KANSAS CITY BALLET ASSOCIATION FORM 990 & 990T TAX YEAR 2021 PUBLIC DISCLOSURE COPY





1201 Walnut Street, Suite 1700 | Kansas City, MO 64106-2246 | 816.221.6300

KANSAS CITY BALLET ASSOCIATION

Instructions for Filing
Form 8879-TE
IRS e-file Signature Authorization for Form 990
For the year ended June 30, 2022

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-TE to:

FORVIS, LLP 1201 Walnut, Suite 1700 Kansas City MO 64106-2246

There is no tax due with the filing of this return.

Under current IRS regulations, your return is subject to public inspection. Before filing, you should review all information in this return to determine that the disclosures are appropriate, accurate and complete. Please contact us if you believe any of the disclosures should be modified.

Do NOT separately file Form 990 with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before May 15, 2023. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

Err 8879-TE

IRS e-file Signature Authorization

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

for a Tax Exempt Entity For calendar year 2021, or fiscal year beginning $\frac{07/01/2021}{2022}$ and ending $\frac{06/30/2022}{2022}$

▶ Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

Name and title of officer or person subject to tax

FIN or SSN

KANSAS CITY BALLET ASSOCIATION

43-6052680

JEFFREY J. BENTLEY, EXECUTIVE DIRECTOR

Part | Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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 one line in Part I.

1a	Form 990 check here I	X	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 12814564.
2a	Form 990-EZ check here I		b Total revenue, if any (Form 990-EZ, line 9)
3a	Form 1120-POL check here . I		b Total tax (Form 1120-POL, line 22)
4a	Form 990-PF check here	-	b Tax based on investment income (Form 990-PF, Part V, line 5) 4b
5a	Form 8868 check here	-	b Balance due (Form 8868, line 3c)
6a	Form 990-T check here J		b Total tax (Form 990-T, Part III, line 4) 6b
7a	Form 4720 check here		b Total tax (Form 4720, Part III, line 1)
8a	Form 5227 check here		b FMV of assets at end of tax year (Form 5227, Item D) 8b
9a	Form 5330 check here		b Tax due (Form 5330, Part II, line 19) 9b
10a	Form 8038-CP check here		b Amount of credit payment requested (Form 8038-CP, Part III, line 22) .10b
Part	Declaration and Sigr	ature	Authorization of Officer or Person Subject to Tax
Under	penalties of perjury, I declare th	at	I am an officer of the above entity or I am a person subject to tax with respect to (name
of enti	ty)		, (EIN) and that I have examined a copy of the
2024		b	dulas and statements, and to the heat of multinouladae and halief they are true correct, and

2021 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

	icor one box only		
X	l authorize FORVIS, LLP	to enter my PIN	8 6 3 2 1 as my signatur
	ERO firm name		Enter five numbers, but do not enter all zeros
	on the tax year 2021 electronically filed return. If I have indicated within this return the agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize return's disclosure consent screen.		-
	As an officer or person subject to tax with respect to the entity, I will enter my PIN as filed return. If I have indicated within this return that a copy of the return is being file of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent so	d with a state agen	-

Part III Certification and Authentication

Signature of officer or person subject

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

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return 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

1/18/20233

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

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form 8879-TE (2021)

Return of Organization Exempt From Income Tax

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

Department of the Treasury ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

AF	or the	e 202	i calendal	r year, or ta	ıx year beg	ming	()//01	/2021	and e	naing	_			/30/20				
Всь	eck if ap	policable	C Name of	•								D	Employer ide	entific	ation num	ber			
	Addre:				ALLET AS	SOCIATIO	ON					_							
	change		Doing Bus										43-6052						
	Name	change	Number a	and street (or F	O. box if mail is	s not delivered t	to street ad	dress)		Room/su	iite	E	E Telephone number						
	Initial	return		PERSHIN								(816)931-2232							
	Termi		City or to	wn, state or pr	ovince, country,	and ZIP or fore	eign postal	code											
	Ameno return	ا ا			MO 64108							_	Gross receip			158	<u>,576.</u>		
	Applic pendir		F Name and	d address of pr	incipal officer:	JEFFI	REY J.	BENT	Γ LEY			H(a	 Is this a ground subordinates 	up retur ?	n for	Yes	X No		
			500 W	PERSHING	RD, KAN	SAS CITY	Y, MO	64108	3			H(b) Are all subord	linates in	cluded?	Yes	No		
<u> </u>	Tax-exe	empt sta	atus: X	501(c)(3)	501(c) () 《 (in	sert no.)	49	47(a)(1) o	r	527		If "No," attac	ch a list.	(see instruc	tions)			
J	Websit	te: 🕨	KCBALL	ET.ORG								H(c	Group exem	ption nu	ımber 🕨				
K	Form c	of organ	nization: X	Corporation	Trust	Association	Othe	r 🕨		L Ye	ear of forma	ation:	1957 M	State	of legal do	micile:	MO		
Pa	art I	Sur	mmary																
	1	Briefly	y describe tl	he organizati	on's mission	or most signif	icant activ	/ities:	TO INS	SPIRE	AND I	ENG	AGE THR	OUGH	H THE				
မွ		BEAU	UTY, PO	WER AND	PASSION	OF DANCE	:												
Governance																			
/err	2	Check	k this box	if the	organization	discontinued	its opera	tions o	r disposed	d of mor	 e than 25°	% of	its net asset	s.					
ô	3	Numb	er of voting	members of	the governing	g body (Part \	/I, line 1a))						3			32		
∞ ∞					members of									4			30		
Activities &					nployed in cal									5			192		
ξi					timate if neces									6			300		
Ac					ue from Part \									7a					
					e income from									7b			NONE		
							,						rior Year		Curr	ent Ye			
	8	Contri	contributions and grants (Part VIII, line 1h)										5,514,32	24.	7.	437	,531.		
nne	9	Progra	corram service revenue (Part VIII line 2a)								799,211					,763.			
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)								ON	-	3,522,90	-			,667.			
8		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)								_		-17,90			,603.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)									9,818,532.			12		,564.			
																,805.			
												100,740. NONE				250	NONE		
			Benefits paid to or for members (Part IX, column (A), line 4)									3,756,902.			5	798	715.		
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)										NONE				100	NONE		
beu	h	Total	fundraicina	ovpopede (De	rt IX, column	(D) line 25) I	c)	502	063				11/	JIVE			INCINE		
Ĕ					nn (A), lines 1								2,088,49	26	4,086,137.				
					17 (must equa								5,946,13				, 137. , 657.		
					act line 18 fro								3,872,39				,907.		
- S	19	Kevei	iue iess exp	Jenses. Subti	act line to no	III IIII e 12							of Current	-	•	of Yea			
Net Assets or Fund Balances	20	Tatal	aaaata (Dawt	V line 10\							Degi	•	<u> </u>	_					
\sse Bala													3,461,13				,561.		
nd /			•	art X, line 26)		4 for on the co							2,209,20				,305.		
			gnature Bl		Subtract line 2	1 from line 20	J	· · · ·				4.5	3,251,93	55.	42,	486	<u>,256.</u>		
	rt II				ave examined t	hio roturo inol	uding ooo		a oobodul	oo ond o	totomonto	and i	to the best of	f my le	nowlodgo	and ha	liof it io		
true	, corre	ct, and	complete. De	eclaration of pre	parer (other that	an officer) is ba	sed on all i	informati	on of which	h prepar	er has any	knowl	ledge.	i iiiy K	nowieuge	and be	ilei, it is		
Sig	n		Signature of	officer									Date						
Her		(Oignature of	Omoor									Date						
			Type or print	name and title															
		· ·				Dreparer's a	ignaturo			Date			1.		TIN				
Paid		Print/Type preparer's name Preparer's signature Date Check if PTIN																	
Prep		APR:				APRIL	ARNOL	D CI	PA	01,	/19/20		self-employ	1	201559				
•	Only	Firm's	s name	FORVIS,	LLP							Fin	m's EIN 🕨		1-0160				
			address >		LNUT, SUITE				6-2246			Ph	one no.	81	L6-221				
May	the IF	RS dis	cuss this re	eturn with the	preparer show	vn above? (se	e instruct	tions)			<u></u>		<u></u>		_ X Y		No		
For	Paper	rwork	Reduction	Act Notice, s	ee the separa	te instruction	ns.								Forr	n 990	(2021)		

Form 990 (2021) Page **2**

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO INSPIRE AND ENGAGE THROUGH THE BEAUTY, POWER AND PASSION OF DANCE
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
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 \$5,770,528. including grants of \$None_) (Revenue \$2,943,070) KANSAS CITY BALLET PERFORMANCES - SEE SCHEDULE O FOR DETAILS
4b	(Code:) (Expenses \$1,876,721. including grants of \$219,905.) (Revenue \$1,360,693.) KANSAS CITY BALLET SCHOOL DANCE ACADEMY - SEE SCHEDULE O FOR DETAILS
4c	(Code:) (Expenses \$142,353. including grants of \$10,900.) (Revenue \$NONE) KANSAS CITY BALLET COMMUNITY ENGAGEMENT AND EDUCATION - SEE
	SCHEDULE O FOR DETAILS
	Other program services (Describe on Schedule O.)
_	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 7.789.602.

Form **990** (2021)

Form 990 (2021) Page **3**

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			1
	fundraising, business, investment, and program service activities outside the United States, or aggregate	446		· v
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		v
16		15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		X
17		17		v
18	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		X
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10	Λ	
13	If "Yes," complete Schedule G, Part III	19		v
20 2	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
	domestic government on Part IX. column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		х

Page 4
Part IV Checklist of Required Schedules (continued)

ıaıı	One children of nequired ocheques (continued)		Yes	No
	Did the consideration and the orange of the orange of the consideration of the orange		163	
22	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? If "Yes," complete Schedule I, Parts I and III	22	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	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		1	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
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	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
_	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	 N' -
4.	Enter the number reported in her 2 of Form 1000. Enter 0 % and applies to		res	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4.	v	
SA	reportable gaming (gambling) winnings to prize winners?	1c	Х	

Form 990 (2021) Page 5

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax										
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 192	ployees reported on Form W-3, Transmittal of Wage and Tax alendary year ending with or within the year covered by this return. 2a 192 add on line 2a, did the organization file all required federal employment tax returns? a and 2a is greater than 250, you may be required to e-file. See instructions. unrelated business gross income of \$1,000 or more during the year?									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X								
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.										
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X							
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,										
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х							
b	If "Yes," enter the name of the foreign country ▶										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).										
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х							
b	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?										
С	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?										
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		Х							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or										
	gifts were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods										
	and services provided to the payor?	7a	X								
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was										
	required to file Form 8282?	7c		Х							
d	If "Yes," indicate the number of Forms 8282 filed during the year										
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the										
	sponsoring organization have excess business holdings at any time during the year?	8									
9	Sponsoring organizations maintaining donor advised funds.										
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b									
10	Section 501(c)(7) organizations. Enter:										
а	Initiation fees and capital contributions included on Part VIII, line 12										
11	Section 501(c)(12) organizations. Enter:										
а	Gross income from members or shareholders										
b	Gross income from other sources. (Do not net amounts due or paid to other sources										
	against aime and en recent and in the many 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year										
	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state?	13a									
	Note: See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which										
	The original control of the control										
		44-									
	Did the organization receive any payments for indoor tanning services during the tax year?			X							
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		3.5							
		15		X							
	If "Yes," see the instructions and file Form 4720, Schedule N.	10		37							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	10		X							
4 7	If "Yes," complete Form 4720, Schedule O.										
17		17									
	activities that would result in the imposition of an excise tax under section 4951, 4952 of 4953?										

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

Sect	ion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	32			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	30			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel	ations	ship with			
	any other officer, director, trustee, or key employee?		-	2		X
3	Did the organization delegate control over management duties customarily performed by or ur					
	supervision of officers, directors, trustees, or key employees to a management company or other p			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's	assets	?	5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to el	ect o	appoint			
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval	by) n	nembers,			
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions under	ertake	n during			
	the year by the following:					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot					
Casti	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	ernai	Revenue	Coae	.) Yes	No
				10a	Х	
	Did the organization have local chapters, branches, or affiliates?			IVa		
b	If "Yes," did the organization have written policies and procedures governing the activities of		-	10b	х	
44.	affiliates, and branches to ensure their operations are consistent with the organization's exempt po	•		11a	X	
11a		ling th	e form? .	u	-21	
b 12a	Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests to					
b	rise to conflicts?		_	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the p					
	describe on Schedule O how this was done	-		12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review an					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		-			
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simila	r arra	ngement			
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization					
	participation in joint venture arrangements under applicable federal tax law, and take steps to					
	organization's exempt status with respect to such arrangements?			16b		
	ion 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 (1024 or 1024-A, if applicable), (3)s only) available for public inspection. Indicate how you made these available. Check all that ap X Own website Another's website X Upon request Other (explain on Sc	ply.		(sect	tion 5	01(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing document financial statements evaluable to the public during the toxy year.	nents,	conflict o	f inter	est p	olicy,
20	and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's keeping and telephone numbers.	ooks	and record	s >		
	CEODCE UNIC 500 W DEDCUTIC DD KINGAC CITY MO 6/108					

816-931-2232

Form **990** (2021)

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	erson	e than contract Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
						<u>α</u>				
(1) JEFFREY J. BENTLEY	40.00							024 025		0.620
EXECUTIVE DIRECTOR	NONE	X		Х				234,935.	NONE	9,639.
(2) DEVON E. CARNEY	40.00							000 004		10 555
ARTISTIC DIRECTOR	NONE	X		Х				233,924.	NONE	10,557.
(3) KEVIN AMEY	40.00	-						116 446		15 051
CHIEF OPERATING OFFICER	NONE					X		116,446.	NONE	15,871.
(4) JENNIFER WAMPLER	40.00							100 106		15 450
CHIEF DEVELOPMENT OFFICER	NONE					X		108,186.	NONE	15,453.
(5) GEORGE HANS	40.00							100 551		0 101
CHIEF FINANCIAL OFFICER	NONE					X		109,751.	NONE	9,101.
(6) AVIVA AJMERA	1.00							370375		,,,,,,,,,
DIRECTOR	NONE	X						NONE	NONE	NONE
(7) EVELYN CRAFT BELGER	1.00	.,		3,7				310310	11011	NONE
VICE PRESIDENT	NONE	X		Х				NONE	NONE	NONE
(8) TOM CURRAN, PHD	1.00	.,						310310	11011	NONE
DIRECTOR	NONE	X						NONE	NONE	NONE
(9) ANNE ELSBERRY	1.00	.,						310310	11011	NONE
DIRECTOR	NONE	X						NONE	NONE	NONE
(10) DAVID HARRIS	1.00	.,		3,7				310310	11011	NONE
TREASURER	NONE	X		Х				NONE	NONE	NONE
(11) MATT JOHNSON	1.00	.,						310310	11011	NONE
DIRECTOR	NONE	X						NONE	NONE	NONE
(12) JULIA IRENE KAUFFMAN CHAIRMAN OF THE BOARD	1.00	- v		37				NIONIE	NTONTE	NTONTE
	NONE 1 00	X		Х				NONE	NONE	NONE
(13) CINDY MAHONEY DIRECTOR	1.00 NONE	X						NONE	NTONTI.	MONTE
(14) SUSAN LORDI MARKER	1.00	_ ^						NONE	NONE	NONE
DIRECTOR	NONE	X						NONE	NONE	NONE
DIVECTOR	LINOINE							I NOINE	INOINE	NONE

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Part VII Section A. Officers, Directors, Tre	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)									
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per	(do r	not c		sition more	e than c	one	Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any					is both tor/trust		from	related	other
	hours for related				т —			the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(**-2/1033-141100)	organization
	below dotted line)	ual tr	ional		ploy	t con	'			and related organizations
		uste	trus		ee	npen				
		Ф	tee			sate				
15) STEVE MCDOWELL	1.00					-				
DIRECTOR	NONE	X						NONE	NONE	NONE
16) RACHEL MERLO	1.00									
VICE PRESIDENT	NONE	Х		Х				NONE	NONE	NONI
17) TRACY MUSOLF	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONI
(18) KATHY NEMECHEK	1.00									
VICE PRESIDENT	NONE	X		Х				NONE	NONE	NONI
(19) CAROLYN PARKERSON	1.00									
SECRETARY	NONE	X		Х				NONE	NONE	NONE
(20) SARAH NELSON DIRECTOR	1.00	- v						NONE	NONE	NONI
21) CICI ROJAS	1.00	X						NONE	NONE	NONE
PRESIDENT	NONE	X		Х				NONE	NONE	NONE
(22) JACK ROWE	1.00							I TOTAL		110111
PAST PRESIDENT	NONE	X		Х				NONE	NONE	NONI
23) SUZANNE SHANK	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
24) BARBARA STORM	1.00									
VICE PRESIDENT	NONE	X		Х				NONE	NONE	NON
25) ANGELA WALKER	1.00	1								
DIRECTOR	NONE	X						NONE		
								803,242.	NONE	,
c Total from continuation sheets to Part VII, S	_			• •	• •			NONE		
d Total (add lines 1b and 1c)							0 re	803,242.	NONE	60,621.
reportable compensation from the organizatio		11030	11310	,u u	DOV	5	0 10	cerved more than	ψ 100,000 01	
										Yes No
3 Did the organization list any former office	er, directo	or, or	tru	uste	e,	key e	emp	oloyee, or highes	t compensated	
employee on line 1a? If "Yes," complete Sched										3
4 For any individual listed on line 1a, is the	sum of rep	ortab	ole d	com	per	satio	n a	nd other compens	sation from the	
organization and related organizations gr	eater than	\$15	0,0	00?	. It	"Yes	s,"	complete Schedu	ıle J for such	
individual										4
5 Did any person listed on line 1a receive or										
for services rendered to the organization? If "Y										5
Section B. Independent Contractors						44.	4		- the #400 000 -	

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

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

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Form 990 (2021)

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	nplo	ye	es,	and H	lig	hest Compensat	ed Employees (c	ontinue	d)	
(A)	(B)	(B) (C) (D) ((F)	
Name and title	Average			Pos	sition			Reportable	Reportable	Es	timated	
	hours per	,				e than o		compensation	compensation from		ount of	f
	week (list any hours for	1				is both or/trust		from	related		other pensatio	on
	related							the organization	organizations (W-2/1099-MISC)		om the	JII
	organizations	divid	stit	Officer	y er	ghe	Former	(W-2/1099-MISC)	(W 2/1000 WIIOO)	orga	anizatio	n
	below dotted	lual	tion	7	nplc	Highest co employee	٦	,			related	
	line)	Individual trustee or director	Institutional trustee		Key employee	compensated ee				orga	nization	ıs
		tee	uste			ens						
			Õ			ated						
26) PATRICIA MACDONALD	1.00											-
DIRECTOR	NONE	Х						NONE	NONE]	NONE
27) KATHY STEPP	1.00											
DIRECTOR	NONE	Х						NONE	NONE]	NONE
28) LINDA LENZA	1.00											
DIRECTOR	NONE	Х						NONE	NONE]	NONE
29) STEVE DOYAL	1.00							_	-			
DIRECTOR	NONE	X						NONE	NONE]	NONE
30) KIRSTEN A. BYRD	1.00							_	-			
DIRECTOR	NONE	X						NONE	NONE		1	NONE
31) PAULA J. KLASEK	1.00											
DIRECTOR	NONE	X						NONE	NONE		,	NONE
32) MARK SAPPINGTON	1.00							1,01,1				
DIRECTOR	NONE	X						NONE	NONE		-	NONE
33) CHARLOTTE KEMPER BLACK	1.00							110112				.,01,1
DIRECTOR	NONE	X						NONE	NONE		-	NONE
34) PEGGY BEAL	1.00							1,01,1				
DIRECTOR	NONE	X						NONE	NONE		-	NONE
35) KENT STALLARD	1.00							110112	110112			.,01,1
DIRECTOR	NONE	X						NONE	NONE		-	NONE
DINEGION	TOTAL							110112	110112			.,01,1
		1										
1b Sub-total												
c Total from continuation sheets to Part VII, S	ection A						>					
d Total (add lines 1b and 1c)							>					
2 Total number of individuals (including but not							o re	ceived more than	\$100,000 of			
reportable compensation from the organization	n >											
											Yes	No
3 Did the organization list any former office												
employee on line 1a? If "Yes," complete Sched	ule J for su	ch ina	lividu	ual						3		X
4 For any individual listed on line 1a, is the	sum of rer	ortab	ole d	om	per	satio	n ai	nd other compen	sation from the			
organization and related organizations gro												
individual										4	Х	
5 Did any person listed on line 1a receive or	accrue co	mpen	satio	on 1	fron	n any	un	related organizati	on or individual			
for services rendered to the organization? If "Yo	es," comple	te Scl	hedu	ıle J	l for	such	per	rson		5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest com												
compensation from the organization. Report of	ompensati	on for	the	ca	lend	dar ye	ar e	ending with or with	nin the organization	n's tax		

year.

SEE SCHEDULE O Name and business address	(B) Description of services	(C) 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 ▶

Form **990** (2021)

43-6052680

Form 990 (2021) KAN Part VIII Statement of Revenue

Fai	t VIII	Check if Schedule O contains a respon	se or note to ar	ov line in this Part \	/111		
		Official in Octionalis a respon	ise of flote to al	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ស្ល	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
တ် ဋိ	c	Fundraising events 1c	404,605.				
fts, r A	d	Related organizations					
ਭੂੰਫ਼	e	Government grants (contributions) 1e	3,471,855.				
ns,	f	All other contributions, gifts, grants,	. , , ,				
흕		and similar amounts not included above . 1f	3,561,071.				
ğ Ş	g	Noncash contributions included in	0,000,000				
a to	9	lines 1a-1f 1g	§ 101,920.				
S É	h	Total. Add lines 1a-1f		7,437,531.			
		Total / Nac miles ia ii [] [] [] [] [] [] []	Business Code	, , , , , ,			
ė	20	PERFORMANCES	711110	2,943,070.	2,943,070.		
Ξœ	2a	TUITION	616000	1,360,693.	1,360,693.		
Se	b		12000	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
E S	C						
Reg	d						
Program Service Revenue	e	All d					
_	f g	All other program service revenue		4,303,763.			
	3	Investment income (including dividends,		, , , , , , , ,			
	"	other similar amounts)		303,735.			303,735.
	4	Income from investment of tax-exempt bond	_	NONE			
	5	Royalties	•	NONE			
		(i) Real	(ii) Personal	-			
	6a	Gross rents 6a 9,548.					
	١.	Less: rental expenses 6b					
	b	Rental income or (loss) 6c 9,548.	NONE				
	C	Net rental income or (loss)		9,548.			9,548.
	7a	Gross amount from (i) Securities	(ii) Other	3,310.			3,310.
	/ a	sales of assets	(.,,				
		other than inventory 7a 925,291.	607.				
Ф	b	Less: cost or other basis					
evenue	~	and sales expenses 7b 214,966.					
e Ve	С		607.				
	d	Net gain or (loss)		710,932.			710,932.
Other R	8a	Gross income from fundraising					
ō	Oa	events (not including \$404,605.					
		of contributions reported on line					
		1c). See Part IV, line 18	97,963.				
	b	Less: direct expenses 8b	129,046.				
	C	Net income or (loss) from fundraising events		-31,083.			-31,083.
	9a	Gross income from gaming					
	""	activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses 9b	NONE				
	c	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	NONE				
	b	Less: cost of goods sold	NONE				
	c	Net income or (loss) from sales of inventory	 •	NONE			
<u>s</u>			Business Code				
eon Ie	11a	MISCELLANEOUS	900099	161,029.			161,029.
Miscellaneous Revenue	b	LLC INCOME	711190	-80,891.	-80,891.		
e Sel	С						
Jis R	d	All other revenue					
	е	Total. Add lines 11a-11d	. •	80,138.			
	12	Total revenue. See instructions	▶	12,814,564.	4,222,872.		1,154,161.

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Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response	onse or note to any line	in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	NONE			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	230,805.	230,805.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	542,468.	249,535.	222,411.	70,522
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	4,283,246.	3,461,494.	481,456.	340,296.
8	Pension plan accruals and contributions (include	29,908.	8,383.	21,525.	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	542,748.	471,185.	41,195.	30,368.
10	Payroll taxes	400,345.	310,818.	54,237.	35,290
11	Fees for services (nonemployees):				
а	Management	NONE			
b	Legal	21,513.		21,513.	
c	Accounting	41,388.		41,388.	
d	Lobbying	NONE			
е	Professional fundraising services. See Part IV, line 17.	NONE			
f	Investment management fees	50,806.		50,806.	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	128,450.	44,511.	40,240.	43,699
12	Advertising and promotion	430,528.	430,528.		
13	Office expenses	144,352.	97,931.	32,449.	13,972
14	Information technology	27,556.	6,234.	21,322.	
15	Royalties	NONE			
	Occupancy	641,265.	95,692.	545,573.	
	Travel	123,467.	94,517.	3,110.	25,840
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	NONE			
	Interest	NONE			
	Payments to affiliates	NONE		24 104	00.056
	Depreciation, depletion, and amortization	854,197.	797,937.	34,184.	22,076.
	Insurance	88,124.		88,124.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
		615 262	615 262		
	ORCHESTRA & GUEST ARTISTS	615,369.	615,369.		
	THEATER EXPENSES	483,713.	483,713.		
	COSTUMES, SETS & SHOES	260,465.	260,465.		
	HOUSING	130,485.	130,485.	4.4.4.5.0	
	All other expenses	44,459.	F F00 600	44,459.	F00 000
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	10,115,657.	7,789,602.	1,743,992.	582,063.
40	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
			1		

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	NONE	1	NONE
	2	Savings and temporary cash investments	2,025,283.	2	3,879,585.
	3	Pledges and grants receivable, net	1,807,349.	3	1,118,786.
	4	Accounts receivable, net	NONE	4	NONE
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
ts	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	NONE		NONE
As	9	Prepaid expenses and deferred charges	314,849.	9	207,696.
	_	Land, buildings, and equipment: cost or other	021,010		
		basis. Complete Part VI of Schedule D 10a 28,427,951.			
	b	Less: accumulated depreciation 10b 6,790,754.	22,311,717.	10c	21,637,197.
	11	Investments - publicly traded securities	18,637,589.	11	16,891,954.
	12	Investments - other securities. See Part IV, line 11	NONE		NONE
	13	Investments - program-related. See Part IV, line 11.		13	102,283.
	14	Intangible assets	NONE		NONE
	15	Other assets. See Part IV, line 11	-	15	191,060.
	16				
_		Total assets. Add lines 1 through 15 (must equal line 33)		16	44,028,561.
	17	Accounts payable and accrued expenses		17	452,013.
	18	Grants payable	NONE		NONE
	19	Deferred revenue		19	1,090,292.
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
Liabilities	22	Loans and other payables to any current or former officer, director,			
ij		trustee, key employee, creator or founder, substantial contributor, or 35%			
į		controlled entity or family member of any of these persons	NONE		NONE
_	23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	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	NONE
	26	Total liabilities. Add lines 17 through 25	2,209,202.	26	1,542,305.
ces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	23,460,896.	27	24,095,668.
Ä	28	Net assets with donor restrictions	19,791,039.	28	18,390,588.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
et /	32	Total net assets or fund balances	43,251,935.	32	42,486,256.
ž	33	Total liabilities and net assets/fund balances	45,461,137.	33	44,028,561.
			,,,		Form 990 (2021)

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	2,8	14,	564
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u>657</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		2,6	98,	<u>907</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	3,2	51,	<u>935</u>
5	Net unrealized gains (losses) on investments	5		3,4	64,	<u>586</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	4	2,4	86,	<u> 256</u>
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	cplain c	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersiaht	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	_		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.					
3 <i>a</i>	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in t	he			
Ju	Single Audit Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	lerao t	he			
~	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b	Х	

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

st. OMB No. 1545-0047
2021
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

KANSAS CITY BALLET ASSOCIATION

тел	יבטאי	3 CIII DALLEI ASSOC.	IAIION				10 0	032000
Pa	rt I	Reason for Public Cha	rity Status. (All	organizations must	comple	te this pa	art.) See instructions	S.
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	neck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	section 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)		
3		A hospital or a cooperative					(1)(A)(iii).	
4		A medical research organiz	-	-				(iii). Enter the
		hospital's name, city, and st	=	, ,			(.,,(,(,	()
5		An organization operated		a college or universit	v owne	d or one	erated by a governme	ntal unit described in
Ū		section 170(b)(1)(A)(iv). (C		a concess of anivoron	., 011110	а от оро	rated by a governme	ina am accomboa ii
6		A federal, state, or local go		rnmental unit describe	d in sect	ion 170/	h)(1)(Δ)(γ)	
7	\vdash	An organization that normal						om the general nublic
'		-	=	•	рроп	oni a go	verninental unit of its	on the general public
		described in section 170(b) A community trust describe			Dort II \			
8	\vdash	-	-		-		l in conjugation with a	land grant callage
9		An agricultural research org	=			-		
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the i	name, city, and state of	r the college or
		university:				,		. ,
10		An organization that norma receipts from activities rela support from gross investmacquired by the organization	ted to its exempt finent income and union after June 30, 19	functions, subject to connelated business tax 1975. See section 509	ertain ex able inco (a)(2). (0	xceptions ome (less Complete	s; and (2) no more thar s section 511 tax) from e Part III.)	331/3 % of its
11	\vdash	An organization organized	•	•	•			
12		An organization organized a	•	•				
		one or more publicly suppo	-					
		the box on lines 12a throug	h 12d that describ	es the type of suppor	ting orga	anization	and complete lines 1	2e, 12f, and 12g.
а		Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the
	_	_ supporting organization. `	You must complet	e Part IV, Sections A	and B.			
b		Type II. A supporting org	anization supervise	ed or controlled in co	nnection	n with its	supported organization	on(s), by having
		control or management of	of the supporting o	rganization vested in	the sam	e persor	ns that control or man	age the supported
		organization(s). You must	complete Part IV	, Sections A and C.				
С		Type III functionally inte	grated. A supporti	ng organization opera	ited in c	onnectio	n with, and functional	ly integrated with,
		its supported organization						-
d		Type III non-functionally						ted organization(s)
		that is not functionally inte						= ::
		requirement (see instruct	-	-	-		•	
е		Check this box if the orga	·	· = ·				I. Type III
·	_	functionally integrated, or						., .) p o
f	En	ter the number of supported						
a		ovide the following information						
		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	``	3.		(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
				above (see instructions))	Yes	ment?	instructions)	instructions)
					162	NO		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	al							

Par	Support Schedule for Orga (Complete only if you checke Part III. If the organization fail	d the box on	line 5, 7, or 8	of Part I or if t	he organization	on failed to qua	
Sec	tion A. Public Support	. , , , ,		, , , , , , , , , , , , , , , , , , ,	<u>, </u>	,	
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here.	<u> </u>					
Sec	tion C. Computation of Public Supp						
14	Public support percentage for 2021 (lin						
15	Public support percentage from 2020						
16a	331/3% support test - 2021. If the org						
	box and stop here. The organization qu			_			
b	331/3% support test - 2020. If the org	•					
	this box and stop here. The organization	-		-			
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization Part VI how the organization meets to	n meets the fa the facts-and-	acts-and-circums circumstances to	stances test, ch est. The organi	eck this box a zation qualifies	nd stop here. as a publicly s	Explain in supported
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the organiz in Part VI how the organization meets	2020. If the orzation meets the	rganization did r he facts-and-cir	not check a box cumstances test	c on line 13, 16 c, check this bo	6a, 16b, or 17a ox and stop her	a, and line e. Explain
18	organization						▶ ∟

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.)

If the organization fails to qualify under the tests listed below, please complete Part II.)							
	tion A. Public Support	(a) 2047	(b) 204.9	(a) 2040	(4) 2020	(a) 2024	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees	SEE SUPP PAGE					
_	received. (Do not include any "unusual grants.")	2,734,290.	7,586,782.	3,232,806.	5,514,324.	7,437,531.	26,505,733.
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	5,523,669.	5,595,587.	4,644,283.	799,211.	4,303,763.	20,866,513.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						NONE
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						NONE
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						NONE
6	Total. Add lines 1 through 5	8,257,959.	13,182,369.	7,877,089.	6,313,535.	11,741,294.	47,372,246.
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	1,248,220.	575,534.	369,897.	1,674,788.	2,675,017.	6,543,456.
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						NONE
С	Add lines 7a and 7b	1,248,220.	575,534.	369,897.	1,674,788.	2,675,017.	6,543,456.
8	Public support. (Subtract line 7c from						
	line 6.)						40,828,790.
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	8,257,959.	13,182,369.	7,877,089.	6,313,535.	11,741,294.	47,372,246.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar						
	sources	195,739.	223,183.	252,469.	279,415.	313,283.	1,264,089.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						NONE
С	Add lines 10a and 10b	195,739.	223,183.	252,469.	279,415.	313,283.	1,264,089.
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.	NONE	NONE	NONE	NONE	NONE	NONE
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.) SEE SUPP PAGE	152,186.	66,559.	136,837.	-14,862.	80,138.	420,858.
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	8,605,884.	13,472,111.	8,266,395.	6,578,088.	12,134,715.	49,057,193.
14	First 5 years. If the Form 990 is fo	-					
	organization, check this box and stop here						▶
	tion C. Computation of Public Sup		-				
15	Public support percentage for 2021 (line 8		•	.,,		15	83.23%
16	Public support percentage from 2020 Scho					16	90.30%
Sec	tion D. Computation of Investmen	t Income Perc	entage				
17	Investment income percentage for 2021 (li	,	•	,		17	2.58%
18	Investment income percentage from 2020				-	18	1.65%
19 a	331/3% support tests - 2021. If the o	rganization did n	ot check the box	on line 14, an	nd line 15 is mo	re than 331/3%,	and line
	17 is not more than 331/3 %, check this	s box and stop	here. The organ	zation qualifies	as a publicly su	pported organizat	ion ► X
b	331/3% support tests - 2020. If the org	anization did not	check a box on	line 14 or line 1	9a, and line 16	is more than 331.	/3 %, and
	line 18 is not more than 331/3 %, check	this box and st	op here. The org	anization qualifie	es as a publicly	supported organiz	ation 🕨 🔙
20	Private foundation. If the organization	did not check a	box on line 14	<u>1, 19a, or 19</u> b,	check this box	and see instruc	ctions ►
ISA							\ (Form 990) 2021

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Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

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

		Yes	NO
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Part	V Supporting Organizations (continued)			- 5 -
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		•		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
•	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
J	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	struction	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr		_
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
– a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
2		-5		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
-	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3h		

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	<u> </u>				
1	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.						
Se	ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6					
_7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Se	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
a	Average monthly value of securities	1a					
_	Average monthly cash balances	1b					
C	Fair market value of other non-exempt-use assets	1c					
	Total (add lines 1a, 1b, and 1c)	1d					
e	Discount claimed for blockage or other factors (explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Se	ction C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4		4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6					
7			ted Type III supporting	g organization			
	(see instructions).	, ,	31 11°-				

Schedule A (Form 990) 2021

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ea	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3	
4	4 Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	10 Line 8 amount divided by line 9 amount				
		/i)	(ii)		(iii)

Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

Schedule A (Form 990 or 990-EZ) 2021 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part

III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART III - OTHER I	NCOME					
DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
MISCELLANEOUS INCOME	152,186.	144,334.	211,147.	64,879.	161,029.	733,575.
LLC INCOME	NONE	-77,775.	-74,310.	-79,741.	-80,891.	-312,717.
TOTALS	152,186.	66,559.	136,837.	-14,862.	80,138.	420,858.
	=========	=========	==========	==========	=========	=========

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.

Employer identification number Name of the organization KANSAS CITY BALLET ASSOCIATION 43-6052680 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one

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

contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such

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

Schedule B (Form 990) (2021)

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1_	N/A	\$18,350.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	N/A	\$925,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	N/A	\$35,750.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
4	N/A	\$14,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6_	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors ((see instructions).	Use duplicate co	pies of Part I if a	dditional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	N/A	\$109,171.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8	N/A	\$20,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
10	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
11	N/A	\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
12	N/A	\$6,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 43-6052680

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	N/A	\$30,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	N/A	\$13,600.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	N/A	\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	N/A	\$39,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	N/A	\$12,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	N/A	\$10,150.	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed
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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
19	N/A	\$375,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
20	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
21	N/A	\$45,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
22	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
23	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
24	N/A	\$10,019.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors ((see instructions).	Use duplicate co	pies of Part I if additional	space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
25	N/A	\$10,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
26	N/A	\$50,800.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
27	N/A	\$18,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
28	N/A	\$80,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
29	N/A	\$12,750.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
30	N/A	\$110,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	N/A	\$8,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

	-		Honcash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	N/A	\$6,650.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	N/A	\$50,750.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	N/A	\$16,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38	N/A	\$16,500	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40	N/A	\$9,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42	N/A	\$6,000	Person Payroll Noncash (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	N/A	\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44	N/A	\$15,285.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45	N/A	\$26,227.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47	N/A	\$15,774.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed
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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
49	N/A	\$13,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
50	N/A	\$11,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
51	N/A	\$7,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
52	N/A	\$25,380.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
53	N/A	\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
54	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions).	Use duplicate copies of I	Part I if additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	N/A	\$6,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56	N/A	\$13,050.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57	N/A	\$135,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58	N/A	\$12,756.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59	N/A	\$6,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60	N/A	\$52,695.	Person Payroll Noncash (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62	N/A	\$6,595.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63	N/A	\$28,011.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65	N/A	\$11,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

KANSAS CITY BALLET ASSOCIATION

Employer identification number 43-6052680

Part I	Contributors ((see instructions)	. Use duplicate c	opies of Part I it	f additional spa	ce is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
67	N/A	\$25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
68	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
69	N/A	\$7,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
70	N/A	\$15,478.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
71	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
72	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

KANSAS CITY BALLET ASSOCIATION

Employer identification number 43-6052680

Part I	Contributors (see instructions).	Use duplicate copies of Part I	if additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	N/A	\$5,350.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
74	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
75	N/A	\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
76	N/A	\$56,750.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
78	N/A	\$7,316.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021) Page **2**

Name of organization

Employer identification number

A3_6052680

	KANSAS CITY BALLET ASSOCIATION		43-6052680
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	N/A	\$\$5,233.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80	N/A	\$\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81	N/A	\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

noncash contributions.)

Name of organization Employer identification number

KANSAS CITY BALLET ASSOCIATION 43-6052680

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
24	STOCK		
		\$10,019.	12/10/2021
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
60_	STOCK		
		\$52,695.	10/19/2021
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
62_	DANCEWEAR		
		\$6,595.	06/30/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
70_	STOCK		
		\$15,478	12/10/2021
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
78_	DANCEWEAR		
		\$2,316.	06/30/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
79	STOCK		
		\$5,233	10/22/2021

Schedule B (Form 990) (2021) Page **4**

KANSAS CITY BALLET ASSOCIATION 43-6052680 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Employer identification number

Name of organization

SCHEDULE D (Form 990)

Supplemental Financial Statements
► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

9M91

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

	Open to Public
	Inspection
6	on number

Nam	e of the organization		Employer identification number
KAI	ISAS CITY BALLET ASSOCIATION		43-6052680
Pa	rt I Organizations Maintaining Donor Adv		r Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets held	in donor advised
-	funds are the organization's property, subject to the	<u> </u>	
6	Did the organization inform all grantees, donors, a	= -	
-	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		
Pa	rt Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (for example	e, recreation or education) Preservation	of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution in	n_the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified	historic structure included in (a)	2c
d	Number of conservation easements included in (conservation)	e) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, tra	nsferred, released, extinguished, or term	ninated by the organization during the
	tax year		
4	Number of states where property subject to conse	rvation easement is located >	
5	Does the organization have a written policy reg	garding the periodic monitoring, inspec	tion, handling of
	violations, and enforcement of the conservation ea	sements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, insp	ecting, handling of violations, and enforcing	conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and enforcing o	conservation easements during the year
	> \$		
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of sect	tion 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 ar	nd expense statement and
	balance sheet, and include, if applicable, the text of	<u> </u>	cial statements that describes the
	organization's accounting for conservation easeme		
Pa	organizations Maintaining Collections		er Similar Assets.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FA of art, historical treasures, or other similar asse	ASB ASC 958, not to report in its revenue	ue statement and balance sheet works
	of art, historical treasures, or other similar asse service, provide in Part XIII the text of the footnote	ts held for public exhibition, education, to its financial statements that describes t	, or research in furtherance of public these items
b	If the organization elected, as permitted under F.		
	art, historical treasures, or other similar assets he		
	provide the following amounts relating to these item	ms:	
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		▶ \$ 141,344.
2	If the organization received or held works of a		
	following amounts required to be reported under F	ASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		▶\$
Eor I	Panarwark Raduation Act Natical society Instructions fo	Form 000	Schedule D (Form 990) 2021

			BALLET ASSOC					6052680 Page 2
	rt III Organizations Maintaini							. ,
3	Using the organization's acquisitio		, and other recor	ds, check a	ny of the	following	that make sig	gnificant use of its
	collection items (check all that appl	ly):	. —	٦.				
а	X Public exhibition		d	Loan or e	exchange	program		
b	Scholarly research		e	Other				
С	X Preservation for future gener							
4	Provide a description of the organ	nization's colle	ections and expla	ain how the	y further	the organiz	zation's exem	pt purpose in Part
	XIII.							
5	During the year, did the organizatio							
	assets to be sold to raise funds rath			rt of the org	anization	's collection	?	Yes X No
Pa	rt IV Escrow and Custodial A			000 D	(B / P	•		
	Complete if the organiza	ition answere	ed "Yes" on For	m 990, Par	t IV, line	9, or repo	ted an amou	int on Form
	990, Part X, line 21.							
1 a	Is the organization an agent, trust			-				
_	included on Form 990, Part X?							Yes No
b	If "Yes," explain the arrangement in	n Part XIII and	d complete the fol	lowing table:				
	5				_		Amour	nt
С.	Beginning balance							
	Additions during the year							
e	Distributions during the year							
f 2-	Ending balance				1f	estadial asse	wat liability?	Vec Ne
							•	Yes No
	If "Yes," explain the arrangement in rt V Endowment Funds.	II Part Alli. Ci	ieck nere ii the ex	хріапаціон па	is been pi	ovided on P	art Alli	
Га	Complete if the organiza	ation answer	ed "Yes" on For	m 000 Par	t IV/ line	10		
	Complete ii the organiza	(a) Current y				-		1,,-
			/ear i (b) Prio	rvear i i	c) iwo year	S Dack (g)	Three years back	(e) Four years back
4 -	Designing of year balance		, ,		11 . 847 . 9		Three years back	(e) Four years back
	Beginning of year balance	18,223,3	363. 13,92	20,769.	11,847,9	916.	10,366,679.	10,766,570.
b	Contributions		363. 13,92			916.	•	+
b	Contributions	18,223,3 796,2	863. 13,99 886. 99	20,769. 99,951.	11,847,9	916.	10,366,679.	10,766,570.
b c	Contributions	18,223,3	863. 13,99 886. 99	20,769.	11,847,9	916.	10,366,679.	10,766,570.
b c d	Contributions	18,223,3 796,2	863. 13,99 886. 99	20,769. 99,951.	11,847,9	916.	10,366,679.	10,766,570.
b c d	Contributions	18,223,3 796,2 -2,505,2	13,92 186. 99 153. 3,30	20,769. 99,951.	11,847,9 1,777,5 315,2	916. 996.	10,366,679. 1,533,078. 648,159.	10,766,570. 29,585. 770,524.
b c d e	Contributions	18,223,3 796,2	13,92 186. 99 153. 3,30	20,769. 99,951.	11,847,9	916. 996.	10,366,679.	10,766,570.
b c d e	Contributions	18,223,3 796,2 -2,505,2	13,92 186. 99 153. 3,30	20,769. 99,951.	11,847,9 1,777,5 315,2	916. 996. 257.	10,366,679. 1,533,078. 648,159.	10,766,570. 29,585. 770,524.
b c d e f g	Contributions	18,223,3 796,2 -2,505,2 37,2	13,92 186. 99 153. 3,30 164.	220,769.	11,847,9 1,777,5 315,2 20,0	916. 996. 957.	10,366,679. 1,533,078. 648,159.	10,766,570. 29,585. 770,524.
b c d e f g	Contributions	18,223,3 796,2 -2,505,2 37,2 16,477,1 of the current	13,92 186. 99 153. 3,30 164.	220,769.	11,847,9 1,777,5 315,2 20,0	916. 996. 957.	10,366,679. 1,533,078. 648,159.	10,766,570. 29,585. 770,524.
b c d e f g	Contributions	18,223,3 796,2 -2,505,2 -2,505,2 37,2 16,477,1 of the current nent 0.	13,92 186. 99 153. 3,30 164. 18,22 18,22 t year end balance	220,769.	11,847,9 1,777,5 315,2 20,0	916. 996. 957.	10,366,679. 1,533,078. 648,159.	10,766,570. 29,585. 770,524.
b c d e f g 2 a b	Contributions	18,223,3 796,2 -2,505,2 37,2 16,477,1 of the current ent ▶ 0. 900 %	13,92 186. 99 153. 3,30 164. 18,22 18,22 t year end balance	220,769.	11,847,9 1,777,5 315,2 20,0	916. 996. 957.	10,366,679. 1,533,078. 648,159.	10,766,570. 29,585. 770,524.
b c d e f g 2 a b	Contributions	18,223,3 796,2 -2,505,2 37,2 16,477,1 of the current nent ▶ 0. 900 % %	13,92 186. 99 153. 3,30 164. 18,22 18,22 18,22 18,22 18,22	220,769.	11,847,9 1,777,5 315,2 20,0	916. 996. 957.	10,366,679. 1,533,078. 648,159.	10,766,570. 29,585. 770,524.
b c d e f g 2 a b c	Contributions	18,223,3 796,2 -2,505,2 -2,505,2 37,2 16,477,1 of the current nent ▶ 0. 900 % % and 2c should	13,92 186. 99 1253. 3,30 1864. 18,22 18,22 18,22 18 year end balance 12700_%	20,769. 99,951. 02,643. 23,363. e (line 1g, co	11,847,9 1,777,5 315,2 20,0 13,920,7	916. 996. 957. 900. 969. held as:	10,366,679. 1,533,078. 648,159. 700,000.	10,766,570. 29,585. 770,524.
b c d e f g 2 a b c	Contributions	18,223,3 796,2 -2,505,2 -2,505,2 37,2 16,477,1 of the current nent ▶ 0. 900 % % and 2c should	13,92 186. 99 1253. 3,30 1864. 18,22 18,22 18,22 18 year end balance 12700_%	20,769. 99,951. 02,643. 23,363. e (line 1g, co	11,847,9 1,777,5 315,2 20,0 13,920,7	916. 996. 957. 900. 969. held as:	10,366,679. 1,533,078. 648,159. 700,000.	10,766,570. 29,585. 770,524.
b c d e f g 2 a b c	Contributions	18,223,3 796,2 -2,505,2 -2,505,2 37,2 16,477,1 of the current ▶ 0.900 % % and 2c should the possession	13,92 186. 99 153. 3,30 1644. 18,22 18,2	20,769. 99,951. 02,643. 23,363. e (line 1g, co	11,847,9 1,777,5 315,2 20,0 13,920,7	916. 996. 900. 900. held as:	10,366,679. 1,533,078. 648,159. 700,000. 11,847,916.	10,766,570. 29,585. 770,524. 1,200,000. 10,366,679.
b c d e f g 2 a b c	Contributions	18,223,3 796,2 -2,505,2 -2,505,2 37,2 16,477,1 of the current ▶ 0.900 % % and 2c should the possession	13,92 186. 99 153. 3,30 164. 18,22 18,22 18,22 18,22 19,22	20,769. 99,951. 02,643. 23,363. e (line 1g, co	11,847,9 1,777,5 315,2 20,0 13,920,7 slumn (a))	916. 996. 957. 9000. 969. held as:	10,366,679. 1,533,078. 648,159. 700,000. 11,847,916.	10,766,570. 29,585. 770,524. 1,200,000. 10,366,679.
b c d e f g 2 a b c 3a	Contributions	18,223,3 796,2 -2,505,2 -2,505,2 37,2 16,477,1 of the current ► 0.900 % % and 2c should the possession	13,92 186. 99 153. 3,30 164. 18,22 1 year end balance 17700 % equal 100%. on of the organiza	20,769. 99,951. 02,643. 23,363. e (line 1g, co	11,847,9 1,777,5 315,2 20,0 13,920,7 Ilumn (a))	916. 996. 957. 9000. 969. held as:	10,366,679. 1,533,078. 648,159. 700,000. 11,847,916.	10,766,570. 29,585. 770,524. 1,200,000. 10,366,679. Yes No 3a(i) X
b c d e f g 2 a b c 3a	Contributions	18,223,3 796,2 -2,505,2 37,2 16,477,1 of the current nent ▶ 0. 900 % % and 2c should the possession ed organizatio	13,92 186. 99 153. 3,30 164. 18,22 18,22 18,2700_% equal 100%. on of the organizations listed as require	220,769. 29,951. 22,643. 23,363. e (line 1g, co	11,847,9 1,777,5 315,2 20,0 13,920,7 Ilumn (a))	916. 996. 957. 9000. 969. held as:	10,366,679. 1,533,078. 648,159. 700,000. 11,847,916.	10,766,570. 29,585. 770,524. 1,200,000. 10,366,679. Yes No 3a(i) X 3a(ii) X
b c d e f g 2 a b c 3 a b 4	Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage Board designated or quasi-endowm Permanent endowment 17.8400 The percentages on lines 2a, 2b, a Are there endowment funds not in organization by: (i) Unrelated organizations If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended or the stand Buildings, and Equations Text Land Buildings, and Equations	18,223,3 796,2 -2,505,2 -2,505,2 37,2 16,477,1 of the current ► 0.900 % % and 2c should the possession ed organization uses of the organization uses of the organization	13,92 186. 99 153. 3,30 164. 32. 18,22 1 year end balance 2700_% equal 100%. on of the organization of the	20,769. 29,951. 22,643. 23,363. e (line 1g, contains that are	11,847,9 1,777,5 315,2 20,0 13,920,7 slumn (a))	916. 996. 900. 900. 969. held as:	10,366,679. 1,533,078. 648,159. 700,000. 11,847,916.	10,766,570. 29,585. 770,524. 1,200,000. 10,366,679. Yes No 3a(i) X 3a(ii) X 3b
b c d e f g 2 a b c 3 a b 4	Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage Board designated or quasi-endowm Permanent endowment 17.8400 The percentages on lines 2a, 2b, a Are there endowment funds not in organization by: (i) Unrelated organizations If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended organization and Equations Land, Buildings,	18,223,3 796,2 -2,505,2 37,2 16,477,1 of the current nent ▶ 0. 900 % % and 2c should the possession the possession ed organization uses of the orunipment. ation answer	13,92 186. 99 1853. 3,30 1864. 18,22	20,769. 29,951. 22,643. 23,363. e (line 1g, contains that are seed on Schediwment funds that seed on Schediwent funds that seed on Schediwment funds that seed on Schediwent funds that seed on Schediwen	11,847,9 1,777,5 315,2 20,0 13,920,7 Ilumn (a))	257. 2000. 269. 269. 269. 269. 269. 260. 269. 260. 260. 260. 260. 260. 260. 260. 260	10,366,679. 1,533,078. 648,159. 700,000. 11,847,916.	10,766,570. 29,585. 770,524. 1,200,000. 10,366,679. Yes No 3a(i) X 3a(ii) X 3b Vart X, line 10.
b c d e f g 2 a b c 3 a b 4	Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage Board designated or quasi-endowm Permanent endowment 17.8400 The percentages on lines 2a, 2b, a Are there endowment funds not in organization by: (i) Unrelated organizations If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended or the stand Buildings, and Equations Text Land Buildings, and Equations	18,223,3 796,2 -2,505,2 37,2 16,477,1 of the current nent ▶ 0. 900 % % and 2c should the possession the possession ed organization uses of the orunipment. ation answer	13,92 186. 99 153. 3,30 164. 32. 18,22 1 year end balance 2700_% equal 100%. on of the organization of the	20,769. 29,951. 22,643. 23,363. e (line 1g, contains that are	11,847,9 1,777,5 315,2 20,0 13,920,7 Ilumn (a))	916. 996. 900. 900. 969. held as:	10,366,679. 1,533,078. 648,159. 700,000. 11,847,916.	10,766,570. 29,585. 770,524. 1,200,000. 10,366,679. Yes No 3a(i) X 3a(ii) X 3b
b c d e f g 2 a b c 3 a b 4 Pa	Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage Board designated or quasi-endowm Permanent endowment 17.8400 The percentages on lines 2a, 2b, a Are there endowment funds not in organization by: (i) Unrelated organizations If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended organization and Equations Land, Buildings,	18,223,3 796,2 -2,505,2 37,2 16,477,1 of the current ► 0.900 % % and 2c should the possession ed organization uses of the orusipment. ation answer (a)	13,92 186. 99 153. 3,30 164. 32. 18,22 1 year end balance 2700 % equal 100%. on of the organization of th	20,769. 29,951. 22,643. 23,363. 26 (line 1g, contained on Schedowment funds 27 990, Pa (b) Cost or or	11,847,9 1,777,5 315,2 20,0 13,920,7 Ilumn (a))	d administer although the state of the stat	10,366,679. 1,533,078. 648,159. 700,000. 11,847,916.	10,766,570. 29,585. 770,524. 1,200,000. 10,366,679. Yes No 3a(i) X 3a(ii) X 3b Vart X, line 10.

247,394.

1,825,421.

2,836,531.

91,232

1,508,896.

2,240,012

21,637,197. Schedule D (Form 990) 2021

156,162.

316,525.

596,519.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

c Leasehold improvements.

d Equipment.......

43-6052680

Part VII	Investments - Other Securities. Complete if the organization answered	l "Ves" on Form 99(D Part IV line 11h See Form 990	Part X line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuat	
	(including name of security)	(b) Book value	Cost or end-of-year mark	
	ial derivatives			
	held equity interests			
(3) Other _ (A)				
(A) (B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 12.) 🔒 🕨			
Part VIII				
	Complete if the organization answered	"Yes" on Form 990	O, Part IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u>				
(7)				
(8) (9)			<u> </u>	
	nn (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
raitix	Complete if the organization answered	l "Yes" on Form 990	0, Part IV, line 11d. See Form 990.	Part X, line 15.
	· · · · · · · · · · · · · · · · · · ·	scription		(b) Book value
(1)	``	•		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(1)			
	lumn (b) must equal Form 990, Part X, col. (B) I	ine 15.)		
Part X	Other Liabilities. Complete if the organization answered	I "Voc" on Form 000	D Part IV line 11e or 11f See For	m 000 Part V
	line 25.		o, raitiv, ille Tie of Tii. See For	
1. (1) Fodo		tion of liability		(b) Book value
	ral income taxes			
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)			
	or uncertain tax positions. In Part XIII, provide the			nat reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . JSA 1E1270 1.000 1710MJ K922 **01/19/2023 08:24:17** V21-7.8F 57008

Schedule D (Form 990) 2021

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	9,516,778.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
– a	Net unrealized gains (losses) on investments		
_	Donated services and use of facilities	-	
b		-	
C	recevence of prior year granto, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	-	
d	, , , , , , , , , , , , , , , , , , , ,	2e	-3,246,980.
e	Add lines 2a through 2d	3	
3	Subtract line 2e from line 1	3	12,763,758.
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	-	
b	Carlot (Becomes art art xam.)	40	E0 006
С 5	Add lines 4a and 4b	4c 5	50,806.
Part			12,814,564.
rait	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	10,282,457.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	217,606.
3	Subtract line 2e from line 1	3	10,064,851.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 50,806.		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	50,806.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	10,115,657.
Provid	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional infor	Part V, mation	line 4; Part X, line
SEE	SUPPLEMENTAL PAGE		

Part XIII Supplemental Information (continued)

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)

SCHEDULE D, PARTS XI AND XII, LINE 2D

FUNDRAISING EXPENSES \$129,046

LLC INCOME \$ 80,891

TOTAL \$209,937

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Internal Revenue Service

OMB No. 1545-0047 Open to Public

Attach to Form 990 or Form 990-EZ. Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Employer identification number

	SAS CITY BALLET ASSOCIATION					43-605268	
Part	Fundraising Activities. Comp Form 990-EZ filers are not re	-			Yes" on Form 9	90, Part IV, line 1	7.
4	Indicate whether the organization rais	·			activities Charle	all that apply	
1		_		_			
a	Mail solicitations	e			non-government g		
b	Internet and email solicitations	f			government grant	:S	
C	Phone solicitations	g	Spe	cial fundra	ising events		
d	In-person solicitations						
	Did the organization have a written or or key employees listed in Form 990, If "Yes," list the 10 highest paid indiv	Part VII) or entity	in connec	ction with p	rofessional fundra	aising services?	Yes No
	compensated at least \$5,000 by the c	organization.			-		
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
_			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
otal							
otal 3	List all states in which the organizat registration or licensing.				contributions or	has been notified	it is exempt from

Sch	edule	e G (Form 990) 2021 KANSAS	CITY BALLET ASSO	CIATION	4	3-6052680 Page 2
Pa	rt I	Fundraising Events. Complete than \$15,000 of fundraising even gross receipts greater than \$5,000	ent contributions and g			
			(a) Event #1 BALLET BALL (event type)	(b) Event #2 BARE SOIREE (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Direct Expenses Revenue	1	Gross receipts	466,956.	35,612.		502,568
Ř	2	Less: Contributions Gross income (line 1 minus	382,244.	22,361.		404,605
Direct Expenses Revenue Direct Expenses Revenue Brant 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		line 2)	84,712.	13,251.		97,963
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Exp	7	Food and beverages	67,934.	11,019.		78,953
Direct	8	Entertainment	14,976.	1,267.		16,243
	9	Other direct expenses	30,257.	3,593.		33,850
	10 11	Direct expense summary. Add lin Net income summary. Subtract li	es 4 through 9 in colu ne 10 from line 3, colu	mn (d) umn (d)		129,046. -31,083
Pa	rt I	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin		Yes" on Form 990, I	Part IV, line 19, or	reported more than
enne		. ,	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Expen	3	Noncash prizes				
irect E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)	>	
9		Enter the state(s) in which the org	•		267	Vos No

Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Sc	hedu	ıle	G١	(Form	990)	2021

10a

If "No," explain:

If "Yes," explain:

Sched	ule G (Form 990 or 990-EZ) 2021 KANSAS CITY BALLET ASSOCIATION	43-60526	80 Paç	ge 3
11	Does the organization conduct gaming activities with nonmembers?		res I	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?		res 🔲 I	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	3a		%
b	An outside facility			/ %
14	Enter the name and address of the person who prepares the organization's gaming/special events books			
14	records:			
	Name ▶			
	Address ▶			
15 a	Does the organization have a contract with a third party from whom the organization receives ga	_	res 🗀 I	No
b	revenue? If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ are all the content of the conte		ES I	NO
b	amount of gaming revenue retained by the third party \blacktriangleright \$	na trie		
•	If "Yes," enter name and address of the third party:			
C	ir res, enter name and address of the till party.			
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proc	eeds to		
u	retain the state gaming license?		res 🔲 I	No
h	Enter the amount of distributions required under state law to be distributed to other exempt organ	uizations		
	or spent in the organization's own exempt activities during the tax year > \$	iizationio		
Par		iii) and (v) a	nd	—
ı a	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition (see instructions).			
	(SSS Indiadalono).			-

Schedule G (Form 990 or 990-EZ) 2021

SCHEDULE I (Form 990)

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

OMB No. 1545-0047
2021

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization						Employer identification	on number
KANSAS CITY BALLET ASSOCIATION						43-6052680	
Part I General Information on Grants and	d Assistanc	е					
 Does the organization maintain records to s the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand	e?					X Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient to		~					es" on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations lis	•	•					

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIP/FINANCIAL AID	141	230,805.			
Todiounity / Indiana ind	111	250,005.			
2					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART I, LINE 2

KANSAS CITY BALLET SCHOOL AWARDS SCHOLARSHIPS AND FINANCIAL AID TO STUDENTS BASED ON MERIT. THE SCHOOL FACULTY DECIDES THE AMOUNT AND QUANTITY OF SCHOLARSHIPS BASED ON THE ARTISTIC CAPABILITIES OF THE STUDENT. KANSAS CITY BALLET SCHOOL ALSO AWARDS FINANCIAL AID TO STUDENTS AND THEIR FAMILIES WHO NEED TUITION ASSISTANCE. THE AMOUNT OF THE FINANCIAL AID IS DETERMINED BY NEED, VERIFIED ANNUAL INCOME AND AVAILABLE FUNDING.

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

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

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

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

Department of the Treasury Internal Revenue Service Name of the organization

KANSAS CITY BALLET ASSOCIATION

Employer identification number

43-6052680

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
J	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
ŭ	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			21
	The root to any or miles to o, not the percent and provide the applicable amounts for each form in rank in			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
-	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

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

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

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

		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
JEFFREY J. BENTLEY	(i)	234,935.	NONE	NONE	2,082.	7,557.	244,574.	NONE
1 EXECUTIVE DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)	233,924.	NONE	NONE	1,779.	8,778.	244,481.	NONE
2 ARTISTIC DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
16	(ii)							

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

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

KANSAS CITY BALLET ASSOCIATION

Employer identification number 43-6052680

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash conf			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods	X		7,988.	FAIR MARK	ET V	ALUE	2
6	Cars and other vehicles.							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		10	91,152.	FAIR MARK	ET V	ALUE	3
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	6	2,630.	FAIR MARK	ET V	ALUE	2
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►(PRINTING)	X	1	150.	FAIR MARK	ET V	ALUE	2
26	Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received	by the org	anization during the tax y	ear for contributions for				
	which the organization completed F	Form 8283,	Part V, Donee Acknowledge	ement	29			
							Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through			
	28, that it must hold for at least the	hree years f	rom the date of the initial	contribution, and which is	sn't required			
	to be used for exempt purposes for		olding period?			30a		Х
b	If "Yes," describe the arrangement i	n Part II.						
31	Does the organization have a	gift accept	tance policy that require	es the review of any	nonstandard			
	contributions?					31	Х	
32a	Does the organization hire or use	e third parti	es or related organization	s to solicit, process, or s	ell noncash			
	contributions?					32a		Х
b	If "Yes," describe in Part II.							

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

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

Schedule M (Form 990) 2021

33

describe in Part II.

Part II Supple

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.

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.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

43-6052680

KANSAS CITY BALLET ASSOCIATION

FORM 990, PART III, LINE 3

DUE TO THE MASKING AND VACCINATION REQUIREMENTS RESULTING FROM THE COVID-19 PANDEMIC, KANSAS CITY BALLET EXPERIENCED LOWER AUDIENCE AND STUDENT PARTICIPATION IN OUR PERFORMANCES AND ACADEMY DANCE PROGRAMS.

FORM 990, PART III, LINE 4A, 4B, & 4C

KANSAS CITY BALLET PERFORMANCES

37,699 PEOPLE SERVED. KANSAS CITY BALLET OPENED ITS 64TH SEASON WITH

'CELTS' (OCTOBER 15-24). INCLUDED IN THE MIXED REPERTOIRE PROGRAM WAS

'WUNDERLAND' (CHOREOGRAPHY BY EDWAARD LIANG, MUSIC BY PHILIP GLASS),

'SERENADE' (CHOREOGRAPHY BY GEORGE BALANCHINE, MUSIC BY PETER I.

TCHAIKOVSKY) AND 'CELTS' (CHOREOGRAPHY BY LILA YORK, MUSIC BY THE

CHIEFTAINS, WILLIAM J. RUYLE, BILL WHELEN AND MASON DARING). IN

DECEMBER, KANSAS CITY BALLET PERFORMED DEVON CARNEY'S HOLIDAY CLASSIC

'THE NUTCRACKER' WITH MUSIC BY PETER I. TCHAIKOVSKY IN TWENTY-TWO PUBLIC

PERFORMANCES (DECEMBER 3-24). EACH SHOW IS PERFORMED BY THE OUTSTANDING

PROFESSIONAL COMPANY OF KANSAS CITY BALLET WITH MEMBERS OF THE KANSAS

CITY BALLET SCHOOL AND ACCOMPANIED BY THE KANSAS CITY SYMPHONY. FOR ITS

WINTER PERFORMANCE (FEBRUARY 18-27), KANSAS CITY BALLET PERFORMED

'DRACULA' (CHOREOGRAPHY BY MICHAEL PINK, MUSIC BY PHILIP FEENEY). KANSAS

CITY BALLET ENDED ITS SEASON WITH A RETURN PERFORMANCE OF 'THE WIZARD OF

OZ' (CHOREOGRAPHY BY SEPTIME WEBRE, MUSIC BY MATTHEW PIERCE) (MAY 13-22).

KANSAS CITY BALLET SCHOOL DANCE ACADEMY

1,408 PEOPLE SERVED. PROVIDING EXCELLENCE IN DANCE TRAINING SINCE 1981,

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.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

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
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.

KANSAS CITY BALLET COMMUNITY ENGAGEMENT AND EDUCATION

IN FISCAL YEAR 2022 A TOTAL OF 16,881 YOUTH AND ADULTS WERE IMPACTED

THROUGH PROGRAMS OFFERED BY KANSAS CITY BALLET'S COMMUNITY ENGAGEMENT AND

EDUCATION DEPARTMENT. KCB DANCER CHATS, AN ONLINE COMMUNITY ENGAGEMENT

AND EDUCATION PROGRAM, AND KCB DANCE SPEAKS, ALSO OFFERED ONLINE, SERVED

12,662 PEOPLE VIA FACEBOOK DURING 10 DIFFERENT PROGRAMS WITH VARIOUS

COMMUNITY MODERATORS, KC BALLET DANCE ARTISTS AND GUEST CHOREOGRAPHERS

AND ARTISTS. OUR STUDIO TO STAGE LECTURE DEMONSTRATION PROGRAM WAS

OFFERED AGAIN IN PERSON TO FOUR SCHOOLS AND WE SERVED 1,600 ELEMENTARY

SCHOOL CHILDREN AND ADULTS. 268 ATTENDED THREE IN PERSON DANCE WORKSHOPS

AND A SPECIAL 5TH ANNIVERSARY R.O.A.D. SCHOLARS SHOWCASE PRESENTED TO

ATTENDING R.O.A.D. SCHOLARS AND THEIR FAMILY MEMBERS. 70 STUDENTS AND

TEACHERS ATTENDED KC BALLET'S NEW MOVES STUDENT MATINEE IN THE FROST

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

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

STUDIO THEATER. R.O.A.D RESIDENCY, OUR 12 TO 24- WEEK DANCE RESIDENCY
PROGRAM IN COMMUNITY SCHOOLS TAUGHT BY KANSAS CITY BALLET TEACHING
ARTISTS TO LIVE PIANO ACCOMPANIMENT, RESUMED IN PERSON CLASSES AND SERVED
697 THIRD AND FOURTH GRADE STUDENTS FROM 13 ELEMENTARY SCHOOLS THROUGHOUT
MISSOURI AND KANSAS. FALL AND SPRING R.O.A.D. RALLIES WERE CONDUCTED IN
PERSON WITH A TOTAL OF 835 PEOPLE IN ATTENDANCE. IN FY22 A TOTAL OF 55
NEW R.O.A.D. SCHOLARSHIP STUDENTS WERE SELECTED TO COME AND STUDY DANCE
AT KC BALLET WITH 25 PARENTS ATTENDING TWO ORIENTATIONS. 669 PEOPLE
PARTICIPATED IN A HYBRID KC DANCE DAY, WITH 500 PEOPLE VIEWING ONLINE
PERFORMANCES BY VARIOUS COMMUNITY GROUPS AND 169 PEOPLE PARTICIPATING IN
IN PERSON DANCE CLASSES AT THE BOLENDER CENTER.

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.

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

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.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

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

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

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. THE REVIEW IS CONDUCTED BY THE EXECUTIVE COMMITTEE OF THE

BOARD OF DIRECTORS, MOST RECENTLY IN AUGUST 2019 AND APPROVED BY THE

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

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

ENTIRE BOARD.

Employer identification number

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

THE EXECUTIVE DIRECTOR CONDUCTS A COMPENSATION REVIEW IN CONSULTATION WITH THE CHIEF FINANCIAL OFFICER IN SPRING 2021.

FORM 990, PART VI, SECTION C, LINE 19

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

Name of the organization

KANSAS CITY BALLET ASSOCIATION

Employer identification number

43-6052680

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
KAUFFMAN CENTER FOR THE PERFORMING ARTS 1601 BROADWAY BLVD		
KANSAS CITY, MO 64108	PERFORMANCE HALL	837,947.
TEC PAYROLL SERVICE, INC.		
1321 SWIFT ST.		
KANSAS CITY, MO 64116	STAGEHANDS	436,853.
KANSAS CITY SYMPHONY		
1644 WYANDOTTE ST		
KANSAS CITY, MO 64108	ORCHESTRA	349,305.
CUMULUS-KANSAS CITY-KCMO-FM		
3671 MOMENTUM PLACE		
CHICAGO, IL 60689	RADIO ADVERTISING	225,710.
UNION STATION KANSAS CITY		
30 W. PERSHING RD, SUITE 400		
KANSAS CITY, MO 64108	STEAM HEAT	159,571.

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the organization

KANSAS CITY BALLET ASSOCIATION

Employer identification number

43-6052680

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (c) Legal domicile (state (b) (e) End-of-year assets Total income Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity or foreign country) entity (1) (2) (3) (4) (5) (6)

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	conti	g) 512(b)(13) rolled iity?
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
					<u> </u>		20) 2004

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

Schedule R (Form 990) 2021

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
		oou,		,			Yes	No		Yes	No	
(1) OZ BALLET, LLC 82-2506278												1
1075 SANTA FE DRIVE DENVER, CO	BALLET PRODUC	CO	KC BALLET ASSN	RELATED	-1,387.	6,893.		Х	NONE	Х		33.3334
(2)												ı
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Yes No

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

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

1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?								
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity								
	Gift, grant, or capital contribution to related organization(s)	1a 1b	X						
	Gift, grant, or capital contribution from related organization(s)	1c	Х						
	Loans or loan guarantees to or for related organization(s)	1d	X						
		1e	X						
е	Loans or loan guarantees by related organization(s)	10	21						
		4.5	- V						
t	Dividends from related organization(s)	1f	X						
	Sale of assets to related organization(s)	1g	X						
	Purchase of assets from related organization(s)	1h	X						
	Exchange of assets with related organization(s)	1i	X						
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	X						
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	X						
-1	Performance of services or membership or fundraising solicitations for related organization(s)	11	X						
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X						
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X						
	Sharing of paid employees with related organization(s)	10	X						
р	Reimbursement paid to related organization(s) for expenses	1p	X						
-	Reimbursement paid by related organization(s) for expenses	1q	Х						
ч	The mind and only to late a digatile and the first of the								
r	Other transfer of cash or property to related organization(s)	1r	х						
S	Other transfer of cash or property to related organization(s).								
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction three		X						
	(a) (b) (c)	(d)							
	Name of related organization Transaction Amount involved Method	of deter							
	type (a-s) amor	unt invol	ved						
1)									
•,									
2)									
2)									
3)									
4									
4)									
5)									
6)									
	Schedule R (Form 9	90) 2021						

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

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

	coctions 512 514)			(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
	from tax under sections 512 - 514)	Yes	No			Yes	No	(1 01111 1000)	Yes	No	
1											





1201 Walnut Street, Suite 1700 | Kansas City, MO 64106-2246 | 816.221.6300

KANSAS CITY BALLET ASSOCIATION

Instructions for Filing
Form 8879-TE
IRS e-file Signature Authorization for Form 990-T
For the year ended June 30, 2022

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-TE to:

FORVIS, LLP 1201 Walnut, Suite 1700 Kansas City MO 64106-2246

There is no tax due with the filing of this return.

No estimated tax payments for 2022 will be required, nor will you be subject to underpayment penalties because you have no 2021 tax liability.

Under current IRS regulations, your return is subject to public inspection. Before filing, you should review all information in this return to determine that the disclosures are appropriate, accurate and complete. Please contact us if you believe any of the disclosures should be modified.

Do NOT separately file Form 990-T with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before May 15, 2023. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

Ecr. 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2021, or fiscal year beginning 07/01/2021 and ending 06/30/2022▶ Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879TE for the latest information.

Name of file EIN or SSN KANSAS CITY BALLET ASSOCIATION 43-6052680 Name and title of officer or person subject to tax JEFFREY J. BENTLEY, EXECUTIVE DIRECTOR Part 1 Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b. 6b. 7b. 8b. 9b, or 10b, 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 one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b Form 990 check here Form 990-EZ check here . . . > 2a Form 1120-POL check here . > b Tax based on investment income (Form 990-PF, Part V, line 5). 4b Form 990-PF check here . . . > 5a Form 8868 check here... Form 990-T check here . . . b Total tax (Form 990-T, Part III, line 4) 6b 6a Form 4720 check here b FMV of assets at end of tax year (Form 5227, Item D) 8b Form 5227 check here... 9a Form 5330 check here.... b Amount of credit payment requested (Form 8038CP Part III, line 22) .10b Form 8038-CP check here . . > Partill Declaration and Signature Authorization of Officer or Person Subject to Tax I am an officer of the above entity or lam a person subject to tax with respect to (name Under penalties of perjury, I declare that and that I have examined a copy of the 2021 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only FORVIS, LLP
ERO firm name X I authorize to enter my PIN Enter five numbers, but do not enter all zeros on the tax year 2021 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 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. Signature of officer or person subject to tax Date > 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. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Path, 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns 1/18/2023 ERO's signature

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

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

JSA 1X3008 3,000

Fori	_m 990-T	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))	1	OMB No. 1545-0047
		For calendar year 2021 or other tax year beginning $07/01$, 2021, and ending $06/30$, 20	22	2021
Depa	artment of the Treasury	► Go to www.irs.gov/Form990T for instructions and the latest information.		
Inter	nal Revenue Service	▶ 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
A	Check box if	Name of organization (Check box if name changed and see instructions.)) Emplo	yer identification number
	address changed.	KANSAS CITY BALLET ASSOCIATION	43-6	052680
B E	xempt under section			exemption number
X	501(C)(3)	or Type 500 W PERSHING RD	(see ins	tructions)
	408(e) 220(e)			
	408A 530(a)	KANSAS CITY, MO 64108		Check box if an amended return.
	529(a) 529A	C Book value of all assets at end of year		an amended return.
G	Check organization t			
Н	Check if filing only to	Claim credit from Form 8941 Claim a refund shown on Form 2	2439	
1 (Check if a 501(c)(3)	organization filing a consolidated return with a 501(c)(2) titleholding corporation		
J	Enter the number of	attached Schedules A (Form 990-T)		▶
K	During the tax year,	was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
I	f "Yes," enter the na	ame and identifying number of the parent corporation		
L	The books are in care	e of ► GEORGE HANS Telephone number ► 816	-931-	2232
		500 W PERSHING RD		
		KANSAS CITY, MO 64108		
Pa	art I Total Unre	lated Business Taxable Income		
1	Total of unrelat	ed business taxable income computed from all unrelated trades or businesses (see	•	
	instructions)		. 1	
2	Reserved		. 2	
3	Add lines 1 and 2		. 3	
4	Charitable contrib	outions (see instructions for limitation rules)	. 4	
5	Total unrelated bu	usiness taxable income before net operating losses. Subtract line 4 from line 3	. 5	
6	Deduction for net	operating loss. See instructions	. 6	
7	Total of unrelat	ed business taxable income before specific deduction and section 199A deduction		
	Subtract line 6 fro	om line 5	. 7	
8	Specific deduction	n (generally \$1,000, but see instructions for exceptions)	. 8	
9	Trusts. Section 1	99A deduction. See instructions	. 9	
10	Total deductions.	Add lines 8 and 9	. 10	
11	Unrelated busine	ess taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7	,	
	enter zero		. 11	NONE
Pa	art II Tax Comp	putation		
1	Organizations ta	xable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	NONE
2	Trusts taxable	at trust rates. See instructions for tax computation. Income tax on the amount or	1	
	Part I, line 11 from	n: Tax rate schedule or Schedule D (Form 1041)	▶ 2	
3	Proxy tax. See in:	structions	▶ 3	
4		s. See instructions	. 4	
5	Alternative minim	um tax (trusts only)	. 5	
6	Tay on noncomn	liant facility income. See instructions	_	

NONE Form **990-T** (2021)

Par	t III	Tax and Payments								
1 a	Foreign	n tax credit (corporations attach Form 1118; true	sts attach Form 1116)	1a						
b	Other of	credits (see instructions)		1b						
С	Genera	al business credit. Attach Form 3800 (see instruc	tions)	1c						
d	Credit 1	for prior year minimum tax (attach Form 8801 o	r 8827)	1d						
		redits. Add lines 1a through 1d	· · · · · · · · · · · · · · · · · · ·				1e			
2		ct line 1e from Part II, line 7					2		N	ONE
3			orm 8611 Form 8697			• • • •				<u> </u>
•	Othor a		ent)				3			
4	Total to	ax. Add lines 2 and 3 (see instructions).				• • • •				
•		1294. Enter tax amount here					4		1\T	ONE
5		t net 965 tax liability paid from Form 965-A, Par					5		IN	OIVE
			· · · · · · · · · · · · · · · · · · ·	6a			J			
		nts: A 2020 overpayment credited to 2021								
		stimated tax payments. Check if section 643(g)		6b						
		posited with Form 8868	The state of the s	6c						
	•	n organizations: Tax paid or withheld at source (s	´ .	6d						
		withholding (see instructions)	I	6e						
		for small employer health insurance premiums (6f						
g		redits, adjustments, and payments: Form 2	439							
_			Total ▶				_			
7	-	ayments. Add lines 6a through 6g					7			
8		ted tax penalty (see instructions). Check if Form					8			
9		e. If line 7 is smaller than the total of lines 4, 5,	·				9		N	ONE
10	Overpa	yment. If line 7 is larger than the total of lines	4, 5, and 8, enter amount overpa	id		▶	10			
11		e amount of line 10 you want: Credited to 2022 estim			Refunde	-	11			
Par	t IV	Statements Regarding Certain A	ctivities and Other Info	orma	tion (see instru	uctions	5)			
1	At any	time during the 2021 calendar year, did	the organization have an in	terest	in or a signatu	ire or	other	authority	Yes	No
	over a	financial account (bank, securities, or oth	ner) in a foreign country? If	"Yes,	," the organizati	on ma	y have	e to file		
	FinCEN	Form 114, Report of Foreign Bank and	Financial Accounts. If "Yes,	," ente	er the name of	the	foreign	country		
	here 🕨									X
2	During	the tax year, did the organization receive a	distribution from, or was it the	e gran	tor of, or transfe	ror to,	a forei	gn trust?		X
	If "Yes	" see instructions for other forms the organization	on may have to file.							
3		ne amount of tax-exempt interest received or ac								
4	Enter a	vailable pre-2018 NOL carryovers here 🕨 \$	Do not incl	ude an	y post-2017 NOL	carryov	er			
	shown	on Schedule A (Form 990-T). Don't red	duce the NOL carryover sh	own ł	nere by any de	eductio	n repo	orted on		
	Part I, Ii		·				•			
5		017 NOL carryovers. Enter available Bus	iness Activity Code and	post-2	017 NOL carry	overs.	Don't	reduce		
	the am	ounts shown below by any NOL claimed on any	Schedule A, Part II, line 17 for th	he tax	year. See instructi	ons.				
		Business Activity Code	e		Available post-2	017 NO	OL carry	yover		
				\$						
				\$						
				\$						
				- \$						
6a	Did the	organization change its method of accounting?	(see instructions)					 -		Х
b	If 6a	is "Yes," has the organization described	the change on Form 990,	990-E	Z, 990-PF, or I	Form	1128?	If "No,"		
	explain	in Part V								
Par	: V	Supplemental Information								
		xplanation required by Part IV, line 6b. Also, prov	vide any other additional informa	ation. S	See instructions.					
		SUPPLEMENTAL INFORMAT	TON ATTACHED							
		nder penalties of perjury, I declare that I have exami						pest of my	knowled	lge and
Sigr) b	elief, it is true, correct, and complete. Declaration of preparer (o	ther than taxpayer) is based on all informa	ition of w	hich preparer has any k					
Her								RS discuss preparer sh		
	- 1	ignature of officer	Date Title			_	instructio			No
		Print/Type preparer's name	Preparer's signature	Ъ	ate			PTIN		110
Paid						Check			E 0 4 0	c
	arer	APRIL ARNOLD CPA		10	1/19/2023		nployed	P015		
	Only	Firm's name FORVIS, LLP	1 1 7 0 0		C410C 224			44-0160		
JSA	-	Firm's address ▶ 1201 WALNUT, SUITE	1700, KANSAS CITY,	, MO	64106-224	Phone	no. 81	6-221-6		/0.5.E
1X274	1 1.000							Form 99	9U-1	(2021)

1710MJ K922 01/19/2023 08:24:17 V21-7.8F 57008

SUPPLEMENTAL INFORMATION

PART NUMBER: PART V LINE NUMBER: N/A

EXPLANATION:

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.