

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

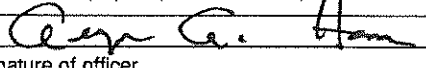
A For the 2012 calendar year, or tax year beginning JULY 01, 2012, and ending JUNE 30, 2013	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Kansas City Ballet Association
	D Employer identification number 43-6052680
	E Telephone number (816) 931-2232
	G Gross receipts \$ 8,838,310
	F Name and address of principal officer: See attachment #1
H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
H(c) Group exemption number	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: KCBALLET.ORG	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
L Year of formation: 1957 M State of legal domicile: MO	

Part I Summary

ACTIVITIES & GOVERNANCE	1 Briefly describe the organization's mission or most significant activities: 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 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 30
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 28
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 151
	6 Total number of volunteers (estimate if necessary) 6 355
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 25,704
b Net unrelated business taxable income from Form 990-T, line 34 7b 0	
REVENUE	8 Contributions and grants (Part VIII, line 1h) Prior Year 4,660,036 Current Year 4,951,913
	9 Program service revenue (Part VIII, line 2g) Prior Year 4,298,756 Current Year 3,730,261
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Prior Year 60,399 Current Year 79,545
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Prior Year -4,511 Current Year 46,512
	12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12) Prior Year 9,014,680 Current Year 8,808,231
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Prior Year Current Year
EXPENSES	14 Benefits paid to or for members (Part IX, column (A), line 4) Prior Year Current Year
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Prior Year 3,763,921 Current Year 3,946,422
	16a Professional fundraising fees (Part IX, column (A), line 11e) Prior Year 14,917 Current Year
	b Total fundraising expenses (Part IX, column (D), line 25) Prior Year 430,195 Current Year
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Prior Year 4,751,593 Current Year 4,772,457
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Prior Year 8,530,431 Current Year 8,718,879
19 Revenue less expenses. Subtract line 18 from line 12 Prior Year 484,249 Current Year 89,352	
NET ASSETS OR FUND BALANCES	20 Total assets (Part X, line 16) Beginning of Current Year 10,280,187 End of Year 10,980,395
	21 Total liabilities (Part X, line 26) Beginning of Current Year 839,014 End of Year 870,715
	22 Net assets or fund balances. Subtract line 21 from line 20 Beginning of Current Year 9,441,173 End of Year 10,109,680

Part II Signature Block

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

Sign Here		5/15/14
	Signature of officer George Hans Type or print name and title	CFO

Paid Preparer Use Only	Print/Type preparer's name Colby Jones	Preparer's signature NONPAID PREPARER	Date 5/15/14	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01446415
	Firm's name COLBY JONES	Firm's EIN			
	Firm's address 12240 S CLINTON CT	Phone no.			
	OLATHE KS 66061	816-674-6704			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2012)

Part III**Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III ☐

- 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 \$ 3,978,612 including grants of \$) (Revenue \$ 2,885,080)

See attachment #2

4b (Code:) (Expenses \$ 1,010,890 including grants of \$) (Revenue \$ 930,304)

4c (Code:) (Expenses \$ 110,075 including grants of \$) (Revenue \$ 101,560)

- 4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 5,099,577

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

Part IV Checklist of Required Schedules (continued)

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

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 59		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	N/A	1c	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 151		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		2b X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a X	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	N/A	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	N/A	8	
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	N/A	9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	9b	
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	N/A	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	N/A	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	N/A	14b	

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 to any question in this Part VI ☒ **X**

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	30	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent	28	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/> X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/> X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/> X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/> X
6 Did the organization have members or stockholders?		<input checked="" type="checkbox"/> X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<input checked="" type="checkbox"/> X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/> X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	<input checked="" type="checkbox"/> X	
b Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/> X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<input checked="" type="checkbox"/> X

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (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.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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, physical address, and telephone number of the person who possesses the books and records of the organization: ► **See attachment #3**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question 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 organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		INDIVIDUAL	TRUSTEE	INSTITUTIONAL	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED	FORMER			
ANNA ALLEN DIRECTOR	1.00	X									
DAVID DONOVAN, PHD DIRECTOR	1.00	X									
W. ANTHONY FEIOCK DIRECTOR	1.00	X									
MICHAEL D. FROST, DIRECTOR	1.00	X									
SHIRLEY HELZBERG DIRECTOR	1.00	X									
LISA HICKOK DIRECTOR	1.00	X									
JULIA I. KAUFFMAN DIRECTOR	1.00	X									
KATHLEEN KELLY DIRECTOR	1.00	X									
LINDA LENZA DIRECTOR	1.00	X									
SIOBHAN LESLEY DIRECTOR	1.00	X									
JOHN NOBLES DIRECTOR	1.00	X									
RICK POCCIA DIRECTOR	1.00	X									
MARK SAPPINGTON DIRECTOR	1.00	X									
BARBARA STORM TREASURER	1.00	X			X						
THOMAS WHITTAKER PAST PRESIDENT	1.00	X									
JEAN-PAUL WONG PRESIDENT	1.00	X			X						

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		INDIVIDUAL	DIRECTOR	TRUSTEE	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED	FORMER			
JEFFREY BENTLEY EXECUTIVE DIRECTOR	50.00				X	X	X		145,850		4,234
WILLIAM WHITENER ARTISTIC DIRECTOR	40.00				X	X	X		141,581		4,234
MELINDA PETET DIRECTOR	1.00	X									
CLAIRE BRAND SECRETARY	1.00	X			X						
MICHAEL BRAY DIRECTOR	1.00	X									
KIRSTEN BYRD DIRECTOR	1.00	X									
JACK ROWE VICE PRESIDENT	1.00	X			X						
KENT STALLARD, J.D. DIRECTOR	1.00	X									
KATHY STEPP VICE PRESIDENT	1.00	X			X						
EVELYN CRAFT BELGE DIRECTOR	1.00	X									
VLAD KUCHEROVSKY DIRECTOR	1.00	X									
CI CI ROJAS DIRECTOR	1.00	X									
1b Sub-total									287431		8468
c Total from continuation sheets to Part VII, Section A											
d Total (add lines 1b and 1c)									287431		8468

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 former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
See attachment #4		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **8**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
OTHER SIMILAR AMOUNTS AND CONTRIBUTIONS	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	40,000			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, & similar amounts not included above	1f	4,911,913			
	g	Noncash contributions included in lines 1a-1f:		\$ 31,117			
	h	Total. Add lines 1a-1f		4,951,913			
PROGRAM SERVICE REVENUE			Business Code				
	2a	PERFORMANCES	711110	2,885,080	2,885,080		
	b	TUITION	611600	845,181	845,181		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		3,730,261			
OTHER REVENUE	3	Investment income (including dividends, interest, and other similar amounts)		79,545			79,545
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross Rents	(i) Real (ii) Personal				
	b	Less: rental expenses	25,704				
	c	Rental income or (loss)	25,704				
	d	Net rental income or (loss)		25,704		25,704	
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ 40,000 of contributions reported on line 1c). See Part IV, line 18	a	33,948			
	b	Less: direct expenses	b	30,079			
	c	Net income or (loss) from fundraising events		3,869			3,869
	9a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less: cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code					
11a	MISCELLANEOUS	900099	16,939	16,939			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		16,939				
12	Total revenue. See instructions		8,808,231	3,747,200	25,704	83,414	

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 to any question in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 . . .				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	287,431	141,581	145,850	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,962,845	2,244,241	466,417	252,187
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	384,373	301,477	61,047	21,849
10 Payroll taxes	311,773	225,274	59,422	27,077
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	25,200		25,200	
d Lobbying				
e Professional fundraising services. See Part IV, line 17 . . .				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	668,035	668,035		
13 Office expenses	92,827	50,374	15,697	26,756
14 Information technology	56,565	22,626	22,626	11,313
15 Royalties				
16 Occupancy	2,149,444	1,335,981	803,873	9,590
17 Travel	80,480	23,680	7,107	49,693
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	310,978	183,477	127,501	
23 Insurance	47,080		47,080	
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 ORCHESTRA & GUEST ARTISTS	474,900	474,900		
b THEATER EXPENSES	425,899	425,899		
c COSTUMES, SETS & SHOES	153,030	153,030		
d SUMMER PROGRAM	64,105	64,105		
e All other expenses	223,914	85,486	106,698	31,730
25 Total functional expenses. Add lines 1 through 24e	8,718,879	6,400,166	1,888,518	430,195
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year
A S S E T S	1 Cash -- non-interest-bearing		1	
	2 Savings and temporary cash investments	809,478	2	870,344
	3 Pledges and grants receivable, net	153,258	3	327,850
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	731,249	9	649,550
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,279,001		
	b Less: accumulated depreciation	10b 2,289,967	1,242,226	10c 989,034
	11 Investments -- publicly traded securities	7,188,371	11	7,967,169
	12 Investments -- other securities. See Part IV, line 11		12	
	13 Investments -- program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	155,605	15	176,448
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,280,187	16	10,980,395	
L I A B I L I T I E S	17 Accounts payable and accrued expenses	91,690	17	126,888
	18 Grants payable		18	
	19 Deferred revenue	747,324	19	743,827
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	839,014	26	870,715
F U N D B A L A N C E S	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,581,509	27	2,336,350
	28 Temporarily restricted net assets	693,995	28	961,011
	29 Permanently restricted net assets	6,165,669	29	6,812,319
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	9,441,173	33	10,109,680
	34 Total liabilities and net assets/fund balances	10,280,187	34	10,980,395

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI. ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,808,231
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,718,879
3	Revenue less expenses. Subtract line 2 from line 1	3	89,352
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,441,173
5	Net unrealized gains (losses) on investments	5	579,155
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,109,680

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII. ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to lines 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.	2c	X
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?	3a	X
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 N/A	3b	

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

(Complete only if you checked the box on line 9 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,828,195	2,413,213	3,521,597	4,626,899	4,955,782	20,345,686
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	2,303,986	2,133,452	2,406,096	4,298,756	3,730,261	14,872,551
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.	7,132,181	4,546,665	5,927,693	8,925,655	8,686,043	35,218,237
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.	155,000	170,000	145,000	165,000	140,000	775,000
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.	155,000	170,000	145,000	165,000	140,000	775,000
8 Public support. (Subtract line 7c from line 6.)						34,443,237

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6.	7,132,181	4,546,665	5,927,693	8,925,655	8,686,043	35,218,237
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	106,157	84,476	35,440	60,399	79,545	366,017
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.	5,089	5,508	8,498	23,523	25,704	68,322
c Add lines 10a and 10b.	111,246	89,984	43,938	83,922	105,249	434,339
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	135,416	162,087	84,088	5,103	16,939	403,633
13 Total support. (Add lines 9, 10c, 11, and 12.)	7,378,843	4,798,736	6,055,719	9,014,680	8,808,231	36,056,209
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	95.53 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	94.99 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	1.20 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	1.51 %

19a 33 1/3% support tests -- 2012. 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 -- 2011. 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 **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART III, SECTION B, LINE 12
ALL AMOUNTS ARE MISCELLANEOUS INCOME

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

Kansas City Ballet Association

Employer identification number

43-6052680

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

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

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

☐ Yes ☐ No

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

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

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

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.

b 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) Revenues included in Form 990, Part VIII, line 1	▶ \$	
(ii) Assets included in Form 990, Part X	▶ \$	111,344

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 Revenues included in Form 990, Part VIII, line 1	▶ \$	
b Assets included in Form 990, Part X	▶ \$	

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 ☒ Public exhibition

b ☐ Scholarly research

c ☒ 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 ☒ No

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,635,875	5,493,655	4,451,739	4,165,616	3,200,980
b Contributions	646,650	1,244,590	506,488	100	1,785,523
c Net investment earnings, gains, and losses	656,567	-38,112	697,748	497,105	-762,133
d Grants or scholarships					
e Other expenditures for facilities and programs	375,769	64,258	162,320	211,082	58,754
f Administrative expenses					
g End of year balance	7,563,323	6,635,875	5,493,655	4,451,739	4,165,616

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 ☐ 90 %

c Temporarily restricted endowment ☐ 10 %

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

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3a(ii)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

b If "Yes" to 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. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements	94,228		9,192	85,036
d Equipment	772,336		514,494	257,842
e Other	2,412,437		1,766,281	646,156
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				989,034

Part VII Investments -- Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments -- Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) INVESTMENT IN BALLET GUILD	65,104
(2) COLLECTIONS - ARTWORK	111,344
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	176,448

Part X Other Liabilities. 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)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. FIN 48 (ASC 740) Footnote. 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

1	Total revenue, gains, and other support per audited financial statements	1	9,387,386
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	579,155
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	579,155
3	Subtract line 2e from line 1	3	8,808,231
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 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,808,231

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

1	Total expenses and losses per audited financial statements	1	8,718,879
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	8,718,879
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 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	8,718,879

Part XIII Supplemental Information

Complete this part to 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.

COLLECTIONS OF ART

Part III Line 4: THE COLLECTION INCLUDES TWO BRONZE SCULPTURES ENTITLED "DREAMING ABOUT" AND "UNBEARABLE LEVITATION" AND AN OIL ON CANVAS PAINTING ENTITLED "OPENING NIGHT". THE PIECES IN THE COLLECTION SYMBOLIZE CREATIVE MOVEMENT AND DANCE.

ENDOWMENT FUNDS

Part V Line 4: EARNINGS FROM ENDOWMENT FUNDS ARE TO BE USED TO SUPPORT THE MISSION OF THE KANSAS CITY BALLET.

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" to 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.** ▶ **See separate instructions.**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

Kansas City Ballet Association

Employer identification number

43-6052680

Part I

Fundraising Activities. Complete if the organization answered "Yes" to 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

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations

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 ten 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) fund- raiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total. ▶						

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" to 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.

REVENUE		(a) Event #1 SPF LUNCHE (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
1	Gross receipts	73,948			73,948
2	Less:				
	Contributions	40,000			40,000
3	Gross income (line 1 minus line 2)	33,948			33,948
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	16,735			16,735
	8 Entertainment				
	9 Other direct expenses	13,344			13,344
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(30,079)
	11 Net income summary. Combine line 3, column (d), and line 10				3,869

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

REVENUE		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) thru col. (c))
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 _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate 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 operate 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 operated in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** 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.** Complete this part to provide the explanations 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 complete this part to provide any additional information (see instructions).

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.**

OMB No. 1545-0047

2012

**Open To Public
Inspection**

Name of the organization

Kansas City Ballet Association

Employer identification number

43-6052680

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) 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				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities -- Publicly traded				
10 Securities -- Closely held stock				
11 Securities -- Partnership, LLC, or trust interests				
12 Securities -- Miscellaneous				
13 Qualified conservation contribution -- Historic structures				
14 Qualified conservation contribution -- Other				
15 Real estate -- Residential				
16 Real estate -- Commercial				
17 Real estate -- Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ (See attachment #6)				

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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31	X	
32a		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 non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not 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) (2012)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

Kansas City Ballet Association

Employer identification number

43-6052680

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

FORM 990 REVIEW PROCESS

THE CFO REVIEWS THE 990. THE 990 IS THEN PROVIDED TO THE

THE FULL BOARD FOR THEIR REVIEW

PRIOR TO FILING THE 990; ANY QUESTIONS AND CONCERNS ARE ADDRESSED AND ANY
CORRECTIONS OR CLARIFICATIONS NEEDED ARE MADE.

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

CONFLICT OF INTEREST POLICY

AT THE TIME THAT 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, POSITIONS 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 COMMITTEE.

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

COMPENSATION REVIEW

THE ORGANIZATION CONSULTED AN INDEPENDENT FIRM TO PREPARE A COMPENSATION
DATA STUDY. THE COMPENSATION COMMITTEE OF THE EXECUTIVE OFFICERS OF THE
BOARD TOOK THE INFORMATION FROM THE COMPENSATION STUDY AND USED IT TO
REVIEW THE COMPENSATION OF THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19

DESCRIBE HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

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

FORM 990, PART XI, LINE 5

OTHER CHANGES IN NET ASSETS OR FUND BALANCES OF \$579,155 IS FROM NET
REALIZED AND UNREALIZED LOSSES ON INVESTMENTS.

Continuation Sheet for Form 990

Open to Public Inspection	For calendar year 2012 or tax period beginning	07-01	, and ending	06-30-2013.							
Name of the Organization Kansas City Ballet Association			Employer Identification number 43-6052680								
Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees											
(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		INDIVIDUAL TRUSTEE OR DIRECTOR	INSTITUTIONAL TRUSTEE	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED EMPLOYEE	FORMER				
LINDA SHOARE DIRECTOR	1.00	X									
JANE WEBSTER GUILD PRESIDENT	1.00	X									

990 PRINCIPAL OFFICER NAME AND ADDRESS

Attachment 1: Form 990 Page 1, Line F

Open to Public Inspection	For calendar year 2012, or tax period beginning	07-01-2012, and ending	06-30-2013.
Name of Organization Kansas City Ballet Association			Employer Identification Number 43-6052680

990, Page 1, Line F

Principal officer name George Hans
or
Business Name:
Kansas City Ballet

Street Address 500 W Pershing Rd

U.S. Address:

Zip code 64108- City Kansas City State MO
or

Foreign Address

City

Province or State

Country

Postal code

990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 2: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2012, or tax period beginning 07-01-2012, and ending 06-30-2013.
Name of Organization Kansas City Ballet Association	Employer Identification Number 43-6052680

Part III - Statement of Program Service Accomplishments

Code:	Expenses: 3,978,612	including Grants of:	Revenue: 2,885,080
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Exempt Purpose Achievements

51,474 PEOPLE SERVED. KCB'S REGULAR SEASON CONSISTED OF THREE MIXED REPERTORY PROGRAMS; TONI PIMBLE'S "CARMINA BURANA" WITH MUSIC BY CARL ORFF, OCTOBER 12-21; WILLIAM WHITENER'S "A MIDSUMMER NIGHT'S DREAM" WITH MUSIC BY FELIX MENDELSSOHN, MARCH 15-24; AND DONALD MCKAYLE'S "HEY-HAY, GOING TO KANSAS CITY" WITH MUSIC BY VARIOUS COMPOSERS. DECEMBER INCLUDED 3 SCHOOL AND 15 PUBLIC PERFORMANCES OF THE HOLIDAY CLASSIC "THE NUTCRACKER", DECEMBER 1-23. EACH SHOW IS PERFORMED BY THE OUTSTANDING PROFESSIONAL COMPANY OF KANSAS CITY BALLET AND ACCOMPANIED BY THE KANSAS CITY SYMPHONY.

990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 2: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2012, or tax period beginning	07-01-2012, and ending	06-30-2013.
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Name of Organization	Employer Identification Number
Kansas City Ballet Association	43-6052680

Part III - Statement of Program Service Accomplishments

Code:	Expenses:	1,010,890	Including Grants of:	Revenue:	930,304
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Exempt Purpose Achievements

1,869 PEOPLE SERVED. PROVIDING EXCELLENCE IN DANCE TRAINING SINCE 1981, KC BALLET SCHOOL HAS TWO CAMPUSES, DOWNTOWN AND IN JOHNSON COUNTY, TO SERVE THE NEEDS OF PRE-PROFESSIONAL AND RECREATIONAL DANCE STUDENTS, BOTH CHILDREN AND ADULTS. CLASSES ARE OFFERED IN CREATIVE MOVEMENT, BALLET, POINTE, JAZZ, FLAMENCO, MODERN AND BODY CONDITIONING. STUDENTS IN THE PREPROFESSIONAL PROGRAM HAVE THE OPPORTUNITY TO AUDITION FOR "THE NUTCRACKER" AND ALSO PERFORM IN A SPRING SHOW. IN THE SUMMER, KCBS OFFERS A 5-WEEK SUMMER INTENSIVE BALLET PROGRAM, WHICH ATTRACTS STUDENTS FROM ALL OVER THE COUNTRY.

990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 2: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2012, or tax period beginning	07-01-2012, and ending	06-30-2013.
Name of Organization Kansas City Ballet Association			Employer Identification Number 43-6052680

Part III - Statement of Program Service Accomplishments

Code:	Expenses:	110,075	including Grants of:	Revenue:	101,560
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Exempt Purpose Achievements

1,200 PEOPLE REACHED THROUGH ROAD; 9,037 SERVED THROUGH OUTREACH PROGRAMS. THE REACH OUT AND DANCE (ROAD) PROGRAM GIVES STUDENTS OF ALL ABILITIES AN OPPORTUNITY TO EXPERIENCE DANCE WITHOUT HAVING TO AUDITION. KCB'S ROAD PROGRAM BRINGS DANCE TO 4TH GRADE STUDENTS IN 10 KANSAS CITY AREA SCHOOLS ON BOTH SIDES OF THE STATE LINE. DURING FISCAL YEAR 2012, KCB SERVED OVER 9,000 CHILDREN AND ADULTS IN GREATER KANSAS CITY THROUGH OUR COMMUNITY EDUCATION PROGRAMS, INCLUDING DANCER FOR A DAY FOR LOWER ELEMENTARY STUDENTS, TOURS OF KCB FOR COMMUNITY GROUPS, PERFORMANCES FOR SCHOOLS, LIBRARY PROGRAMS, PRE-PERFORMANCE WORKSHOPS AND CLASSROOM LECTURES IN COMMUNITY COLLEGES AS WELL AS EDUCATION SESSIONS FOR ADULTS AT KCB'S BOLENDER CENTER.

990 BOOKS ARE IN CARE OF

Attachment 3: Form 990 Page 6, Part VI, Section C, Line 20

Open to Public Inspection	For calendar year 2012 or tax period beginning	07-01	, and ending	06-30-2013.
Name of Organization				Employer Identification Number
Kansas City Ballet Association				43-6052680

Part VI - Line 20

Individual Name George Hans
or
Business Name:

Street Address 500 W. PERSHING RD.

U.S. Address:

Zip code 64108 City Kansas City State MO
or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (816) 931-2232

Fax Number

990 PART VII - FIVE HIGHEST COMPENSATED INDEPENDENT CONTRACTORS

Attachment 4: Form 990 Page 8, Part VII

Open to Public

Inspection

For Calendar year 2012, or tax year period beginning

07-01-2012

and ending 06-30-2013

Name of Organization

Employer Identification Number

Kansas City Ballet Association

43-6052680

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
KANSAS CITY SYMPHONY 1703 Wyandotte Suite 200 Kansas City, MO 64105-	ORCHESTRA	263,867
TEC PAYROLL SERVICES, INC. 923 West 17th St Kansas City, MO 64108-	STAGEHANDS	234,806
UNITED HEALTHCARE Dept CH 10151 Palatine, IL 60055-	HEALTH INSURAN	296,625
KAUFFMAN CENTER FOR THE PERFORMING ARTS 1601 Broadway Kansas City, MO 64108-	THEATRE RENT	272,664
POWERHOUSE MASTER TENANT 114 W 11th St Ste 200 Kansas City, MO 64105-	BUILDING RENT	1,575,000

Attachment 5: Form 990 Page 10, Line 24 - Other Expenses

Inspection

07-01-2012, and ending

06-30-2013.

Employer Identification Number

43-6052680

Total:

990 SCHEDULE M - PART I - OTHER TYPES OF PROPERTY

Attachment 6: Sch M, Part I - Types of Property

Open to Public

Inspection

For calendar year 2012 or tax period beginning

07-01

, and ending

06-30-2013.

Name of Organization

Employer Identification Number

Kansas City Ballet Association

43-6052680

Part I

Other Types of Property

[illegible]