. | 32,874,858. | 74,655,260. |
| 14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/> |            |            |             |             |             |             |

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

|  |    |         |
|--|----|---------|
| 15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)). . . . . | 15 | 95.88 % |
| 16 Public support percentage from 2015 Schedule A, Part III, line 15. . . . .                      | 16 | 96.62 % |

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

|  |    |        |
|--|----|--------|
| 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) . . . . . | 17 | .91 %  |
| 18 Investment income percentage from 2015 Schedule A, Part III, line 17 . . . . .                        | 18 | 1.06 % |

19a **33 1/3% support tests - 2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

| <b>Section A - Adjusted Net Income</b>  |          | (A) Prior Year | (B) Current Year (optional) |
|---|----------|----------------|-----------------------------|
| <b>1</b> Net short-term capital gain  | <b>1</b> |                |                             |
| <b>2</b> Recoveries of prior-year distributions   | <b>2</b> |                |                             |
| <b>3</b> Other gross income (see instructions)  | <b>3</b> |                |                             |
| <b>4</b> Add lines 1 through 3.   | <b>4</b> |                |                             |
| <b>5</b> Depreciation and depletion   | <b>5</b> |                |                             |
| <b>6</b> 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) | <b>6</b> |                |                             |
| <b>7</b> Other expenses (see instructions)  | <b>7</b> |                |                             |
| <b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).  | <b>8</b> |                |                             |

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

| <b>Section C - Distributable Amount</b>   |          |  | Current Year |
|---|----------|--|--------------|
| <b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)  | <b>1</b> |  |              |
| <b>2</b> Enter 85% of line 1.   | <b>2</b> |  |              |
| <b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)   | <b>3</b> |  |              |
| <b>4</b> Enter greater of line 2 or line 3.   | <b>4</b> |  |              |
| <b>5</b> Income tax imposed in prior year   | <b>5</b> |  |              |
| <b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | <b>6</b> |  |              |

**7**  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

| Section D - Distributions  | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes  |              |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      |              |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| 4 Amounts paid to acquire exempt-use assets  |              |
| 5 Qualified set-aside amounts (prior IRS approval required)  |              |
| 6 Other distributions (describe in Part VI). See instructions.   |              |
| 7 <b>Total annual distributions.</b> Add lines 1 through 6.  |              |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. |              |
| 9 Distributable amount for 2016 from Section C, line 6   |              |
| 10 Line 8 amount divided by Line 9 amount  |              |

| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2016 | (iii)<br>Distributable<br>Amount for 2016 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2016 from Section C, line 6  |                             |  |   |
| 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.   |                             |  |   |
| 3 Excess distributions carryover, if any, to 2016:  |                             |  |   |
| a   |                             |  |   |
| b   |                             |  |   |
| c From 2013. . . . .  |                             |  |   |
| d From 2014. . . . .  |                             |  |   |
| e From 2015. . . . .  |                             |  |   |
| f <b>Total</b> of lines 3a through e  |                             |  |   |
| g Applied to underdistributions of prior years  |                             |  |   |
| h Applied to 2016 distributable amount  |                             |  |   |
| i Carryover from 2011 not applied (see instructions)  |                             |  |   |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                             |  |   |
| 4 Distributions for 2016 from Section D, line 7:                   \$   |                             |  |   |
| a Applied to underdistributions of prior years  |                             |  |   |
| b Applied to 2016 distributable amount  |                             |  |   |
| c Remainder. Subtract lines 4a and 4b from 4.   |                             |  |   |
| 5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. |                             |  |   |
| 6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |                             |  |   |
| 7 <b>Excess distributions carryover to 2017.</b> Add lines 3j and 4c.   |                             |  |   |
| 8 Breakdown of line 7:  |                             |  |   |
| a   |                             |  |   |
| b Excess from 2013. . . .   |                             |  |   |
| c Excess from 2014. . . .   |                             |  |   |
| d Excess from 2015. . . .   |                             |  |   |
| e Excess from 2016. . . .   |                             |  |   |

**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.)

ATTACHMENT 1

SCHEDULE A, PART III - OTHER INCOME

| DESCRIPTION          | 2012           | 2013           | 2014           | 2015            | 2016            | TOTAL           |
|----------------------|----------------|----------------|----------------|-----------------|-----------------|-----------------|
| MISCELLANEOUS INCOME | 16,939.        | 42,603.        | 35,692.        | 152,358.        | 106,186.        | 353,778.        |
| <b>TOTALS</b>        | <u>16,939.</u> | <u>42,603.</u> | <u>35,692.</u> | <u>152,358.</u> | <u>106,186.</u> | <u>353,778.</u> |



# Schedule of Contributors

**2016**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

▶ **Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

|   |  |
|---|--|
| <b>Name of the organization</b><br>KANSAS CITY BALLET ASSOCIATION | <b>Employer identification number</b><br>436052680 |
|---|--|

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

### General Rule

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

### Special Rules

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

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

|  |  |
|--|--|
| <b>Name of organization</b> KANSAS CITY BALLET ASSOCIATION | <b>Employer identification number</b><br>436052680 |
|--|--|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 1          | _____<br>_____<br>_____           | \$ 925,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | _____<br>_____<br>_____           | \$ 115,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | _____<br>_____<br>_____           | \$ 114,500.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | _____<br>_____<br>_____           | \$ 100,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | _____<br>_____<br>_____           | \$ 100,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | _____<br>_____<br>_____           | \$ 93,793.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |  |
|--|--|
| <b>Name of organization</b> KANSAS CITY BALLET ASSOCIATION | <b>Employer identification number</b><br>436052680 |
|--|--|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 7          | _____<br>_____<br>_____           | \$ 93,512.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | _____<br>_____<br>_____           | \$ 82,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          | _____<br>_____<br>_____           | \$ 60,750.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10         | _____<br>_____<br>_____           | \$ 57,044.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 11         | _____<br>_____<br>_____           | \$ 49,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 12         | _____<br>_____<br>_____           | \$ 45,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |  |
|--|--|
| <b>Name of organization</b> KANSAS CITY BALLET ASSOCIATION | <b>Employer identification number</b><br>436052680 |
|--|--|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 13         | _____<br>_____<br>_____           | \$ 40,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 14         | _____<br>_____<br>_____           | \$ 37,500.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 15         | _____<br>_____<br>_____           | \$ 35,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 16         | _____<br>_____<br>_____           | \$ 30,400.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 17         | _____<br>_____<br>_____           | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 18         | _____<br>_____<br>_____           | \$ 22,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |  |
|--|--|
| <b>Name of organization</b> KANSAS CITY BALLET ASSOCIATION | <b>Employer identification number</b><br>436052680 |
|--|--|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 19         | _____<br>_____<br>_____           | \$ 21,080.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 20         | _____<br>_____<br>_____           | \$ 20,230.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 21         | _____<br>_____<br>_____           | \$ 20,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 22         | _____<br>_____<br>_____           | \$ 20,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 23         | _____<br>_____<br>_____           | \$ 20,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 24         | _____<br>_____<br>_____           | \$ 20,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |  |
|--|--|
| <b>Name of organization</b> KANSAS CITY BALLET ASSOCIATION | <b>Employer identification number</b><br>436052680 |
|--|--|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 25         | _____<br>_____<br>_____           | \$ 20,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 26         | _____<br>_____<br>_____           | \$ 19,576.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 27         | _____<br>_____<br>_____           | \$ 19,500.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 28         | _____<br>_____<br>_____           | \$ 18,507.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 29         | _____<br>_____<br>_____           | \$ 18,250.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 30         | _____<br>_____<br>_____           | \$ 18,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |  |
|--|--|
| <b>Name of organization</b> KANSAS CITY BALLET ASSOCIATION | <b>Employer identification number</b><br>436052680 |
|--|--|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 31         | _____<br>_____<br>_____           | \$ 15,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 32         | _____<br>_____<br>_____           | \$ 15,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 33         | _____<br>_____<br>_____           | \$ 15,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 34         | _____<br>_____<br>_____           | \$ 15,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 35         | _____<br>_____<br>_____           | \$ 15,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 36         | _____<br>_____<br>_____           | \$ 12,500.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |  |
|--|--|
| <b>Name of organization</b> KANSAS CITY BALLET ASSOCIATION | <b>Employer identification number</b><br>436052680 |
|--|--|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 37         | _____<br>_____<br>_____           | \$ 11,976.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 38         | _____<br>_____<br>_____           | \$ 11,375.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 39         | _____<br>_____<br>_____           | \$ 10,400.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 40         | _____<br>_____<br>_____           | \$ 10,075.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 41         | _____<br>_____<br>_____           | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 42         | _____<br>_____<br>_____           | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |



|  |  |
|--|--|
| <b>Name of organization</b> KANSAS CITY BALLET ASSOCIATION | <b>Employer identification number</b><br>436052680 |
|--|--|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 43         | _____<br>_____<br>_____           | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 44         | _____<br>_____<br>_____           | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 45         | _____<br>_____<br>_____           | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 46         | _____<br>_____<br>_____           | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 47         | _____<br>_____<br>_____           | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 48         | _____<br>_____<br>_____           | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

Name of organization **KANSAS CITY BALLET ASSOCIATION**

Employer identification number  
**436052680**

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 49         |                                   | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 50         |                                   | \$ 9,906.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 51         |                                   | \$ 8,500.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 52         |                                   | \$ 7,538.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 53         |                                   | \$ 7,500.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 54         |                                   | \$ 7,500.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |  |
|--|--|
| <b>Name of organization</b> KANSAS CITY BALLET ASSOCIATION | <b>Employer identification number</b><br>436052680 |
|--|--|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| 55         | _____<br>_____<br>_____           | \$ 7,320.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 56         | _____<br>_____<br>_____           | \$ 7,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 57         | _____<br>_____<br>_____           | \$ 6,416.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 58         | _____<br>_____<br>_____           | \$ 6,250.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 59         | _____<br>_____<br>_____           | \$ 6,250.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 60         | _____<br>_____<br>_____           | \$ 6,080.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|  |  |
|--|--|
| <b>Name of organization</b> KANSAS CITY BALLET ASSOCIATION | <b>Employer identification number</b><br>436052680 |
|--|--|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 61         | _____<br>_____<br>_____           | \$ 6,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 62         | _____<br>_____<br>_____           | \$ 6,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 63         | _____<br>_____<br>_____           | \$ 5,984.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 64         | _____<br>_____<br>_____           | \$ 5,950.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 65         | _____<br>_____<br>_____           | \$ 5,125.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 66         | _____<br>_____<br>_____           | \$ 5,036.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |  |
|--|--|
| <b>Name of organization</b> KANSAS CITY BALLET ASSOCIATION | <b>Employer identification number</b><br>436052680 |
|--|--|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 67         | _____<br>_____<br>_____           | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 68         | _____<br>_____<br>_____           | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 69         | _____<br>_____<br>_____           | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 70         | _____<br>_____<br>_____           | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 71         | _____<br>_____<br>_____           | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 72         | _____<br>_____<br>_____           | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |  |
|--|--|
| <b>Name of organization</b> KANSAS CITY BALLET ASSOCIATION | <b>Employer identification number</b><br>436052680 |
|--|--|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 73         | _____<br>_____<br>_____           | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 74         | _____<br>_____<br>_____           | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 75         | _____<br>_____<br>_____           | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 76         | _____<br>_____<br>_____           | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 77         | _____<br>_____<br>_____           | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 78         | _____<br>_____<br>_____           | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

Name of organization **KANSAS CITY BALLET ASSOCIATION**

Employer identification number  
**436052680**

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| 79         |                                   | \$ 23,468,605.             | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)                       |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)                       |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)                       |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)                       |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)                       |

Name of organization **KANSAS CITY BALLET ASSOCIATION**

Employer identification number  
**436052680**

**Part II** **Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
|---------------------------|--|--|----------------------|
| 58                        | REHEARSAL COSTUMES                           | \$ 6,416.                                      | 06/30/2017           |
| 80                        | LOAN RECEIVABLE                              | \$ 23,468,605.                                 | 12/24/2016           |
| _____                     | _____  | \$ _____                                       | _____                |
| _____                     | _____  | \$ _____                                       | _____                |
| _____                     | _____  | \$ _____                                       | _____                |
| _____                     | _____  | \$ _____                                       | _____                |



Name of organization **KANSAS CITY BALLET ASSOCIATION**

Employer identification number

436052680

**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.

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| _____               | _____<br>_____<br>_____ | _____<br>_____<br>_____ | _____<br>_____<br>_____             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____<br>_____<br>_____                 | _____<br>_____<br>_____                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| _____               | _____<br>_____<br>_____ | _____<br>_____<br>_____ | _____<br>_____<br>_____             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____<br>_____<br>_____                 | _____<br>_____<br>_____                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| _____               | _____<br>_____<br>_____ | _____<br>_____<br>_____ | _____<br>_____<br>_____             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____<br>_____<br>_____                 | _____<br>_____<br>_____                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| _____               | _____<br>_____<br>_____ | _____<br>_____<br>_____ | _____<br>_____<br>_____             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____<br>_____<br>_____                 | _____<br>_____<br>_____                  |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2016

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

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

Name of the organization

KANSAS CITY BALLET ASSOCIATION

Employer identification number

436052680

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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 funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

Schedule D (Form 990) 2016

JSA 6E1268 1.000

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? [ ] Yes [ ] No
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? [ ] Yes [ ] No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII [ ]

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

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

- a Board designated or quasi-endowment [ ] %
b Permanent endowment [ ] 79.0000 %
c Temporarily restricted endowment [ ] 21.0000 %

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

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

Table with 2 columns: Yes, No. Rows: (i) unrelated organizations, (ii) related organizations, b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

**Part VII Investments - Other Securities.**

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

| (a) Description of security or category<br>(including name of security)     | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives . . . . .   |                |  |
| (2) Closely-held equity interests . . . . .                                 |                |  |
| (3) Other _____   |                |  |
| (A) _____   |                |  |
| (B) _____   |                |  |
| (C) _____   |                |  |
| (D) _____   |                |  |
| (E) _____   |                |  |
| (F) _____   |                |  |
| (G) _____   |                |  |
| (H) _____   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ► |                |  |

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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

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

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

|   |  |    |           |             |
|---|--|----|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements . . . . .                       |    | <b>1</b>  | 34,073,690. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                      |    |           |             |
| a | Net unrealized gains (losses) on investments . . . . .   | 2a | 678,264.  |             |
| b | Donated services and use of facilities . . . . .   | 2b | 23,497.   |             |
| c | Recoveries of prior year grants . . . . .  | 2c |           |             |
| d | Other (Describe in Part XIII.) . . . . .   | 2d | 228,689.  |             |
| e | Add lines <b>2a</b> through <b>2d</b> . . . . .  |    | <b>2e</b> | 930,450.    |
| 3 | Subtract line <b>2e</b> from line <b>1</b> . . . . .   |    | <b>3</b>  | 33,143,240. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                     |    |           |             |
| a | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | 4a |           |             |
| b | Other (Describe in Part XIII.) . . . . .   | 4b |           |             |
| c | Add lines <b>4a</b> and <b>4b</b> . . . . .  |    | <b>4c</b> |             |
| 5 | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . . |    | <b>5</b>  | 33,143,240. |

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

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

|   |   |    |           |             |
|---|---|----|-----------|-------------|
| 1 | Total expenses and losses per audited financial statements . . . . .                                      |    | <b>1</b>  | 10,578,293. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:   |    |           |             |
| a | Donated services and use of facilities . . . . .  | 2a | 23,497.   |             |
| b | Prior year adjustments . . . . .  | 2b |           |             |
| c | Other losses . . . . .  | 2c |           |             |
| d | Other (Describe in Part XIII.) . . . . .  | 2d | 228,689.  |             |
| e | Add lines <b>2a</b> through <b>2d</b> . . . . .   |    | <b>2e</b> | 252,186.    |
| 3 | Subtract line <b>2e</b> from line <b>1</b> . . . . .  |    | <b>3</b>  | 10,326,107. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:  |    |           |             |
| a | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | 4a |           |             |
| b | Other (Describe in Part XIII.) . . . . .  | 4b |           |             |
| c | Add lines <b>4a</b> and <b>4b</b> . . . . .   |    | <b>4c</b> |             |
| 5 | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . . |    | <b>5</b>  | 10,326,107. |

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

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**Part XIII** Supplemental Information (continued)

SCHEDULE D, PART III, LINE 1A

THE COLLECTION INCLUDES TWO BRONZE SCULPTURES ENTITLED "DREAMING ABOUT" AND "UNBEARABLE LEVITATION" AND AN OIL CANVAS PAINTING ENTITLED "OPENING NIGHT". THE PIECES IN THE COLLECTION SYMBOLIZE CREATIVE MOVEMENT AND DANCE.

SCHEDULE D, PART III, LINE 4

THE DONATED PAINTING AND SCULPTURES ARE DISPLAYED THROUGHOUT THE BOLENDER CENTER FOR VISITORS, STUDENTS AND STAFF TO APPRECIATE AND ENJOY. KANSAS CITY BALLET HOPES TO PRESERVE THESE WORKS OF ART TO INSPIRE FUTURE GENERATIONS OF DANCERS, STUDENTS AND DONORS.

SCHEDULE D, PART V, LINE 4

KANSAS CITY BALLET ENDOWMENT FUNDS ARE INTENDED TO BE USED FOR A VARIETY OF PURPOSES, INCLUDING DANCER SALARIES, STUDENT SCHOLARSHIPS, COSTUMES, BUILDING UPKEEP AND MAINTENANCE, AND GENERAL OPERATING EXPENSES.

SCHEDULE D, PART X, LINE 2

UNCERTAIN TAX POSITIONS DISCLOSURE - 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.

**Part XIII** Supplemental Information *(continued)*

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SCHEDULE D, PARTS XI AND XII, LINES 2D

FUNDRAISING EXPENSES

\$228,689

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization

**KANSAS CITY BALLET ASSOCIATION**

Employer identification number

**436052680**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
|   |               | Yes  | No |                                   |   |   |
| <b>1</b><br><b>ATTACHMENT 1</b>                           |               |  |    |                                   |   |   |
| <b>2</b>  |               |  |    |                                   |   |   |
| <b>3</b>  |               |  |    |                                   |   |   |
| <b>4</b>  |               |  |    |                                   |   |   |
| <b>5</b>  |               |  |    |                                   |   |   |
| <b>6</b>  |               |  |    |                                   |   |   |
| <b>7</b>  |               |  |    |                                   |   |   |
| <b>8</b>  |               |  |    |                                   |   |   |
| <b>9</b>  |               |  |    |                                   |   |   |
| <b>10</b>   |               |  |    |                                   |   |   |
| <b>Total</b> .....  |               |  |    |                                   |   | <b>27,251.</b>                                    |

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |  | (a) Event #1  | (b) Event #2                 | (c) Other events | (d) Total events                |
|-----------------|--|---|------------------------------|------------------|---------------------------------|
|                 |  | BALLET BALL<br>(event type)   | SPF LUNCHEON<br>(event type) | (total number)   | (add col. (a) through col. (c)) |
| Revenue         | 1  | Gross receipts . . . . .  | 340,784.                     | 147,096.         | 487,880.                        |
|                 | 2  | Less: Contributions . . . . .   | 290,384.                     | 69,371.          | 359,755.                        |
|                 | 3  | Gross income (line 1 minus line 2). . . . .                             | 50,400.                      | 77,725.          | 128,125.                        |
| Direct Expenses | 4  | Cash prizes . . . . .   |                              |                  |                                 |
|                 | 5  | Noncash prizes . . . . .  |                              |                  |                                 |
|                 | 6  | Rent/facility costs . . . . .   | 25,111.                      | 19,582.          | 44,693.                         |
|                 | 7  | Food and beverages . . . . .  | 44,279.                      | 20,355.          | 64,634.                         |
|                 | 8  | Entertainment . . . . .   | 4,350.                       | 30,374.          | 34,724.                         |
|                 | 9  | Other direct expenses . . . . .   | 72,291.                      | 12,347.          | 84,638.                         |
|                 | 10   | Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶ |                              |                  | 228,689.                        |
| 11              | Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶ |   |                              | -100,564.        |                                 |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |   | (a) Bingo  | (b) Pull tabs/instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming (add col. (a) through col. (c))                    |
|-----------------|---|--|---|---|---|
|                 |   |  |   |   |   |
| Revenue         | 1 | Gross revenue . . . . .  |   |   |   |
| Direct Expenses | 2 | Cash prizes . . . . .  |   |   |   |
|                 | 3 | Noncash prizes . . . . .   |   |   |   |
|                 | 4 | Rent/facility costs . . . . .  |   |   |   |
|                 | 5 | Other direct expenses . . . . .  |   |   |   |
|                 | 6 | Volunteer labor . . . . .  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |
|                 | 7 | Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶        |   |   |   |
|                 | 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶ |   |   |   |

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

|                               |            |   |
|-------------------------------|------------|---|
| a The organization's facility | <b>13a</b> | % |
| b An outside facility         | <b>13b</b> | % |

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?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c 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       Employee       Independent contractor

- 17 Mandatory distributions:
  - a 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 ▶ \$ \_\_\_\_\_

**Part IV 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).

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990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

| NAME AND ADDRESS OF FUNDRAISER                                   | ACTIVITY    | DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS? |    | GROSS RECEIPTS FROM ACTIVITY | AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER | AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION |
|--|-------------|--|----|------------------------------|--|--|
|  |             | YES  | NO |                              |  |  |
| GVA<br><br>284 ST CLAIR AVE. EAST<br>TORONTO<br>ON<br>CA M4T 1P4 | ENDOWMENT F |  | X  |                              |  | 27,251.                                      |

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Name of the organization

**KANSAS CITY BALLET ASSOCIATION**

Employer identification number

**436052680**

**Part I Questions Regarding Compensation**

|   |   | Yes       | No       |
|---|---|-----------|----------|
| <b>1a</b>   | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.   |           |          |
| <input type="checkbox"/>  | First-class or charter travel   |           |          |
| <input type="checkbox"/>  | Travel for companions   |           |          |
| <input type="checkbox"/>  | Tax indemnification and gross-up payments   |           |          |
| <input type="checkbox"/>  | Discretionary spending account  |           |          |
| <input type="checkbox"/>  | Housing allowance or residence for personal use   |           |          |
| <input type="checkbox"/>  | Payments for business use of personal residence   |           |          |
| <input type="checkbox"/>  | Health or social club dues or initiation fees   |           |          |
| <input type="checkbox"/>  | Personal services (such as, maid, chauffeur, chef)  |           |          |
| <b>b</b>  | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .  | <b>1b</b> |          |
| <b>2</b>  | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? . . . . .  | <b>2</b>  |          |
| <b>3</b>  | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. |           |          |
| <input checked="" type="checkbox"/>   | Compensation committee  |           |          |
| <input type="checkbox"/>  | Independent compensation consultant   |           |          |
| <input checked="" type="checkbox"/>   | Form 990 of other organizations   |           |          |
| <input checked="" type="checkbox"/>   | Written employment contract   |           |          |
| <input checked="" type="checkbox"/>   | Compensation survey or study  |           |          |
| <input checked="" type="checkbox"/>   | Approval by the board or compensation committee   |           |          |
| <b>4</b>  | 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:  |           |          |
| <b>a</b>  | Receive a severance payment or change-of-control payment? . . . . .   | <b>4a</b> | <b>X</b> |
| <b>b</b>  | Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .   | <b>4b</b> | <b>X</b> |
| <b>c</b>  | Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .  | <b>4c</b> | <b>X</b> |
|   | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.   |           |          |
| <b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b> |   |           |          |
| <b>5</b>  | 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:  |           |          |
| <b>a</b>  | The organization? . . . . .   | <b>5a</b> | <b>X</b> |
| <b>b</b>  | Any related organization? . . . . .   | <b>5b</b> | <b>X</b> |
|   | If "Yes" on line 5a or 5b, describe in Part III.  |           |          |
| <b>6</b>  | 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:  |           |          |
| <b>a</b>  | The organization? . . . . .   | <b>6a</b> | <b>X</b> |
| <b>b</b>  | Any related organization? . . . . .   | <b>6b</b> | <b>X</b> |
|   | If "Yes" on line 6a or 6b, describe in Part III.  |           |          |
| <b>7</b>  | 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. . . . .  | <b>7</b>  | <b>X</b> |
| <b>8</b>  | 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 . . . . .   | <b>8</b>  | <b>X</b> |
| <b>9</b>  | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .  | <b>9</b>  |          |

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

Schedule J (Form 990) 2016

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

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

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

| (A) Name and Title                         |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|  |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| JEFFERY B. BENTLEY<br>1 EXECUTIVE DIRECTOR | (i)  | 173,665.   | 0.                                  | 0.                                  | 1,719.   | 4,658.                  | 180,042.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| DEVON CARNEY<br>2 ARTISTIC DIRECTOR        | (i)  | 147,234.   | 0.                                  | 0.                                  | 2,000.   | 4,671.                  | 153,905.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 3  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 4  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 5  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 6  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 7  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 8  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 9  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 10   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 11   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 12   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 13   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 14   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 15   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 16   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |

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**Part III Supplemental Information**

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

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**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open To Public  
Inspection**

Name of the organization

**KANSAS CITY BALLET ASSOCIATION**

Employer identification number

**436052680**

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art . . . . .   |                            |   |  |   |
| 2 Art - Historical treasures . . . . .                                 |                            |   |  |   |
| 3 Art - Fractional interests . . . . .                                 |                            |   |  |   |
| 4 Books and publications . . . . .                                     |                            |   |  |   |
| 5 Clothing and household goods . . . . .                               | X                          |   | 6,204.   | FAIR MARKET VALUE   |
| 6 Cars and other vehicles . . . . .                                    |                            |   |  |   |
| 7 Boats and planes . . . . .   |                            |   |  |   |
| 8 Intellectual property . . . . .                                      |                            |   |  |   |
| 9 Securities - Publicly traded . . . . .                               | X                          | 2.  | 6,565.   | FAIR MARKET VALUE   |
| 10 Securities - Closely held stock . . . . .                           |                            |   |  |   |
| 11 Securities - Partnership, LLC, or trust interests . . . . .         |                            |   |  |   |
| 12 Securities - Miscellaneous . . . . .                                |                            |   |  |   |
| 13 Qualified conservation contribution - Historic structures . . . . . |                            |   |  |   |
| 14 Qualified conservation contribution - Other . . . . .               |                            |   |  |   |
| 15 Real estate - Residential . . . . .                                 |                            |   |  |   |
| 16 Real estate - Commercial . . . . .                                  |                            |   |  |   |
| 17 Real estate - Other . . . . .                                       |                            |   |  |   |
| 18 Collectibles . . . . .  |                            |   |  |   |
| 19 Food inventory . . . . .  | X                          | 3.  | 5,292.   | FAIR MARKET VALUE   |
| 20 Drugs and medical supplies . . . . .                                |                            |   |  |   |
| 21 Taxidermy . . . . .   |                            |   |  |   |
| 22 Historical artifacts . . . . .                                      |                            |   |  |   |
| 23 Scientific specimens . . . . .                                      |                            |   |  |   |
| 24 Archeological artifacts . . . . .                                   |                            |   |  |   |
| 25 Other ▶ ( <u>LOAN RECEIVABLE</u> ) . . . . .                        | X                          | 1.  | 23,468,605.  | LOAN BALANCE  |
| 26 Other ▶ ( <u>STUDIO PHOTOS</u> ) . . . . .                          | X                          | 1.  | 544.   | FAIR MARKET VALUE   |
| 27 Other ▶ ( _____ ) . . . . .   |                            |   |  |   |
| 28 Other ▶ ( _____ ) . . . . .   |                            |   |  |   |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29**

|   | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . . |     | X  |
| b If "Yes," describe the arrangement in Part II.  |     |    |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .   | X   |    |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .  |     | X  |
| b If "Yes," describe in Part II.  |     |    |
| 33 If the organization didn't report an amount in column (c) for a type of property 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) (2016)

JSA

6E1298 1.000

**Part II** **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 ORGANIZATION USES A COMBINATION OF THE NUMBER OF CONTRIBUTIONS AND  
THE NUMBER OF ITEMS RECEIVED.



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

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

OMB No. 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

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

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

KANSAS CITY BALLET ASSOCIATION

Employer identification number

436052680

FORM 990, PART III, LINE 4A

64,408 PEOPLE SERVED. KANSAS CITY BALLET'S REGULAR SEASON CONSISTED OF TWO FULL-LENGTH BALLETS: BRUCE WELLS' A MIDSUMMER NIGHT'S DREAM WITH MUSIC BY FELIX MENDELSSOHN (OCTOBER 7-16); DEVON CARNEY'S (AFTER MARIUS PETIPA) THE SLEEPING BEAUTY WITH MUSIC BY PETER I. TCHAIKOVSKY (MARCH 31-APRIL 9) AND ONE MIXED REPERTORY PROGRAM DIRECTOR'S CHOICE (MAY 12-21), CONSISTING OF INTERPLAY (JEROME ROBBINS, MUSIC BY MORTON GOULD), THE LOTTERY (VAL CANIPAROLI, MUSIC BY ROBERT MORAN) AND THEME AND VARIATIONS (GEORGE BALANCHINE, MUSIC BY PETER I. TCHAIKOVSKY). DURING THE MONTH OF DECEMBER, KANSAS CITY BALLET PERFORMED 3 SCHOOL AND 23 PUBLIC PERFORMANCES OF DEVON CARNEY'S HOLIDAY CLASSIC THE NUTCRACKER WITH MUSIC BY PETER I TCHAIKOVSKY (DECEMBER 3-24). EACH SHOW IS PERFORMED BY THE OUTSTANDING PROFESSIONAL COMPANY OF KANSAS CITY BALLET AND ACCOMPANIED BY THE KANSAS CITY SYMPHONY. ADDITIONAL PERFORMANCES INCLUDE NEW MOVES, SHOWCASING NEW AND EMERGING CHOREOGRAPHERS AND PERFORMANCES BY THE KANSAS CITY YOUTH BALLET AND KANSAS CITY BALLET ACADEMY.

FORM 990, PART III, LINE 4B

2,585 PEOPLE SERVED. PROVIDING EXCELLENCE IN DANCE TRAINING SINCE 1981, KANSAS CITY BALLET SCHOOL HAS TWO CAMPUSES, DOWNTOWN AND IN JOHNSON COUNTY, SERVING THE NEEDS OF PRE-PROFESSIONAL AND RECREATIONAL DANCE STUDENTS, BOTH CHILDREN AND ADULTS. CLASSES ARE OFFERED IN CREATIVE MOVEMENT, BALLET, POINTE, JASS, FLAMENCO, MODERN, AND MORE. STUDENTS IN THE PRE-PROFESSIONAL PROGRAM HAVE THE OPPORTUNITY TO AUDITION FOR COMPANY

|  |   |
|--|---|
| Name of the organization<br>KANSAS CITY BALLET ASSOCIATION | Employer identification number<br>436052680 |
|--|---|

PRODUCTIONS SUCH AS THE NUTCRACKER AND ALSO PARTICIPATE IN A SPRING SCHOOL PERFORMANCE. EACH YEAR KCBS OFFERS A FIVE-WEEK SUMMER INTENSIVE PROGRAM, WHICH ATTRACTS STUDENTS FROM ALL OVER THE COUNTRY. KANSAS CITY BALLET'S SECOND COMPANY SERVES AS AN EMERGING PROFESSIONALS PROGRAM FOR EXTRAORDINARILY TALENTED YOUNG DANCERS.

FORM 990, PART III, LINE 4C

3,207 PEOPLE REACHED THROUGH REACH OUT AND DANCE (ROAD) PROGRAM; 11,587 PEOPLE WERE SERVED THROUGH OTHER COMMUNITY EDUCATION PROGRAMS. ROAD IS A 24-WEEK IN-SCHOOL DANCE RESIDENCY PROGRAM FOR ELEMENTARY SCHOOLS, TAUGHT BY KANSAS CITY BALLET TEACHING ARTISTS, TO LIVE PIANO ACCOMPANIMENT. KANSAS CITY BALLET ROAD BROUGHT DANCE TO 3RD AND 4TH GRADE GRADE STUDENTS IN 12 SCHOOLS IN KANSAS AND MISSOURI. DURING FISCAL YEAR 2017, KCB SERVED A TOTAL OF 14,794 YOUTH AND ADULTS IN GREATER KANSAS CITY THROUGH COMMUNITY PROGRAMS, INCLUDING NUTCRACKER EDUCATIONAL MATINEES FOR SCHOOLS, PRE-PERFORMANCE WORKSHOPS, BOLENDER CENTER TOURS, CAREER DAYS, LECTURES AND SPECIAL PRESENTATIONS.

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

AN INDEPENDENT ACCOUNTING FIRM PREPARES AND REVIEWS THE 990. THE 990 IS THEN REVIEWED BY THE ORGANIZATION'S CFO AND CEO. ANY QUESTIONS OR CONCERNS THE CFO OR CEO HAVE ARE ADDRESSED AND ANY CORRECTIONS OR CLARIFICATIONS ARE MADE. THE 990 IS THEN PROVIDED TO THE MEMBERS OF THE BOARD FOR THEIR REVIEW PRIOR TO FILING THE 990. ANY QUESTIONS OR CONCERNS THE BOARD HAVE ARE ADDRESSED AND ANY CORRECTIONS OR CLARIFICATIONS ARE MADE PRIOR TO FILING THE 990.

Name of the organization

KANSAS CITY BALLET ASSOCIATION

Employer identification number

436052680

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

AT THE TIME MEMBERSHIP ON THE BOARD OF DIRECTORS COMMENCES AND ANNUALLY THEREAFTER, BOARD MEMBERS (INCLUDING THE EXECUTIVE DIRECTOR AND ARTISTIC DIRECTOR) WILL SIGN A CONFLICT OF INTEREST DISCLOSURE FORM WHICH SHALL BE COMPLETED TO IDENTIFY ANY RELATIONSHIPS, POSITION OR CIRCUMSTANCES WITH RESPECT TO WHICH IT IS BELIEVED A CONFLICT MAY ARISE. SUCH ANNUAL MONITORING AND REVIEW PROCEDURES SHALL BE PART OF THE CORPORATE COMPLIANCE PLAN. AN APPROPRIATE REPORT SHALL BE SUBMITTED TO THE FINANCE AND OPERATIONS COMMITTEE CONCERNING ANY INTEREST SO DISCLOSED. EACH MEMBER OF THE BOARD OF DIRECTORS AND ALL SENIOR MANAGEMENT SHALL DISCLOSE FULLY AND FRANKLY ANY AND ALL ACTUAL OR POTENTIAL CONFLICTS OR DUALITY OF INTEREST OR RESPONSIBILITY, WHETHER INDIVIDUAL, PERSONAL OR BUSINESS, WHICH MAY EXIST OR APPEAR AS TO POSE A CONFLICT OF INTEREST FOR ANY MATTER OR BUSINESS WHICH MAY COME BEFORE THE BOARD (INCLUDING ITS COMMITTEES). THE DISCLOSING INDIVIDUAL SHALL NEITHER VOTE NOR ENDEAVOR TO INFLUENCE CORPORATE ACTION IN ANY SUCH MATTER. UPON REQUEST OF THE BOARD, THE AFFECTED INDIVIDUAL SHALL LEAVE THE BOARDROOM WHILE THE MATTER IS DISCUSSED AND A VOTE, IF ANY, SHALL BE RECORDED IN THE MINUTES OF THE BOARD OR ITS COMMITTEES.

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

THE ORGANIZATION UTILIZES EXECUTIVE AND UPPER MANAGEMENT SALARY DATA COLLECTED BY DANCEUSA FROM BALLET COMPANIES OF COMPARABLE SIZE AND BUDGETS FROM ACROSS THE COUNTRY. THE BOARD OF DIRECTORS COMPENSATION COMMITTEE USES THE INFORMATION FROM THIS DATA SURVEY, AS WELL AS SALARY DATA FROM LIKE-SIZE LOCAL INSTITUTIONS SUCH AS SYMPHONY, OPERA AND

|  |   |
|--|---|
| Name of the organization<br>KANSAS CITY BALLET ASSOCIATION | Employer identification number<br>436052680 |
|--|---|

THEATER ORGANIZATIONS. THE BOARD AND KANSAS CITY BALLET ALSO USE THE SALARY AND BENEFITS SURVEY OF GREATER KANSAS CITY REGIONAL NONPROFIT ORGANIZATIONS AND ASSOCIATIONS (UMKC BLOCH SCHOOL) TO REVIEW AND DETERMINE THE FINAL COMPENSATION OF THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

ATTACHMENT 1

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

| <u>NAME AND ADDRESS</u>  | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|--|--------------------------------|---------------------|
| POWERHOUSE MASTER TENANT<br>114 W. 11TH ST. STE 200<br>KANSAS CITY, MO 64105   | BUILDING RENT                  | 787,500.            |
| KANSAS CITY SYMPHONY<br>1703 WYANDOTTE ST. STE 200<br>KANSAS CITY, MO 64108    | ORCHESTRA                      | 451,324.            |
| TEC PAYROLL SERVICES, INC.<br>1321 SWIFT ST.<br>NORTH KANSAS CITY, MO 64116    | STAGEHANDS                     | 383,844.            |
| CYPRESS MEDIA<br>P.O. BOX 510446<br>LIVONIA, MI 48151                          | ADVERTISING                    | 240,467.            |
| UNION STATION KANSAS CITY<br>30 WEST PERSHING RD<br>KANSAS CITY, MO 64108-2422 | CHILLED WATER SERVIC           | 138,177.            |

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

For calendar year 2016 or other tax year beginning 07/01, 2016, and ending 06/30, 2017.

2016

Department of the Treasury Internal Revenue Service

Information about Form 990-T and its instructions is available at www.irs.gov/form990t. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

Form 990-T header section containing organization name (KANSAS CITY BALLET ASSOCIATION), address (500 W PERSHING RD, KANSAS CITY, MO 64108), and identification numbers.

Section H: Describe the organization's primary unrelated business activity. ATTACHMENT 1

Section J: The books are in care of GEORGE HANS. Telephone number 816-931-2232

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Cost of goods sold, and Total income of 0.

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Deductions Not Taken Elsewhere (lines 14-34) and Unrelated business taxable income of 0.

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

▶ **File a separate application for each return.**  
▶ Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

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

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

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

| Type or print  | Enter filer's identifying number, see instructions                     |   |
|--|--|---|
|  | Name of exempt organization or other filer, see instructions.          | Employer identification number (EIN) or |
|  | KANSAS CITY BALLET ASSOCIATION   | 436052680                               |
|  | Number, street, and room or suite no. If a P.O. box, see instructions. | Social security number (SSN)            |
| 500 W PERSHING RD  |  |   |
| City, town or post office, state, and ZIP code. For a foreign address, see instructions. |  |   |
| KANSAS CITY, MO 64108  |  |   |

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . 07

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

GEORGE HANS

• The books are in the care of ▶ 500 W PERSHING RD KANSAS CITY MO 64108

Telephone No. ▶ 816 931-2232 Fax No. ▶

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . .  . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 05/15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year 20\_\_ or  
▶  tax year beginning 07/01, 2016, and ending 06/30, 2017.

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

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

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here  See instructions and:
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
(1) \$ (2) \$ (3) \$
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$
(2) Additional 3% tax (not more than \$100,000) \$
c Income tax on the amount on line 34. 35c
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:  Tax rate schedule or  Schedule D (Form 1041), 36
37 Proxy tax. See instructions 37
38 Alternative minimum tax 38
39 Tax on Non-Compliant Facility Income. See instructions 39
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies. 40

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116). 41a
b Other credits (see instructions). 41b
c General business credit. Attach Form 3800 (see instructions). 41c
d Credit for prior year minimum tax (attach Form 8801 or 8827). 41d
e Total credits. Add lines 41a through 41d. 41e
42 Subtract line 41e from line 40. 42
43 Other taxes. Check if from:  Form 4255  Form 8611  Form 8697  Form 8868  Other (attach schedule). 43
44 Total tax. Add lines 42 and 43. 44 0.
45a Payments: A 2015 overpayment credited to 2016 45a
b 2016 estimated tax payments 45b
c Tax deposited with Form 8868. 45c
d Foreign organizations: Tax paid or withheld at source (see instructions) 45d
e Backup withholding (see instructions) 45e
f Credit for small employer health insurance premiums (Attach Form 8941) 45f
g Other credits and payments:  Form 2439  Other Total 45g
46 Total payments. Add lines 45a through 45g. 46
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached. 47
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed. 48
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid. 49
50 Enter the amount of line 49 you want: Credited to 2017 estimated tax Refunded 50

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

51 At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here X
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X
If YES, see instructions for other forms the organization may have to file.
53 Enter the amount of tax-exempt interest received or accrued during the tax year \$

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

Sign Here Signature of officer Date Title
Signature: [Handwritten Signature] Date: 4/13/18 Title: ENR - DIRECTOR
May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date
KEVIN R ENSMINGER CPA
Firm's name BKD, LLP
Firm's address 1201 WALNUT, SUITE 1700, KANSAS CITY, MO 64106-2246
Check if self-employed PTIN P01310558
Firm's EIN 44-0160260
Phone no. 816 221-6300

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

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

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

(see instructions)

1. Description of property

|     |
|-----|
| (1) |
| (2) |
| (3) |
| (4) |

2. Rent received or accrued

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

**(c) Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . . ►

**(b) Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ►

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

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



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

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

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10.

Totals . . . . . Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

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

Table with 5 columns: 1. Description of income, 2. Amount of income, 3. Deductions directly connected (attach schedule), 4. Set-asides (attach schedule), 5. Total deductions and set-asides (col. 3 plus col. 4).

Totals . . . . . Enter here and on page 1, Part I, line 9, column (A). Enter here and on page 1, Part I, line 9, column (B).

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

Table with 7 columns: 1. Description of exploited activity, 2. Gross unrelated business income from trade or business, 3. Expenses directly connected with production of unrelated business income, 4. Net income (loss) from unrelated trade or business, 5. Gross income from activity that is not unrelated business income, 6. Expenses attributable to column 5, 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).

Totals . . . . . Enter here and on page 1, Part I, line 10, col. (A). Enter here and on page 1, Part I, line 10, col. (B). Enter here and on page 1, Part II, line 26.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss) (col. 2 minus col. 3), 5. Circulation income, 6. Readership costs, 7. Excess readership costs (column 6 minus column 5, but not more than column 4).

Totals (carry to Part II, line (5)) . . .

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

| 1. Name of periodical                          | 2. Gross advertising income                         | 3. Direct advertising costs                         | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|---|---|--|-----------------------|---------------------|---|
| (1)  |   |   |  |                       |                     |   |
| (2)  |   |   |  |                       |                     |   |
| (3)  |   |   |  |                       |                     |   |
| (4)  |   |   |  |                       |                     |   |
| <b>Totals from Part I.</b> . . . . . ▶         |   |   |  |                       |                     |   |
|  | Enter here and on page 1, Part I, line 11, col (A). | Enter here and on page 1, Part I, line 11, col (B). |  |                       |                     | Enter here and on page 1, Part II, line 27.                                       |
| <b>Totals, Part II (lines 1-5)</b> . . . . . ▶ |   |   |  |                       |                     |   |

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

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

ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

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.

ATTACHMENT 2SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

| <u>NAME AND ADDRESS</u>   | <u>TITLE</u>                 | <u>BUSINESS<br/>PERCENT</u> | <u>COMPENSATION</u> |
|---|------------------------------|-----------------------------|---------------------|
| JEFFERY B. BENTLEY<br>500 W PERSHING RD<br>KANSAS CITY, MO 64108    | EXECUTIVE DIRECTOR           | 0                           | 0.                  |
| DEVON CARNEY<br>500 W PERSHING RD<br>KANSAS CITY, MO 64108          | ARTISTIC DIRECTOR            | 0                           | 0.                  |
| KEVIN AMEY<br>500 W PERSHING RD<br>KANSAS CITY, MO 64108            | GENERAL MANAGER              | 0                           | 0.                  |
| RON FREDMAN<br>500 W PERSHING RD<br>KANSAS CITY, MO 64108           | CHIEF DEVELOPMENT OFFICER    | 0                           | 0.                  |
| RAMONA PANSEGRAU<br>500 W PERSHING RD<br>KANSAS CITY, MO 64108      | MUSIC DIRECTOR               | 0                           | 0.                  |
| JULIA I. KAUFFMAN<br>500 W PERSHING RD<br>KANSAS CITY, MO 64108     | DIRECTOR/CHAIRMAN            | 0                           | 0.                  |
| CLAIRE BRAND<br>500 W PERSHING RD<br>KANSAS CITY, MO 64108          | DIRECTOR/PRESIDENT           | 0                           | 0.                  |
| JEAN-PAUL WONG<br>500 W PERSHING RD<br>KANSAS CITY, MO 64108        | DIRECTOR/IMMEDIATE PAST PRES | 0                           | 0.                  |
| MICHAEL D. FROST, PHD<br>500 W PERSHING RD<br>KANSAS CITY, MO 64108 | DIRECTOR/VICE PRESIDENT      | 0                           | 0.                  |
| JACK ROWE, JD<br>500 W PERSHING RD<br>KANSAS CITY, MO 64108         | DIRECTOR/VICE-PRESIDENT      | 0                           | 0.                  |

ATTACHMENT 2 (CONT'D)SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

| <u>NAME AND ADDRESS</u>   | <u>TITLE</u>       | <u>BUSINESS PERCENT</u> | <u>COMPENSATION</u> |
|---|--------------------|-------------------------|---------------------|
| KATHY STEPP<br>500 W PERSHING RD<br>KANSAS CITY, MO 64108         | DIRECTOR/TREASURER | 0                       | 0.                  |
| SUSAN LORDI MARKER<br>500 W PERSHING RD<br>KANSAS CITY, MO 64108  | DIRECTOR/SECRETARY | 0                       | 0.                  |
| ANNA ALLEN<br>500 W PERSHING RD<br>KANSAS CITY, MO 64108          | DIRECTOR           | 0                       | 0.                  |
| EVELYN CRAFT BELGER<br>500 W PERSHING RD<br>KANSAS CITY, MO 64108 | DIRECTOR           | 0                       | 0.                  |
| MICHAEL J. BRAY<br>500 W PERSHING RD<br>KANSAS CITY, MO 64108     | DIRECTOR           | 0                       | 0.                  |
| KIRSTEN A. BYRD, JD<br>500 W PERSHING RD<br>KANSAS CITY, MO 64108 | DIRECTOR           | 0                       | 0.                  |
| VINCE CLARK<br>500 W PERSHING RD<br>KANSAS CITY, MO 64108         | DIRECTOR           | 0                       | 0.                  |
| TOM CURRAN, PHD<br>500 W PERSHING RD<br>KANSAS CITY, MO 64108     | DIRECTOR           | 0                       | 0.                  |
| STEPHEN DOYAL<br>500 W PERSHING RD<br>KANSAS CITY, MO 64108       | DIRECTOR           | 0                       | 0.                  |
| W. ANTHONY FEIOCK<br>500 W PERSHING RD<br>KANSAS CITY, MO 64108   | DIRECTOR           | 0                       | 0.                  |

ATTACHMENT 2 (CONT'D)SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

| <u>NAME AND ADDRESS</u>   | <u>TITLE</u> | <u>BUSINESS<br/>PERCENT</u> | <u>COMPENSATION</u> |
|---|--------------|-----------------------------|---------------------|
| SHIRLEY BUSH HELZBERG<br>500 W PERSHING RD<br>KANSAS CITY, MO 64108     | DIRECTOR     | 0                           | 0.                  |
| LISA SCHUBERT HICKOK<br>500 W PERSHING RD<br>KANSAS CITY, MO 64108      | DIRECTOR     | 0                           | 0.                  |
| KATHLEEN KELLY<br>500 W PERSHING RD<br>KANSAS CITY, MO 64108            | DIRECTOR     | 0                           | 0.                  |
| BEGONYA KLUMB<br>500 W PERSHING RD<br>KANSAS CITY, MO 64108             | DIRECTOR     | 0                           | 0.                  |
| LINDA LENZA<br>500 W PERSHING RD<br>KANSAS CITY, MO 64108               | DIRECTOR     | 0                           | 0.                  |
| SIOBHAN MCLAUGHLIN LESLEY<br>500 W PERSHING RD<br>KANSAS CITY, MO 64108 | DIRECTOR     | 0                           | 0.                  |
| RICK POCCIA<br>500 W PERSHING RD<br>KANSAS CITY, MO 64108               | DIRECTOR     | 0                           | 0.                  |
| CINDY ROCK<br>500 W PERSHING RD<br>KANSAS CITY, MO 64108                | DIRECTOR     | 0                           | 0.                  |
| CICI ROJAS<br>500 W PERSHING RD<br>KANSAS CITY, MO 64108                | DIRECTOR     | 0                           | 0.                  |
| G. MARK SAPPINGTON, JD<br>500 W PERSHING RD<br>KANSAS CITY, MO 64108    | DIRECTOR     | 0                           | 0.                  |

ATTACHMENT 2 (CONT'D)SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

| <u>NAME AND ADDRESS</u>   | <u>TITLE</u> | <u>BUSINESS<br/>PERCENT</u> | <u>COMPENSATION</u> |
|---|--------------|-----------------------------|---------------------|
| LINDA SHOARE<br>500 W PERSHING RD<br>KANSAS CITY, MO 64108        | DIRECTOR     | 0                           | 0.                  |
| KENT STALLARD, JD<br>500 W PERSHING RD<br>KANSAS CITY, MO 64108   | DIRECTOR     | 0                           | 0.                  |
| BARBARA STORM<br>500 W PERSHING RD<br>KANSAS CITY, MO 64108       | DIRECTOR     | 0                           | 0.                  |
| THOMAS F. WHITTAKER<br>500 W PERSHING RD<br>KANSAS CITY, MO 64108 | DIRECTOR     | 0                           | 0.                  |
| TOTAL COMPENSATION  |              |                             | <u>0.</u>           |