KANSAS CITY BALLET ASSOCIATION
FORM 990
TAX YEAR 2022
PUBLIC
DISCLOSURE

Form 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning 07/01/2022 and ending 06/30/2023

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OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records.

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

EIN or SSN Name of filer 43-6052680 KANSAS CITY BALLET ASSOCIATION Name and title of officer or person subject to tax DAVID GRAY, EXECUTIVE DIRECTOR 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 1a Form 990 check here Form 990-EZ check here 3a Form 1120-POL check here . . b Tax based on investment income (Form 990-PF, Part V, line 5). . . . 4b Form 990-PF check here b Balance due (Form 8868, line 3c) 5b 5a Form 8868 check here. b Total tax (Form 990-T, Part III, line 4) 6b Form 990-T check here 6a Form 4720 check here. b FMV of assets at end of tax year (Form 5227, Item D). Form 5227 check here. Form 5330 check here. b Amount of credit payment requested [Form 8038-CP, Part III, line 22] .10b Form 8038-CP check here . . . Part II Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that 🔣 I am an officer of the above entity or 🔲 I am a person subject to tax with respect to (name and that I have examined a copy of the , (EIN) 2022 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 as my signature to enter my PIN I authorize Enter five numbers, but ERO firm name do not enter all zeros on the tax year 2022 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. X 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 2022 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 FIN on the return's disclosure consent screen Signature of officer or person subject to tax 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 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pup. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 05/15/2024 ERO's signature **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

Form 8879-TE (2022)

8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning 07/01/2022 and ending 06/30/2023

202

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

EIN or SSN Name of filer 43-6052680 KANSAS CITY BALLET ASSOCIATION Name and title of officer or person subject to tax DAVID GRAY, EXECUTIVE DIRECTOR 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 1a Form 990 check here 2a Form 990-EZ check here Form 1120-POL check here ... b Tax based on investment income (Form 990-PF, Part V, line 5). . . . 4b 4a Form 990-PF check here . . . Form 8868 check here. 5a Form 990-T check here Form 4720 check here. 7a b FMV of assets at end of tax year (Form 5227, Item D). Form 5227 check here. 9a Form 5330 check here. b Amount of credit payment requested [Form 8038CP, Part III, line 22] .10b 10a Form 8038-CP check here . . . Part II Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that 🔣 I am an officer of the above entity or 🔲 I am a person subject to tax with respect to (name , (EIN) and that I have examined a copy of the 2022 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 to enter my PIN as my signature I authorize Enter five numbers, but ERO firm name do not enter all zeros on the tax year 2022 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. X 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 2022 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 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. I certify that the above numeric entry is my PIN, which is my signature on the 2022 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. 05/15/2024 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 2X3008 2.000

Form 8879-TE (2022)

Return of Organization Exempt From Income Tax

orm **990**

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

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

A F	or th	e 202	2 calendar year, or tax year begin	nning 07/01/20	22	and end	ing		06/30	/2023			
B .			C Name of organization					D Employer ide	entification	number			
_	heck if ap		KANSAS CITY BALLET AS	SSOCIATION									
	Addre chang		Doing Business As					43-6052680					
	Name	change	Number and street (or P.O. box if mail is	not delivered to street addres	s)	Room/suite		E Telephone nu	umber				
	Initial	return	500 W PERSHING RD					(81	16)931	-2232			
	Term	inated	City or town, state or province, country, a	and ZIP or foreign postal code)								
	Amer return		KANSAS CITY, MO 64108	3				G Gross receipt	is \$ 12	,551,9	27.		
		cation	F Name and address of principal officer:	DAVID GRAY			H(a) Is this a grou subordinates		Yes	X No			
			500 W PERSHING RD, KA	ANSAS CITY, MO	64108			H(b) Are all subordi		Yes	No		
I	Tax-ex	empt st	tatus: X 501(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1)	or 5	27	If "No," attac	h a list. (see	instructions)			
J	Websi	ite: 🕨	KCBALLET.ORG					H(c) Group exemp	otion number	•			
K	Form	of organ	nization: X Corporation Trust	Association Other	•	L Year	of formati	on: 1957 M	State of le	jal domicile	: MO		
P	art I	Sui	mmary										
	1	Briefly	y describe the organization's mission or	r most significant activities	: TO IN	SPIRE A	AND EI	IGAGE THRO	OUGH T	HE			
ė		BEAU	UTY, POWER AND PASSION C	F DANCE									
au													
/err	2	Check	k this box	iscontinued its operation	s or dispose	d of more t	 han 25%	of its net assets	 3.				
Ó	3	Numb	per of voting members of the governing	body (Part VI, line 1a)					3		33		
≪ ග	4	Numb	per of independent voting members of t	he governing body (Part	VI, line 1b)				4		31		
Activities & Governance	5		number of individuals employed in cale						5		219		
Ξ̈́	6	Total	number of volunteers (estimate if necess	sary)					6		300		
¥	7a	Total	unrelated business revenue from Part V	III, column (C), line 12					7a				
			nrelated business taxable income from I						7b		NONE		
								Prior Year		Current Y	ear		
Φ	8	Contri	ibutions and grants (Part VIII, line 1h)				ר 🗆	7,437,53	1.	5,276	,072.		
Revenue	9	Progra	am service revenue (Part VIII, line 2g)		COPY	Y FOR	.	4,303,76	3.	6,120	,548.		
ě	10	Invest	tment income (Part VIII, column (A), line	es 3, 4, and 7d)	PUBLIC IN	ISPECTION	<u>'</u>	1,014,66	7.	12	2,389.		
œ	11	Other	revenue (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11e)				58,60)3.	119	,301.		
	12	Total	revenue - add lines 8 through 11 (must	equal Part VIII, column (A	A), line 12) .			12,814,56	4.	11,528	,310.		
	13	Grant	s and similar amounts paid (Part IX, colu	ımn (A), lines 1-3)			_	230,80)5.	212	2,348.		
	14	Benef	fits paid to or for members (Part IX, colu	mn (A), line 4)			_	NO	ONE		NONE		
S	15		es, other compensation, employee bene					5,798,71	.5.	5,776	,432.		
Expenses	16a	Profes	ssional fundraising fees (Part IX, column	(A), line 11e)			_	NO	ONE		750.		
ž	b	Total f	fundraising expenses (Part IX, column (I	O), line 25) ▶7	15,517.								
ш	17	Other	expenses (Part IX, column (A), lines 11	a-11d, 11f-24e)			_	4,086,13	7.	5,019	,509.		
	18	Total	expenses. Add lines 13-17 (must equal	Part IX, column (A), line 2	25)			10,115,65		11,009	,039.		
		Rever	nue less expenses. Subtract line 18 from	n line 12				2,698,90	7.	519	,271.		
Net Assets or Fund Balances							Begini	ning of Current Y	'ear	End of Ye	ar		
set	20	Total	assets (Part X, line 16)					44,028,56	1.	48,422	,046.		
t As	21	Total I	liabilities (Part X, line 26)					1,542,30	5.	3,622	,173.		
S.F	22		ssets or fund balances. Subtract line 21	from line 20	<u> </u>			42,486,25	6.	44,799	,873.		
Pa	rt II	Siç	gnature Block										
Un	der pei	nalties o	of perjury, I declare that I have examined thi complete. Declaration of preparer (other than	is return, including accompa	anying schedu	les and stat	ements, a	nd to the best of owledge	my knowl	edge and b	elief, it is		
	,												
Sig	ın		0:										
He			Signature of officer					Date					
110													
			Type or print name and title										
Paid	4	Print/	Type preparer's name	Preparer's signature		Date		Check	if PTIN				
	parer	APR:	IL ARNOLD	APRIL ARNOLD		05/1	5/202	4 self-employe	ed P01	559426			
	Only	Firm's	sname ▶ FORVIS, LLP					Firm's EIN		160260			
				700 KANSAS CITY, MO 6				Phone no.		221-63	00		
			scuss this return with the preparer show	•	s)				Х		No		
For	Pape	rwork	Reduction Act Notice, see the separat	e instructions.						Form 99	0 (2022)		

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

	form, visit www.irs.gov/e-file-providers/e-file			structions). For more de	talls on the	e electronic		
Automatic	6-Month Extension of Time. Only subn	nit original	(no copies needed).					
-	ions required to file an income tax return ot orm 7004 to request an extension of time to		•	120-C filers), partnership	os, REMICs	s, and trusts		
Type or	Name of exempt organization or other filer, see	instructions.		Taxpayer identification nu	tion number (TIN)			
print File by the	KANSAS CITY BALLET ASSOCIATION Number, street, and room or suite no. If a P.O. b		ctions.	43-6052680	580			
due date for iling your return. See	500 W PERSHING RD City, town or post office, state, and ZIP code. For							
nstructions.	KANSAS CITY, MO 64108							
Enter the Re	eturn Code for the return that this application	n is for (file	a separate application f	or each return)		0 1		
Application		Return	Application			Return		
s For		Code	Is For			Code		
	r Form 990-EZ	01	Form 1041-A	- 1- 41-24 - N		08		
Form 4720		03	Form 4720 (other tha	in individual)		09		
Form 990-Pl		04	Form 5227			10		
	(sec. 401(a) or 408(a) trust)	05 06	Form 6069			11		
	(trust other than above) (corporation)	07	Form 8870			12		
If the orgaIf this is for the whole	e No. ► 816 931-2232 anization does not have an office or place of or a Group Return, enter the organization's for e group, check this box e names and TINs of all members the extension.	f business ir our digit Gro If it is for pa	oup Exemption Number	(GEN)	If th	nis is		
	est an automatic 6-month extension of time u		05/15 , 202	, to file the exempt	organizat	ion return		
for the	organization named above. The extension is calendar year 20 or tax year beginning 07 ax year entered in line 1 is for less than 12 is change in accounting period	is for the org	ganization's return for:	06/30_,	20 <u>23</u> .			
	application is for Forms 990-PF, 990-T	, 4720, or	6069, enter the ter	ntative tax, less any				
nonref	undable credits. See instructions.				3a \$	NONE		
	application is for Forms 990-PF, 990-T,							
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ NONE								
	e due. Subtract line 3b from line 3a. I EFTPS (Electronic Federal Tax Payment System)	•	' '	form, if required, by	3c \$	NONE		
	u are going to make an electronic funds withdra			see Form 8453-TE and Fo				
For Privacy /	Act and Panerwork Reduction Act Notice see ins	tructions			Form 8868	(Pay 1-2022)		

Form **8868** (Rev. 1-2022)

Form 990 (2022) 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
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$6,355,692. including grants of \$NONE_) (Revenue \$4,522,347.) KANSAS CITY BALLET PERFORMANCES - SEE SCHEDULE O FOR DETAILS
4b	(Code:) (Expenses \$1,894,604. including grants of \$192,948.) (Revenue \$1,581,746.) KANSAS CITY BALLET SCHOOL DANCE ACADEMY - SEE SCHEDULE O FOR DETAILS
4c	(Code:) (Expenses \$167,321 including grants of \$19,400) (Revenue \$16,455) 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 8 , 417 , 617 .

JSA 2E1020 1.000 Form **990** (2022)

Form 990 (2022)

Part IV Checklist of Required Schedules

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in 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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44.	v	
h	complete Schedule D, Part VI	11a	X	
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	110		- 21
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	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		Х
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		v
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part 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	v	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10	X	
13	If "Yes," complete Schedule G, Part III	19		Х
2N 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?	20b		- 23
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
-	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2022)
Page 4

Checklist of Required Schedules (continued)

rai (Checklist of Required Schedules (Continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
00	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	х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	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?	256		3.7
26	If "Yes," complete Schedule L, Part I	25b		X
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II.</i>	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
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		- 21	
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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			
	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,			
٥.	or IV, and Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
D	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	335	21	
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37		Х
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	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
1 9	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		. 69	.40
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 219			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
74	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
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
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		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	0.0		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	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 organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	44-		37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		v
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
10	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
••	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes." complete Form 6069.			

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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	-		
	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	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>
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 elect or appoint			3.7
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7.		3.7
_	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a	Х	
а	The governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body?.	00		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If</i> "Yes," provide the names and addresses on Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	_	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Χ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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 similar arrangement	40-		37
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	ion C. Disclosure	100		
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), 990, and 990-	 Γ (<u>s</u> ρς:	ion 5	01(c)
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(Seci	.1011 3	01(0)
	X Own website X Upon request Other (explain on Schedule 0)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	f inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and record GEORGE HANS 500 W PERSHING RD KANSAS CITY, MO 64108	ls		

816-931-2232

Form **990** (2022)

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

Check if Schedule O contains a response or note to any line in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of

- compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. • List all of the organization's current key employees, if any. See 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See 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	Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Office of the state of the stat		organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations		
(1) DEVON E. CARNEY	40.00									
ARTISTIC DIRECTOR	NONE	X		Х				216,186.	NONE	10,221.
(2) JEFFREY J. BENTLEY	40.00	25		21				210,100.	110111	10,221.
EXECUTIVE DIRECTOR	NONE	Х		х				214,876.	NONE	10,600.
(3) KEVIN AMEY	40.00							22170700	1,01,1	20,0001
CHIEF OPERATING OFFICER	NONE					X		117,103.	NONE	10,660.
(4) JENNIFER WAMPLER	40.00							,		,
CHIEF DEVELOPMENT OFFICER	NONE					X		102,716.	NONE	16,801.
(5) GEORGE HANS	40.00									
CHIEF FINANCIAL OFFICER	NONE					X		103,152.	NONE	10,621.
(6) AVIVA AJMERA	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(7) ANNE ELSBERRY	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(8) DAVID HARRIS	1.00									
TREASURER	NONE	Х		Х				NONE	NONE	NONE
(9) MATT JOHNSON	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(10) JULIA IRENE KAUFFMAN	1.00									
CHAIRMAN OF THE BOARD	NONE	Х		Х				NONE	NONE	NONE
(11) CINDY MAHONEY	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(12) SUSAN LORDI MARKER	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(13) STEVE MCDOWELL	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(14) RACHEL MERLO	1.00									
VICE PRESIDENT	NONE	X		Х				NONE	NONE	NONE

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Form 990 (2022)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										ontinued)
(A)	(B)			(C)			(D)	(E)	(F)
Name and title	Average				sition			Reportable	Reportable	Estimated
	hours per	,				e than c		compensation	compensation from	amount of
	week (list any hours for	1				is both tor/trust		from	related	other compensation
	related		_		_			the organization	organizations (W-2/1099-MISC)	from the
	organizations	d š	stit	Officer	y e	ghe	Forme	(W-2/1099-MISC)	(***-2/1099-101130)	organization
	below dotted	dual	tior	–	mp	st c	1 14	(11 2/1000 111100)		and related
	line)	٦ <u>ٿ</u>	lal t		Key employee	mg				organizations
		Individual trustee or director	Institutional trustee		(D	ens				
			ee			Highest compensated employee				
(15) TRACY MUSOLF	1.00					-				
DIRECTOR	NONE	X						NONE	NONE	NONE
(16) KATHY NEMECHEK	1.00	- 21						110111	NOIVE	110111
VICE PRESIDENT	NONE	X		X				NONE	NONE	NONE
(17) CAROLYN PARKERSON	1.00	21		21				INOINE	HONE	NOINI
SECRETARY	NONE	X		Х				NONE	NONE	NONE
(18) SARAH NELSON	1.00			Δ.				INOINE	HOILE	NONE
DIRECTOR	NONE	X						NONE	NONE	NONE
(19) CICI ROJAS	1.00							NOINE	NONE	NOME
PRESIDENT	NONE	X		Х				NONE	NONE	NONE
(20) JACK ROWE	1.00							NOINE	NONE	NOME
PAST PRESIDENT	NONE	X		Х				NONE	NONE	NONE
(21) SUZANNE SHANK	1.00			Δ.				INOINE	NONE	NONE
DIRECTOR	NONE	X						NONE	NONE	NONE
(22) BARBARA STORM	1.00	21						110111	110111	110111
VICE PRESIDENT	NONE	X		X				NONE	NONE	NONE
(23) ANGELA WALKER	1.00	21		21				110111	110111	110111
DIRECTOR	NONE	X						NONE	NONE	NONE
(24) PATRICIA MACDONALD	1.00	21						INOINE	HONE	NOINI
DIRECTOR	NONE	X						NONE	NONE	NONE
(25) KATHY STEPP	1.00	21						IVOIVE	NONE	NOINI
DIRECTOR	NONE	X						NONE	NONE	NONE
								754,033.	NONE	58,903.
1b Sub-total c Total from continuation sheets to Part VII, S	ection A				• •	• • •		NONE		NONE
d Total (add lines 1b and 1c)							•	754,033.	NONE	58,903.
Total number of individuals (including but not							o re			00,000
reportable compensation from the organizatio						5			+ 100,000	
										Yes No
3 Did the organization list any former office	er directo	or or	tri	ıcta	Δ.	kev e	mn	Novee or highes	t compensated	
employee on line 1a? If "Yes," complete Sched										3
4 For any individual listed on line 1a, is the organization and related organizations gr										
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

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

(D)

Form 990 (2022)

(B)

Name and title	Average hours per	(do r			sition more	e than o	ne	Reportable compensation	Reportable compensation from	_	stimated	
	week (list any	box,	unles	s pe	related	l	other					
	hours for					or/trust		from the	organizations		pensatio	วท
	related organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	ampl High	Former	organization	(W-2/1099-MISC)	l	om the anizatio	n
	below dotted	rect	tutic	ĕ	emp	est	Ter	(W-2/1099-MISC)			d related	
	line)	or tr	mal		oloye	e com				orga	anization	าร
		uste	trus) e	pen						
		Ф	tee			Highest compensated employee						
26) LINDA LENZA	1.00											
DIRECTOR	NONE	Х						NONE	NONE		J	NONE
27) STEVE DOYAL	1.00											
DIRECTOR	NONE	Х						NONE	NONE		J	NONE
28) MARK SAPPINGTON	1.00											
DIRECTOR	NONE	Х						NONE	NONE		J	NONE
29) CHARLOTTE KEMPER BLACK	1.00											
DIRECTOR	NONE	Х						NONE	NONE]	NONE
30) KENT STALLARD	1.00							-	-			
DIRECTOR	NONE	Х						NONE	NONE]	NONE
31) MARISSA WICKAM	1.00											
PRESIDENT, BARRE KC	NONE	Х						NONE	NONE]	NONE
32) JOAB ORTIZ	1.00											
DIRECTOR	NONE	Х						NONE	NONE]	NONE
33) DONNA M. DAVIS, PH.D.	1.00							-	-			
DIRECTOR	NONE	Х						NONE	NONE]	NONE
34) DERALD DAVIS, ED.D.	1.00											
DIRECTOR	NONE	Х						NONE	NONE		J	NONE
35) LUCY WELLS COULSON	1.00											
DIRECTOR	NONE	Х						NONE	NONE		J	NONE
36) MELISSA FORD	1.00											
PRESIDENT, KC BALLET GUILD	NONE	Х						NONE	NONE		J	NONE
1b Sub-total							•					
c Total from continuation sheets to Part VII, S							•					
d Total (add lines 1b and 1c)							•					
2 Total number of individuals (including but not	limited to t						o re	ceived more than	\$100,000 of			
reportable compensation from the organizatio	n ▶											
											Yes	No
3 Did the organization list any former office												
employee on line 1a? If "Yes," complete Sched	ule J for su	ch ind	lividu	ıal						3	\square	X
4 For any individual listed on line 1a, is the	sum of rep	ortab	ole c	om	per	satio	n ai	nd other compens	sation from the			
organization and related organizations gr												
individual										4	X	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? If "Y	es," comple	te Sch	hedu	ile J	I for	such	per	son		5		X
Section B. Independent Contractors												

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

(A) 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 ▶

Part VII

(A)

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Part VIII Statement of Revenue

(A) Total revenue (B) (C) (D) Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 Contributions, Gifts, Grants, and Other Similar Amounts Membership dues 712,424. c Fundraising events 1c 647,433. Government grants (contributions) . . 1e All other contributions, gifts, grants, 3,916,215. and similar amounts not included above ... 1f g Noncash contributions included in 52,610. lines 1a-1f 1g \$ Total. Add lines 1a-1f 5,276,072 **Business Code** Program Service Revenue PERFORMANCES 711110 4,522,347. 4,522,347 616000 1,598,201 TUITION 1,598,201 d е All other program service revenue 6,120,548. Investment income (including dividends, interest, and 470,041 470,041 other similar amounts)......... NONE 4 Income from investment of tax-exempt bond proceeds . 5 NONE (i) Real (ii) Personal 17,585 2,500 Gross rents 6a 6b **b** Less: rental expenses 17,585. Rental income or (loss) 6c 2,500 d Net rental income or (loss) . . 20,085. 20,085. (ii) Other Gross amount from (i) Securities sales of assets 350,000. 656 other than inventory 7a b Less: cost or other basis Other Revenue 7b 808,308 and sales expenses . . -458,308. 656 c Gain or (loss) 7c -457,652. -457,652. d Net gain or (loss) 8a Gross income from fundraising events (not including \$ _ of contributions reported on line 127,862 1c). See Part IV, line 18 8a 215,309 8b **b** Less: direct expenses -87,447. -87,447. c Net income or (loss) from fundraising events 9a Gross income from gaming NONE activities. See Part IV, line 19 9a 9b **b** Less: direct expenses c Net income or (loss) from gaming activities. NONE 10a Gross sales of inventory, less returns and allowances NONE Net income or (loss) from sales of inventory. NONE **Business Code** Miscellaneous Revenue 11a MISCELLANEOUS 900099 246,832 246.832 LLC INCOME 711190 -60,169. -60,169 С d All other revenue Total. Add lines 11a-11d 186,663. 6,060,379 191,859. 11,528,310. 12

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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	212,348.	212,348.		
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	503,067.	231,411.	206,257.	65,399
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	4,241,266.	3,432,702.	409,781.	398,783
8	Pension plan accruals and contributions (include	61,074.	16,615.	44,459.	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	569,921.	468,356.	51,172.	50,393
10	Payroll taxes	401,104.	309,870.	48,930.	42,304
11	Fees for services (nonemployees):				
а	Management	NONE			
	Legal	9,693.		9,693.	
c	Accounting	52,511.		52,511.	
d	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17.	750.			750
f	Investment management fees	48,482.		48,482.	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	236,512.	43,440.	122,395.	70,677
12	Advertising and promotion	491,540.	491,540.		
13	Office expenses	262,223.	133,536.	88,835.	39,852
14	Information technology	25,322.	4,895.	20,427.	
15	Royalties	NONE			
16	Occupancy	743,447.	197,222.	546,225.	
17	Travel	407,515.	371,378.	10,937.	25,200
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	NONE			
20	Interest	NONE			
21	Payments to affiliates	NONE			
22	Depreciation, depletion, and amortization	846,749.	790,278.	34,312.	22,159
23	Insurance	94,449.		94,449.	
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.)				
а	ORCHESTRA & GUEST ARTISTS	665,437.	665,437.		
	THEATER EXPENSES	425,070.	425,070.		
	COSTUMES, SETS & SHOES	277,430.	277,430.		
d	HOUSING	244,358.	244,358.		
е	All other expenses	188,771.	101,731.	87,040.	
	Total functional expenses. Add lines 1 through 24e	11,009,039.	8,417,617.	1,875,905.	715,517
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

Form 990 (2022) Page **11**

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	NONE	1	NONE
	2	Savings and temporary cash investments	3,879,585.	2	2,858,822.
	3	Pledges and grants receivable, net	1,118,786.	3	631,138.
	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	8	NONE
Ä	9	Prepaid expenses and deferred charges	207,696.	9	216,835.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 30,233,084.			
	b	Less: accumulated depreciation	21,637,197.	10c	22,616,947.
	11	Investments - publicly traded securities	16,891,954.	11	20,080,926.
	12	Investments - other securities. See Part IV, line 11	NONE	12	NONE
	13	Investments - program-related. See Part IV, line 11.	102,283.	13	42,114.
	14	Intangible assets	NONE	14	NONE
	15	Other assets. See Part IV, line 11	191,060.	15	1,975,264.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	44,028,561.	16	48,422,046.
	17	Accounts payable and accrued expenses	452,013.	17	679,069.
	18	Grants payable	NONE	18	NONE
	19	Deferred revenue	1,090,292.	19	1,050,945.
	20	Tax-exempt bond liabilities	NONE	20	NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NONE
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons	NONE	22	NONE
Ë	23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE		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	NONE	25	1,892,159.
	26	Total liabilities. Add lines 17 through 25	1,542,305.	26	3,622,173.
seo		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	24,095,668.	27	23,672,113.
B	28	Net assets with donor restrictions	18,390,588.	28	21,127,760.
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 A	32	Total net assets or fund balances	42,486,256.	32	44,799,873.
ž	33	Total liabilities and net assets/fund balances	44,028,561.	33	48,422,046.
_			11,020,001.		Form 990 (2022)

Form **990** (2022)

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	1,5	28,	<u> 310</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	1,0	09,	<u>039</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3		5	19,	<u> 271</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	2,4	86,	<u> 256</u>
5	Net unrealized gains (losses) on investments	5		1,7	94,	<u>346</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	4,7	99,	<u>873</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 o	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	ersight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in t	he			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo t	he			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b		

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

KAN	ISAS	S CITY BALLET ASSOC	IATION				43-6	052680
Pai	rt I	Reason for Public Ch	arity Status. (All	organizations must	comple	ete this p	oart.) See instruction	ns.
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	0).)		
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	ation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)(iii). Enter the
		hospital's name, city, and st	ate:	•	-			
5		An organization operated t	for the benefit of	a college or universit	ty owned	d or ope	rated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)	•	-			
6		A federal, state, or local go		rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7		An organization that norma	•			•		om the general public
		described in section 170(b)				J		0 1
8		A community trust describe			Part II.)			
9		An agricultural research org	-		-	perated	I in conjunction with a	land-grant college
		or university or a non-land-	=			-		
		university:	g	, (,		· · · · · · · · · · · · · · · · · · ·	
10	X	An organization that norma	Ilv receives (1) mo	ore than 331/3 % of its	support	from cor	ntributions, membersh	nip fees, and gross
		receipts from activities rela	ted to its exempt f	unctions, subject to c	ertain ex	ceptions	s; and (2) no more tha	n 331/3 % of its
		support from gross investmacquired by the organizatio	nent income and ui	nrelated business tax	able incc (a)(2) ((me (les:	s section 511 tax) from	businesses
11		An organization organized						
12	\Box	An organization organized a		•	•			rry out the purposes of
		one or more publicly suppo	•	•				• • • • • • • • • • • • • • • • • • • •
		the box on lines 12a through	=					
а		Type I. A supporting orga					•	
u	_	the supported organization	•		-		• • • • • • • • • • • • • • • • • • • •	
		_ supporting organization.				ajority of	the anothers of tract	000 01 1110
b	Г	Type II. A supporting org				with its	supported organizati	ion(s) by having
	_	control or management of	•					
		organization(s). You must		=	the dam	o poroor	io that control of that	ago ino supportou
С		Type III functionally integ	•	•	ated in co	annectio	n with and functions	lly integrated with
Ŭ	_	its supported organization						ny miogratoa with,
d	Г	Type III non-functionally		•				ted organization(s)
u	_	that is not functionally into			-			
		requirement (see instruct	-		-		•	a an attentiveness
е	Г	Check this box if the orga	•	-				II Type III
·		functionally integrated, or					,, ,,,	II, 1900 III
f	En	ter the number of supported				n gannzai		
g		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
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
				above (see instructions))	Yes	No	instructions)	instructions)
/۸۱								
(A) ——								
(B)								
(C)								
(D)								
(<i>-</i>)								
(E)								
Tota	al							
							1	

	,						- 3 -
Par							
	(Complete only if you checke						alify under
	Part III. If the organization fai	ls to qualify u	nder the tests	listed below, p	please comple	te Part III.)	
	tion A. Public Support		1	T	T	T	T
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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)						
<u>6</u>	Public support. Subtract line 5 from line 4						
	tion B. Total Support	(-) 0040	(h) 0040	(-) 0000	(4) 0004	(-) 0000	(6) T-4-1
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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	see instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here						
	tion C. Computation of Public Sup					1	
14	Public support percentage for 2022 (li						<u>%</u>
15	Public support percentage from 2021						%
ıva	33 1/3% support test - 2022. If the organization q	-					
h	331/3% support test - 2021. If the organization q	-		_			
D	• • • • • • • • • • • • • • • • • • • •	-					
17a	this box and stop here. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the organizin Part VI how the organization meets	2021. If the organization meets the state of the facts-and	ganization did r ne facts-and-ciro I-circumstances	not check a box cumstances test test. The organ	on line 13, 16 , check this bo ization qualifies	a, 16b, or 17a x and stop her s as a publicly s	, and line e. Explain supported
18	organization						

Schedule A (Form 990) 2022

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.)

<u></u>	ii the organization rails to qualify under the tests listed below, please complete i art ii.)							
	tion A. Public Support	() 2242	#1.0040	(),,,,,,,	(1) 000 (()0000		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and membership fees							
	received. (Do not include any "unusual grants.")	7,586,782.	3,232,806.	5,514,324.	7,437,531.	5,276,072.	29,047,515.	
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	5,595,587.	4,644,283.	799,211.	4,303,763.	6,120,548.	21,463,392.	
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						NONE	
J								
	furnished by a governmental unit to the						NONE	
_	organization without charge	10 100 000	5 055 000	6 010 505		11 225 522	NONE	
6	Total. Add lines 1 through 5	13,182,369.	7,877,089.	6,313,535.	11,741,294.	11,396,620.	50,510,907.	
7 a	Amounts included on lines 1, 2, and 3							
	received from disqualified persons	575,534.	369,897.	1,674,788.	2,675,017.	2,155,538.	7,450,774.	
D	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.	575,534.	369,897.	1,674,788.	2,675,017.	2,155,538.	7,450,774.	
8	Public support. (Subtract line 7c from							
	line 6.)						43,060,133.	
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
9	Amounts from line 6.	13,182,369.	7,877,089.	6,313,535.	11,741,294.	11,396,620.	50,510,907.	
10 a	Gross income from interest, dividends,							
	payments received on securities loans, rents, royalties, and income from similar							
	SOURCES	223,183.	252,469.	279,415.	313,283.	490,126.	1,558,476.	
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses							
	acquired after June 30, 1975						NONE	
r	Add lines 10a and 10b	223,183.	252,469.	279,415.	313,283.	490,126.	1,558,476.	
11	Net income from unrelated business	223,103.	232,103.	273,113.	313,203.	130,120.	1,330,170.	
• • •								
	activities not included on line 10b, whether	27027			170177	27027	27027	
	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	66,559.	136,837.	-14,862.	80,138.	186,663.	455,335.	
13	Total support. (Add lines 9, 10c, 11,							
	and 12.)	13,472,111.	8,266,395.	6,578,088.	12,134,715.	12,073,409.	52,524,718.	
14	First 5 years. If the Form 990 is for	o o	,		,		```	
	organization, check this box and stop here							
Sec	tion C. Computation of Public Supp	ort Percenta	ge					
15	Public support percentage for 2022 (line 8,	column (f), divide	ed by line 13, colur	nn (f))		15	81.98%	
16	Public support percentage from 2021 Sche	dule A, Part III, lin	e 15			16	83.23%	
Sec	tion D. Computation of Investment	Income Perc	entage					
17	Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 2.97%							
18	Investment income percentage from 2021 Schedule A, Part III, line 17 18 2.58%							
19 a	331/3% support tests - 2022. If the or				_			
	17 is not more than 331/3%, check this	-						
b	331/3% support tests - 2021. If the orga	-	•	•				
-	line 18 is not more than 331/3%, check							
20			-	•				
20	private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

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Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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. Al	l Supporting	Organizations
---------------	--------------	----------------------

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

10a

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

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

determine whether the organization had excess business holdings.)

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
_	11c below, the governing body of a supported organization?	11a		
	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.	44.		
Section	on B. Type I Supporting Organizations	11c		
500111	on on the result of the second		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	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	162	INO
Section	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
2	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? 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	1		
	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 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		
Section	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 in	structi	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	$\overline{}$	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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		
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 trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," <i>describe in</i> Part VI the role played by the organization in this regard.	3b		

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	S					
1								
	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						
	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						
b	Average monthly cash balances	1b						
C	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	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						
	Multiply line 5 by 0.035.	6						
7		7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Se	ection C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functional	lly integra	ited Type III supporting	g organization				
	(see instructions).	=	• • • •					

Schedule A (Form 990) 2022

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (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	mpt purposes of support	ed				
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpo	zations	3				
4	Amounts paid to acquire exempt-use assets		4				
5	Qualified set-aside amounts (prior IRS approval required - p		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 2022 from Section C, line 6	9					
10	Line 8 amount divided by line 9 amount	10					
		(i)	(ii)	ĺ	(iii)		

Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

Schedule A (Form 990 or 990-EZ) 2022 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 INCOME						
DESCRIPTION	2018	2019	2020	2021	2022	TOTAL
MISCELLANEOUS INCOME	144,334.	211,147.	64,879.	161,029.	246,832.	828,221.
LLC INCOME	-77,775.	-74,310.	-79,741.	-80,891.	-60,169.	-372,886.
TOTALS	66,559.	136,837.	-14,862.	80,138.	186,663.	455,335.

Schedule B (Form 990)

Department of the Treasury

Schedule of Contributors

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

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

2022

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Employer identification number 43-6052680

Part I	Contributors	(see instructions).	Use duplicate co	pies of Part I if addition	onal space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	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
2	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
3	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
4	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
5	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
6_	N/A	\$5,000.	Person X 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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	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
8_	N/A	\$5,050.	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
9	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
10	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
11	N/A	\$5,400.	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
12	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

art 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
13	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
14	N/A	\$5,750.	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
15	N/A	\$5,161.	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
16	N/A	\$5,967.	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
17	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
18	N/A	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	N/A	\$6,000.	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
20	N/A	\$6,000.	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
21	N/A	\$5,165.	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
22	N/A	\$5,345.	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
23	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
24	N/A	\$5,170.	Person X 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
25	N/A	\$5,300.	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
26	N/A	\$5,788.	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
27	N/A	\$5,405.	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
28	N/A	\$6,250.	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
29	N/A	\$6,665.	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
30	N/A	\$5,105.	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
31	N/A	\$5,541.	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
32	N/A	\$6,396.	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	\$7,500.	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
34	N/A	\$6,700.	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
35	N/A	\$7,251.	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	\$6,940.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (se	ee instructions).	Use duplicate copies of	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	\$8,000.	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	\$8,000.	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
39	N/A	\$6,200.	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
40	N/A	\$6,500.	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	\$6,252.	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
42	N/A	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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
43	N/A	\$8,500.	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
44_	N/A	\$7,665.	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
45	N/A	\$8,415.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46	N/A	\$5,546.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47	N/A	\$9,277.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48	N/A	\$9,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	N/A	\$6,000.	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
50	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
51	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
52	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
53	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
54	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

art 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
55	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
56	N/A	\$10,160.	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
57	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
58	N/A	\$8,765.	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
59	N/A	\$7,584.	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
60	N/A	\$10,000.	Person X 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
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	\$10,022.	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
63	N/A	\$10,177.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64	N/A	\$11,015.	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
65	N/A	\$11,425.	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
66	N/A	\$11,215.	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
67	N/A	\$10,675.	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
68	N/A	\$12,750.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69	N/A	\$10,135.	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
70	N/A	\$8,984.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
	N/A (b) Name, address, and ZIP + 4	\$8,984. (c) Total contributions	Payroll Noncash (Complete Part II for
(a)	(b)	(c)	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	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
74	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
75	N/A	\$15,129.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 76_	N/A	\$16,000.	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
77	N/A	\$15,500.	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
_ 78_	N/A	\$15,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	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
80	N/A	\$15,149.	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
81	N/A	\$18,050.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
82	N/A	\$18,220.	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
83	N/A	\$20,000.	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
84	N/A	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Page **2**

Name of organization

KANSAS CITY BALLET ASSOCIATION

Part I	Contributors	(see instructions).	Use duplicate cop	ies of Part I if additiona	al space is needed.
--------	--------------	---------------------	-------------------	----------------------------	---------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	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
86	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
87	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
88	N/A	\$18,403.	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
89	N/A	\$25,000.	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
90	N/A	\$26,335.	Person X 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.
--------	----------------------------------	---------------------------	---------------------------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	N/A	\$30,000.	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
92	N/A	\$25,065.	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
93	N/A	\$35,000.	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
94	N/A	\$37,500.	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
95	N/A	\$36,700.	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
96	N/A	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	N/A	\$50,750.	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
98	N/A	\$60,000.	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
99	N/A	\$65,000.	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
100	N/A	\$66,996.	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
101	N/A	\$80,000.	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
102	N/A	\$105,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	N/A	\$111,505.	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
104	N/A	\$120,500.	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
105	N/A	\$150,000.	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
106	N/A	\$150,000.	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
107	N/A	\$170,000.	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
108	N/A	\$265,560.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors ((see instructions)	. Use dup	olicate copie	s of Part I if	additional s	pace is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109	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
110	N/A	\$630,500.	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
_111	N/A	\$967,400.	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.)

Employer identification number

43-6052680

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

	Trefleatin reporty (550 mondentone). See duplicate copies		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
45_	STOCK		
		\$\$	06/30/2023
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
46_	STOCK	_	
		\$5,546.	06/30/2023
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
47_	DANCEWEAR		
		\$	06/30/2023
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
63	STOCK		
		\$10,177	06/30/2023
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
75	STOCK	_	
		\$\$	06/30/2023
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
	ı	1	

Schedule B (Form 990) (2022) Page **4**

Name of o	rganization			Employer identification number			
	KANSAS CITY BALLET AS			43-6052680			
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for th Use duplicate copies of Part III if addit	the year from any one colons completing Part III, enter e year. (Enter this information	ntributor. Con er the total of ϵ	nplete columns (a) through (e) and exclusively religious, charitable, etc.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	Transferee's name, address,	(e) Transfer of gift		of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	Transferee's name, address,	(e) Transfer of gift		of transferor to transferee			
			•				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	Transferee's name, address, a	(e) Transfer of gift and ZIP + 4		of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	Transferee's name, address,	(e) Transfer of gift and ZIP + 4		of transferor to transferee			

SCHEDULE D (Form 990)

Department of the Treasury

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.

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

Inter	nal Revenue Service	Go to www.irs.gov/	Form990 for instructions and the lates	t informat	ion.	Inspec	tion
	e of the organization				Employer identification	_	
KAI	NSAS CITY BALI	LET ASSOCIATION			43-6052	680	
			ised Funds or Other Similar Fu	nds or A	Accounts.		
	Complete	e if the organization answered	"Yes" on Form 990, Part IV, line	e 6.			
			(a) Donor advised funds		(b) Funds and	d other accoun	its
1	Total number at e	nd of year					
2		of contributions to (during year)					
3		of grants from (during year)					
4		at end of year					
5			advisors in writing that the asset	ts held in	donor advised		
•	-		e organization's exclusive legal cont			Yes	No
6	_		and donor advisors in writing that				
	_	_	fit of the donor or donor advisor, of	_			
			·			Yes	☐ No
Pa		tion Easements.					
			"Yes" on Form 990, Part IV, line	e 7.			
1			e organization (check all that apply).				
	Preservatio	n of land for public use (for example	e, recreation or education) Prese	rvation of	f a historically im	portant lan	nd area
	Protection of	of natural habitat			f a certified histo	-	
	Preservatio	n of open space					
2			eld a qualified conservation contrib	ution in t	he form of a cor	servation	
	-	last day of the tax year.	·			End of the	Tax Year
а	Total number of c	onservation easements			2a		
b			S	I .	2b		
С	-	-	historic structure included in (a)		2c		
d	Number of conser	rvation easements included in (c	acquired after July 25, 2006, and	not on			
	a historic structure	e listed in the National Register		L	2d		
3	Number of conse	ervation easements modified, tra	nsferred, released, extinguished, o	or termina	ated by the org	anization o	during the
	tax year						
4	Number of states	where property subject to conse	rvation easement is located				
5	Does the organiz	zation have a written policy re	garding the periodic monitoring,	inspectio	n, handling of		
	violations, and enf	forcement of the conservation ea	sements it holds?			L Yes	└ No
6	Staff and volunteer	hours devoted to monitoring, insp	ecting, handling of violations, and en	nforcing co	onservation easen	nents durinç	g the year
7	Amount of expens	 ses incurred in monitoring, inspec	ting, handling of violations, and enfo	orcing cor	nservation easen	nents durin	g the year
				J			
8	Does each conser	vation easement reported on line	2(d) above satisfy the requirements	of section	n 170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?				Yes	└ No
9	In Part XIII, des	cribe how the organization re	ports conservation easements in	its reve	enue and expe	nse stater	ment and
			t of the footnote to the organizati	ion's fina	ncial statements	s that desc	cribes the
		counting for conservation easeme					
Pa			s of Art, Historical Treasures, on "Yes" on Form 990, Part IV, line		Similar Assets		
1a	of art, historical	treasures, or other similar asse	ASB ASC 958, not to report in its ts held for public exhibition, edute to its financial statements that described in the control of the contr	cation, o	r research in fu	balance sh urtherance	eet works of public
b	art, historical trea provide the follow	sures, or other similar assets he ring amounts relating to these ite		or resea	arch in furtheran	ce of publ	
	(ii) Assets include	ed in Form 990, Part X			\$	1	41,344
2			rt, historical treasures, or other s				rovide the
			ASB ASC 958 relating to these item				
а					\$		
h	Assets included in	Form 990 Part X			2		

Sche	dule D (Form 990) 2022 KAN:	SAS CITY BALLE	T ASSOCIATION	1	43-6	5052680) Page 2
Pa	rt III Organizations Maintaini						
3	Using the organization's acquisitio				<u>'</u>		
	collection items (check all that appli		·	·	0 0		
а	X Public exhibition	,,	d Loan	or exchange progra	am		
b	Scholarly research		e Other				
С	X Preservation for future gener	ations					
4	Provide a description of the organ		and explain how	they further the or	rganization's exemp	t purpose	e in Part
	XIII.		·	•			
5	During the year, did the organizatio	n solicit or receive d	onations of art, hist	orical treasures, or	other similar		
	assets to be sold to raise funds rath					Yes	X No
Pa	rt IV Escrow and Custodial A		·		L		
	Complete if the organiza 990, Part X, line 21.		s" on Form 990, F	Part IV, line 9, or	reported an amou	nt on Fo	rm
1a	Is the organization an agent, trust	ee, custodian or ot	her intermediary for	or contributions or	r other assets not		
	included on Form 990, Part X?		-		_	Yes	No
b	If "Yes," explain the arrangement in						
	,	·	•		Amount		
С	Beginning balance			1c			
d	Additions during the year.			1d			
е	Distributions during the year						
f	Ending balance						
2a	Did the organization include an amount	ount on Form 990, F	Part X, line 21, for e	escrow or custodia	I account liability?	Yes	No
b	If "Yes," explain the arrangement in	n Part XIII. Check he	ere if the explanation	n has been provided	on Part XIII		
Pa	rt V Endowment Funds.						
	Complete if the organiza	tion answered "Ye	s" on Form 990, I	Part IV, line 10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four y	ears back
1a	Beginning of year balance	16,477,132.	18,223,363.	13,920,769.	11,847,916.	10,3	66,679.
	Contributions	1,853,892.	796,286.	999,951.	1,777,596.	1,5	33,078.
	Net investment earnings, gains,						
	and losses	1,684,665.	-2,505,253.	3,302,643.	315,257.	6	48,159.
d	Grants or scholarships						
	Other expenditures for facilities						
	and programs	350,000.	37,264.		20,000.	7	00,000.
f	Administrative expenses						
g	End of year balance	19,665,689.	16,477,132.	18,223,363.	13,920,769.	11,8	47,916.
2 a	Provide the estimated percentage			, column (a)) held a	s:		
b	Permanent endowment 77.900						
	Term endowment 21.7000 %	_					
	The percentages on lines 2a, 2b, a	nd 2c should equal 1	00%.				
3a	Are there endowment funds not in t	·		are held and admi	inistered for the		
	organization by:	•	-			Y	es No
	(i) Unrelated organizations					3a(i)	X
	(ii) Related organizations			· -		3a(ii)	У

organization by:		Yes	No
(i) Unrelated organizations	3a(i)		X
(ii) Related organizations	3a(ii)		X
If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

	Complete in the organization answered Tee on Fernine Cee, Fait 17, into Tra: Cee Fernine Cee, Fait 7, into Te:							
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value			
1a	Land							
b	Buildings		23,518,605.	3,477,999.	20,040,606.			
С	Leasehold improvements		1,955,472.	103,558.	1,851,914.			
d	Equipment		1,921,587.	1,613,084.	308,503.			
е	Other		2,837,420.	2,421,496.	415,924.			
	II. Add lines 1a through 1e. (Column (d) mus	Oc.)	22,616,947.					

Schedule D (Form 990) 2022

Part VII	Investments - Other Securities.			
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990,	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year mark	
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	(h) maint agual Forms 200. Port V. and (D) line 42.)			
Part VIII	(b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related.			
Part VIII	Complete if the organization answered	l "Yes" on Form 990	Part IV line 11c See Form 990	Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of valuati	
	(a) Description of investment	(b) Book value	Cost or end-of-year mark	
(1)			,	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
-	Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11d. See Form 990,	Part X, line 15.
	(a) De	scription		(b) Book value
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	umn (b) must equal Form 990, Part X, col. (B) I	lino 15)		
Part X	Other Liabilities.	ine 13.)		
r art A	Complete if the organization answered	l "Yes" on Form 990	Part IV line 11e or 11f See Form	m 990 Part X
	line 25.	2 100 0111 01111 000	,, , , , , , , , , , , , , , , , , , , ,	11 000, 1 41171,
1.		otion of liability		(b) Book value
	ral income taxes	on or nability		(b) Book value
	FING LEASE LIABILITY			1,892,159.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			1,892,159.
	or uncertain tax positions. In Part XIII, provide the			at reports the

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

Schedu	le D (Form 990) 2022 KANSAS CITY BALLET ASSOCIATION	43-	-6052680	Page 4
Part	, , , , , , , , , , , , , , , , , , , ,		0032000	
1 2	Total revenue, gains, and other support per audited financial statements	1	13,572,	744.
z a	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d	2e	2,092,	
3	Subtract line 2e from line 1	3	11,479,	828.
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 c	Add lines 4a and 4b	4c	48.	482.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	11,528,	
Part		rn.		
1	Total expenses and losses per audited financial statements	1	11,259,	127.
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		570.
3	Subtract line 2e from line 1	3	10,960,	55/.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 48,482.			
a b	Investment expenses not included on Form 990, Part VIII, line 7b			
	Add lines 4a and 4b	4c	48,	482.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	11,009,	
	XIII Supplemental Information.			
Provid 2; Par	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; P x XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	art V, ation.	line 4; Part 2	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 \$215,309

LLC INCOME \$ 60,169

TOTAL \$275,478

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.

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2022
Open to Public Inspection

Employer identification number KANSAS CITY BALLET ASSOCIATION Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 2 3 6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

			CITY BALLET ASSO	OCIATION	4	3-6052680 Page 2
Pa	rt II	Fundraising Events. Complete than \$15,000 of fundraising ever gross receipts greater than \$5,000	ent contributions and g			
(1)		g. sac ross, p.o. g. sact. man. \$6,00	(a) Event #1 BALLET BALL (event type)	(b) Event #2 CHILDREN'S BALL (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	634,961.	150,110.	55,215.	840,286
ď		Less: Contributions Gross income (line 1 minus	563,041.	116,323.	33,060.	712,424
		line 2)	71,920.	33,787.	22,155.	127,862
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	5,000.		2,800.	7,800
t Exp	7	Food and beverages	61,420.	23,057.	16,758.	101,235
Direc	8	Entertainment	5,500.	10,731.	2,598.	18,829
	9	Other direct expenses	46,386.	39,862.	1,197.	87,445
	10 11	Direct expense summary. Add lir Net income summary. Subtract I	nes 4 through 9 in colu	umn (d)		215,309. -87,447
Pa	rt II	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	anization answered "			
Revenue		,	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
ses	2	Cash prizes				
Direct Expens	3	Noncash prizes				
irect F	4	Rent/facility costs				
<u> </u>	5	Other direct expenses		No.	V 0/	
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add lir	nes 2 through 5 in col	umn (d)		
_	8	Net gaming income summary. S	ubtract line 7 from line	e 1, column (d)		
9	E	Enter the state(s) in which the orga	anization conducts ga	ming activities:		

Is the organization licensed to conduct gaming activities in each of these states?

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

Schedule G (Form 990) 2022

10a

а

If "No," explain: _

If "Yes," explain:

Sched	ule G (Form 990 or 990-EZ) 2022 KANSAS CITY BALLET ASSOCIATION	43-60526	80 Pag	ge 3
11	Does the organization conduct gaming activities with nonmembers?	Y	′es 💹 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?	Y	'es 🔲 I	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	3a		%
b		13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books			_
	records:			
	Name ▶			
	· · · · · · · · · · · · · · · · · · ·			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives ga	aming		
	revenue?		'es l	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ a	nd the		
	amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party:			
	Name ►			
	Address ►			
16	Gaming manager information:			
	3			
	Name ▶			
	Gaming manager compensation ▶\$			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming produced	eeds to		
	retain the state gaming license?	Y	′es 🗌 I	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organ			
	or spent in the organization's own exempt activities during the tax year ▶ \$			
Par				
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition	al informatio	n	
	(see instructions).			

Schedule G (Form 990 or 990-EZ) 2022

SCHEDULE I (Form 990)

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

2022

OMB No. 1545-0047

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 ASSOC	CIATION					43-6052680	
Part I General Information	on Grants and Assistanc	е				•	
 Does the organization mainta the selection criteria used to a Describe in Part IV the organi 	award the grants or assistand	e?					X Yes No
	sistance to Domestic Or ny recipient that received	_			•		es" on Form 990,
1 (a) Name and address of organ or government	nization (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash 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 section3 Enter total number of other or							

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	161	212,348.			
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, and Highest Compensated Employees

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

Attach to Form 990.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Name of the organization Employer identification number
KANSAS CITY BALLET ASSOCIATION 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	10		
-	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
•	Indicate which, if any, of the following the organization used to establish the compensation of the			
3	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		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:	_		
a	The organization?	5a		X
b	Any related organization?	5b		X
•	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
_	compensation contingent on the net earnings of:			3.5
a	The organization?	6a		X
b	Any related organization?	6b		X
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	_		37
	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			37
•	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)?	0		

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

Schedule J (Form 990) 2022

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)	214,876.	NONE	NONE	3,151.	7,449.	225,476.	NONE
1 EXECUTIVE DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DEVON E. CARNEY	(i)	216,186.	NONE	NONE	3,229.	6,992.	226,407.	NONE
2 ARTISTIC DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
44	(i) (ii)							
14	_							
45	(i) (ii)							
15								
40	(i)							
16	(ii)							

43-6052680

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number

Name of the organization 43-6052680 KANSAS CITY BALLET ASSOCIATION **Types of Property** Part I (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art - Works of art 1 Art - Historical treasures 3 Art - Fractional interests Books and publications 5 Clothing and household FAIR MARKET VALUE 6 Cars and other vehicles Boats and planes 7 Intellectual property 5 38,783. FAIR MARKET VALUE Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, 11 or trust interests Securities - Miscellaneous 12 Qualified conservation contribution - Historic 14 Qualified conservation contribution - Other 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 5 2,950. FAIR MARKET VALUE 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts Other ▶(EQUIPMENT 1,600. FAIR MARKET VALUE 25 26 Other ►(Other ►(27 28 Other ►(Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part V, Donee Acknowledgement No Yes 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required 30a Χ **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 Χ contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Χ contributions? **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) 2022

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.

OMB No. 1545-0047

2022

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.

Employer identification number 43-6052680

KANSAS CITY BALLET ASSOCIATION

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

KANSAS CITY BALLET PERFORMANCES

57,852 PEOPLE SERVED. KANSAS CITY BALLET OPENED ITS 65TH SEASON WITH 'GISELLE' (OCTOBER 14-23), (CHOREOGRAPHY BY DEVON CARNEY, MUSIC BY ADOLPHE ADAM). IN DECEMBER, KANSAS CITY BALLET PERFORMED DEVON CARNEY'S HOLIDAY CLASSIC 'THE NUTCRACKER' WITH MUSIC BY PETER I. TCHAIKOVSKY IN ONE SCHOOL AND TWENTY-ONE PUBLIC PERFORMANCES (DECEMBER 7-24). 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 17-26), KANSAS CITY BALLET PERFORMED 'CINDERELLA' (CHOREOGRAPHY BY DEVON CARNEY, MUSIC BY SERGEI PROKOFIEV). KANSAS CITY BALLET CONCLUDED ITS 2022-23 PERFORMANCE SEASON WITH A MIXED REPERTOIRE PROGRAM CALLED 'BLISS POINT' (MAY 12 -21). INCLUDED IN THE MIXED REPERTOIRE PROGRAM WAS 'SANDPAPER' (CHOREOGRAPHY BY MARK MORRIS, MUSIC BY LEORY ANDERSON), 'PETITE MORT' (CHOREOGRAPHY BY JIRI KYLIAN, MUSIC BY WOLFGANG AMADEUS MOZART) AND 'CACTI', (CHOREOGRAPHY BY ALEXANDER EKMAN, MUSIC BY FRANZ JOSEPH HAYDN, LUDWIG VAN BEETHOVEN, AND FRANZ SCHUBERT).

KANSAS CITY BALLET SCHOOL

1,773 PEOPLE SERVED. PROVIDING EXCELLENCE IN DANCE TRAINING SINCE 1981, KANSAS CITY BALLET SCHOOL HAS TWO CAMPUSES, DOWNTOWN AND IN JOHNSON COUNTY, SERVING THE NEEDS OF PRE-PROFESSIONAL AND RECREATIONAL DANCE STUDENTS, BOTH CHILDREN AND ADULTS. THE ACADEMY OFFERS CLASSES FOR CHILDREN AGES 2-19 VARYING FROM CREATIVE MOVEMENT, BALLET, POINTE,

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

2022

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.

43-6052680

KANSAS CITY BALLET ASSOCIATION

MODERN, JAZZ, CONTEMPORARY, VARIATIONS, CONDITIONING, FLAMENCO & MORE. WE OFFER AN ADAPTIVE DANCE PROGRAM FOR CHILDREN WITH MIXED COGNITIVE ABIITIES AS WELL AS A DAYTIME PROGRAM FOR STUDENTS WHO ARE LOOKING TO FURTHER THEIR DANCE EDUCATION EVEN MORE. STUDENTS IN THE ACADEMY PROGRAM HAVE THE OPPORTUNITY TO AUDITION FOR COMPANY PRODUCTIONS SUCH AS THE NUTCRACKER, AND ALSO PARTICIPATE IN A SPRING SCHOOL PERFORMANCE. OUR PRE-PROFESSIONAL STUDENTS ALSO ARE ELIGIBLE TO PARTICIPATE IN KANSAS CITY YOUTH BALLET (THE PERFORMING ENSEMBLE OF THE SCHOOL) AND IN COMPETITIONS SUCH AS YOUTH AMERICA GRAND PRIX AND UNIVERSAL BALLET COMPETITION. 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. OUR STUDIO PROGRAM OFFERS DROP-IN CLASSES FOR TEENS AND ADULTS OF ANY LEVEL IN VARIOUS STYLES OF DANCE AND FITNESS. THERE ARE CLASSES SPECIFICALLY FOR OUR SILVER COMMUNITY AS WELL AS THOSE RECOVERING FROM A BRAIN INJURY. WE OFFER CLASSES IN BALLET, TAP, JAZZ, FLAMENCO, PROGRESSING BALLET TECHNIQUE (PBT), PILATES, YOGA, DANCEFIX, BEMOVED, BALLET BOD, BARRE FITNESS, BABY BUNDLE AND MORE.

KANSAS CITY BALLET COMMUNITY ENGAGEMENT AND EDUCATION

IN FISCAL YEAR 2023 A TOTAL OF 21,425 YOUTH AND ADULTS WERE IMPACTED

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

EDUCATION DEPARTMENT. SEVERAL PRE- PERFORMANCE PROGRAMS WERE OFFERED.

1,000 PEOPLE ATTENDED FIVE BELGER FOOTNOTES PROGRAMS IN THE THEATER. KCB

DANCER CHATS, A FREE ONLINE COMMUNITY ENGAGEMENT AND EDUCATION SERIES,

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.

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Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

KANSAS CITY BALLET ASSOCIATION

43-6<u>052680</u>

REACHED 350 PEOPLE VIRTUALLY IN 5 DIFFERENT PROGRAMS, WITH KC BALLET DANCE ARTISTS AND VARIOUS COMMUNITY MEMBERS AS GUEST MODERATORS. KCB DANCE SPEAKS, OFFERED AGAIN IN PERSON, SERVED 139 PEOPLE DURING 5 DIFFERENT PANELS WITH KC BALLET GUEST CHOREOGRAPHERS, STAGERS, AND KC BALLET ARTISTIC STAFF.

STUDIO TO STAGE LECTURE DEMONSTRATION PROGRAMS WERE OFFERED IN PERSON IN 6 COMMUNITY VENUES AND SERVED 2,200 CHILDREN AND ADULTS AND A KCB II @ HOME PERFORMANCE WAS PERFORMED FOR 142 AUDIENCE MEMBERS. 374 PEOPLE PARTICIPATED IN SEVEN IN PERSON DANCE WORKSHOPS.

IN FY23 A TOTAL OF 104 NEW R.O.A.D. SCHOLARSHIP STUDENTS WERE SELECTED TO COME AND STUDY DANCE AT KC BALLET. 39 R.O.A.D. SCHOLAR FAMILIES ATTENDED TWO PARENT/GUARDIAN ORIENTATIONS. 245 PEOPLE ATTENDED TWO R.O.A.D. SCHOLARSHIP SHOWCASES PERFORMED BY THE R.O.A.D. SCHOLARS FOR THEIR FAMILIES AND TEACHERS WITH TWO R.O.A.D. SCHOLAR RECEPTIONS HELD WITH 79 R.O.A.D. SCHOLARS IN ATTENDANCE. 2,916 STUDENTS AND TEACHERS ATTENDED THREE KC BALLET'S STUDENT MATINEES AT THE KAUFFMAN CENTER FOR THE PERFORMING ARTS AND THE FROST 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 784 THIRD AND FOURTH GRADE STUDENTS FROM 16 ELEMENTARY SCHOOLS THROUGHOUT MISSOURI AND KANSAS. FALL AND SPRING R.O.A.D. RALLIES WERE CONDUCTED IN PERSON WITH A TOTAL OF 1,616 PEOPLE IN ATTENDANCE.

650 PEOPLE ATTENDED KC DANCE DAY IN PERSON PERFORMANCES BY VARIOUS

COMMUNITY GROUPS AND IN PERSON DANCE CLASSES AT THE BOLENDER CENTER. FIVE

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

2022

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. Inspectio

43-6052680

KANSAS CITY BALLET ASSOCIATION

OPEN COMPANY REHEARSALS AT THE BOLENDER CENTER AND THREE FREE DRESS
REHEARSALS AT THE KAUFFMAN CENTER WERE HELD AND A TOTAL OF 186 COMMUNITY
MEMBERS ATTENDED. TWO BALLET TOURS WERE CONDUCTED FOR 65 ATTENDEES AND 3
SPECIAL PRESENTATIONS FOR 62 ATTENDEES. WE PARTICIPATED IN THE FUTURE
STAGES FESTIVAL THAT 3,495 PEOPLE ATTENDED.

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 MONITORING AND REVIEW PROCEDURES SHALL BE PART OF THE CORPORATE COMPLIANCE PLAN. AN APPROPRIATE REPORT SHALL BE SUBMITTED TO THE GOVERNANCE 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

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

2022

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Employer identification number

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.

KANSAS CITY BALLET ASSOCIATION

43-6052680

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 MAY 2023 AND APPROVED BY THE ENTIRE

BOARD.

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

THE EXECUTIVE DIRECTOR CONDUCTS A COMPENSATION REVIEW IN CONSULTATION WITH THE CHIEF FINANCIAL OFFICER IN SPRING 2022.

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES AND

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

2022

Open to Public Inspection

Employer identification number

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.

KANSAS CITY BALLET ASSOCIATION 43-6052680

FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

Name of the organization	Employer identification number
KANSAS CITY BALLET ASSOCIATION	43-6052680

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHE	ST PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
JE DUNN CONSTTRUCTION COMPANY		
1001 LOCUST ST		
KANSAS CITY, MO 64106	CONSTRUCTION COMPANY	1,750,254.
KAUFFMAN CENTER FOR THE PERFORMING ARTS		
1601 BROADWAY BLVD		
KANSAS CITY, MO 64108	PERFORMANCE HALL	1,047,645.
TEC PAYROLL SERVICE, INC		
1321 SWIFT ST.		
KANSAS CITY, MO 64116	STAGEHANDS	487,322.
KANSAS CITY SYMPHONY		
1644 WYANDOTTE ST		
KANSAS CITY, MO 64108	ORCHESTRA	400,249.
KANSAS CITY ART INSTITUTE		
4415 WARWICK BLVD		
KANSAS CITY, MO 64111-1874	STUDENT HOUSING	160,531.

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

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

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

Attach to Form 990.

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

KANSAS CITY BALLET ASSOCIATION 43-6052680

	Name, address, and EIN (if applicable) of disregarded entity		FII	mary activity	or foreign country)	rotal income	End-oi-year assets	enti	
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
Part II	Identification of Related Tax-Exempt Organizations. one or more related tax-exempt organizations during t	Complete if the he tax year.	e orga	ınization answ	ered "Yes" on Fo	orm 990, Part IV,	line 34, because	it had	
	(a) Name, address, and EIN of related organization	(b) Primary activit	ty	(c) Legal domicile (stat		(e) Public charity status	(f) Direct controlling	Section 5	g) 512(b)(13) rolled
				or foreign country)		(if section 501(c)(3))	entity		tity?
(1)				or foreign country)		(if section 501(c)(3))	entity		No
(1)				or foreign country)		(if section 501(c)(3))	entity	ent	
				or foreign country)		(if section 501(c)(3))	entity	ent	
(2)				or foreign country)		(if section 501(c)(3))	entity	ent	
(2)				or foreign country)		(if section 501(c)(3))	entity	ent	
(3)				or foreign country)		(if section 501(c)(3))	entity	ent	
(2) (3) (4) (5)				or foreign country)		(if section 501(c)(3))	entity	ent	

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

Schedule R (Form 990) 2022

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. Part III

(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	(h) Disproportionate allocations?		Disproportionat		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		General or managing partner?		General or managing		(k) Percentage ownership														
		,		,			Yes	No		Yes	No	<u> </u>																				
(1) OZ BALLET, LLC 82-2506278												1																				
1075 SANTA FE DRIVE DENVER, CO	BALLET PRODUCTION	CO	KC BALLET ASSN	RELATED	10,843.	17,736.		Х	NONE	Х		33.3334																				
(2)																																
(3)																																
(4)																																
(5)																																
(6)																																
(7)																																

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. Part IV

<i></i>				, ,				
(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	Section 512(b)(13) controlled entity?
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

43-6052680

Yes No

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b	Gift, grant, or capital contribution to related organization(s)	1b	X
	Gift, grant, or capital contribution from related organization(s)	1c	X
	Loans or loan guarantees to or for related organization(s)	1d	X
	Loans or loan guarantees by related organization(s)	1e	X
f	Dividends from related organization(s)	1f	X
а	Sale of assets to related organization(s)	1g	X
	Purchase of assets from related organization(s).	1h	Х
i	Exchange of assets with related organization(s).	1i	Х
	Lease of facilities, equipment, or other assets to related organization(s).	1j	Х
,	25000 01 100mileo, equipment, or early 05000 to 100000 organization(0), 111111111111111111111111111111111111		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11	Х
	Performance of services or membership or fundraising solicitations by related organization(s).	1m	X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
	Sharing of paid employees with related organization(s)	10	X
Ŭ	ondring of paid omployood with foldied organization(o)		
n	Reimbursement paid to related organization(s) for expenses	1p	Х
	Reimbursement paid by related organization(s) for expenses	1g	X
ч	The initial content paid by fold to deganization (b) for expenses in the first	-	
r	Other transfer of cash or property to related organization(s)	1r	Х
s	Other transfer of cash or property from related organization(s)	1s	X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction three	sholds.	
	(a) (b) (c)	(d)	
		of determinent	
	type (a - 5)	iiit iiivoivet	4
1)			
2)			
3)			
4)			
5)			
6)			
SA.	Schedule R (I	Form 990) 2022

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											

Part VII Supplemental Information

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

For calendar year 2022 or other tax year beginning	Form 990-T	Ex	kempt Organization Business Income Tax Return (and proxy tax under section 6033(e))		OMB No.	. 1545-004	7		
Do not enter SSN numbers on this form as it may be made public if your organization is a \$01(c)(3). One of the SSN numbers on this form as it may be made public if your organization is a \$01(c)(3). One of the SSN numbers of reach organization (For cale		2022					
A Check box if address hanged. Print of addres	Department of the Treasury		Go to www.irs.gov/Form990T for instructions and the latest information.	_	Open to Pu	iblic Inspect	ion		
address changed. Exempt under section Sec	Internal Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)							
Rempt under section Frint Cap Frint			Name of organization (Check box if name changed and see instructions.)	Empl	loyer identifica	tion num	ber		
So1(C \ X 3)	address change	d.	KANSAS CITY BALLET ASSOCIATION	43-	6052680				
X So1 (C X 3) 408(e) 222(e) 10 10 10 10 10 10 10 1	B Exempt under section		Number, street, and room or suite no. If a P.O. box, see instructions.			umber			
A object 220(e) City of town, state or province, country, and ZIP or foreign postal code S30(a) S29A C Book value of all assets at end of year. 48422046. S29(a) S29A C Book value of all assets at end of year. 401(a) trust Other trust State college/university C Claim credit from Form 8941 Claim a refund shown on Form 2439 C Check of a 501(c)(3) organization filling a consolidated return with a 501(c)(2) titleholding corporation. J Check if a 501(c)(3) organization filling a consolidated return with a 501(c)(2) titleholding corporation. J Enter the number of attached Schedules A (Form 990-T). Ves No If "Yes," enter the name and identifying number of the parent corporation Telephone number 816-931-2232 No If "Yes," enter the name and identifying number of the parent corporation Telephone number 816-931-2232 No If "Yes," enter the name and identifying number of the parent corporation Total Of unrelated Business Taxable Income Total Of unrelated Business Taxable Income Total Of unrelated business taxable income computed from all unrelated trades or businesses (see instructions). 1 2 2 3 3 4 4 4 4 4 4 4 4	X 501(C)(3)	_	500 W PERSHING RD	(566	instructions)				
S29(a) S29(b) S	408(e) 220(, ,,	City or town, state or province, country, and ZIP or foreign postal code						
S29(a) S29(a) S29(b) C Book value of all assets at end of year	408A 530	(a)	KANSAS CITY, MO 64108						
H Check if filing only to Claim credit from Form 8941 Claim a refund shown on Form 2439 I Check if a 501(c)(3) organization filling a consolidated return with a 501(c)(2) titleholding corporation	529(a) 529	A C Boo	k value of all assets at end of year		an amenueu	return.			
Check if a 501(c)(3) organization filling a consolidated return with a 501(c)(2) titleholding corporation J Enter the number of attached Schedules A (Form 990-T). Yes X No If 'Yes,' enter the name and identifying number of the parent corporation Yes X No If 'Yes,' enter the name and identifying number of the parent corporation Telephone number 816-931-2232	G Check organization	n type	X 501(c) corporation 501(c) trust 401(a) trust Other trust	;	State college	/universi	ity		
Enter the number of attached Schedules A (Form 990-T), X During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes X No If "Yes," enter the name and identifying number of the parent corporation Telephone number 816-931-2232									
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	I Check if a 501(c)(3) organiza	ation filing a consolidated return with a 501(c)(2) titleholding corporation			<u></u>			
If "Yes," enter the name and identifying number of the parent corporation L The books are in care of GEORGE HANS 500 W PERSHING RD KANSAS CITY, MO 64108 Part Total Unrelated Business Taxable Income 1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	J Enter the number	of attached	Schedules A (Form 990-T)						
Telephone number 816-931-2232 Total Unrelated Business Taxable Income Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions).	K During the tax yea	r, was the	corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?			Yes 🛚 🔀	Νο		
Part I Total Unrelated Business Taxable Income 1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	If "Yes," enter the	name and	identifying number of the parent corporation						
Part I Total Unrelated Business Taxable Income 1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions). 2 Reserved	L The books are in ca	are of (GEORGE HANS Telephone number 816-9	931-	-2232				
Part I Total Unrelated Business Taxable Income 1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions). 2 Reserved. 3 Add lines 1 and 2. 4 Charitable contributions (see instructions for limitation rules) 5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 Deduction for net operating loss. See instructions. 6 Deduction for net operating loss. See instructions. 7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 8 Specific deduction (generally \$1,000, but see instructions for exceptions) 9 Trusts. Section 199A deduction. See instructions. 9 Total deductions. Add lines 8 and 9 10 Total deductions. Add lines 8 and 9 11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero. 11 NONE Part II Tax Computation 1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 1 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: Tax rate schedule or Schedule D (Form 1041), 2 Alternative minimum tax (trusts only). 5 Alternative minimum tax (trusts only).		į	500 W PERSHING RD						
Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		F	KANSAS CITY, MO 64108						
Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)									
instructions)	Part I Total Un	related E	Business Taxable Income						
2 Reserved	1 Total of unrel	ated busi	ness taxable income computed from all unrelated trades or businesses (see						
Add lines 1 and 2	instructions).			1					
Charitable contributions (see instructions for limitation rules)	2 Reserved			2					
Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	3 Add lines 1 and	12		3					
6 Deduction for net operating loss. See instructions	4 Charitable cont	ributions (see instructions for limitation rules)	4					
Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	5 Total unrelated	business t	axable income before net operating losses. Subtract line 4 from line 3	5					
Subtract line 6 from line 5	6 Deduction for n	et operatir	ng loss. See instructions	6					
Specific deduction (generally \$1,000, but see instructions for exceptions)	7 Total of unrel	ated busi	ness taxable income before specific deduction and section 199A deduction.						
Trusts. Section 199A deduction. See instructions. Total deductions. Add lines 8 and 9 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero. Tax Computation Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: Tax rate schedule or Schedule D (Form 1041). Proxy tax. See instructions Alternative minimum tax (trusts only).	Subtract line 6 f	from line 5		7					
Total deductions. Add lines 8 and 9	8 Specific deduct	ion (gener	ally \$1,000, but see instructions for exceptions)	8					
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	9 Trusts. Section	199A ded	uction. See instructions	9					
enter zero	10 Total deduction	s. Add line	es 8 and 9 · · · · · · · · · · · · · · · · · ·	10					
Part II Tax Computation 1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	11 Unrelated bus	iness taxa	able income. Subtract line 10 from line 7. If line 10 is greater than line 7,						
1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	enter zero			11		\mathbf{N}	10NE		
Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: Tax rate schedule or Schedule D (Form 1041)	Part II Tax Con	nputatio	n						
Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: Tax rate schedule or Schedule D (Form 1041)				_ 1			10NE		
Part I, line 11 from: Tax rate schedule or Schedule D (Form 1041)	2 Trusts taxable	at trust	rates. See instructions for tax computation. Income tax on the amount on						
3 Proxy tax. See instructions 3 4 Other tax amounts. See instructions 4 5 Alternative minimum tax (trusts only) 5		Г		2					
4 Other tax amounts. See instructions	·	_							
5 Alternative minimum tax (trusts only)									
	5 Alternative mini	mum tax (trusts only)						
6 Tax on noncompliant facility income. See instructions		,	lity income. See instructions	6					

JSA

Form **990-T** (2022)

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

filing of this	form, visit www.irs.gov/e-file-providers/e-file-f	for-charities	and-non-profits.				2 0.00.00
Automatio	6-Month Extension of Time. Only subm	it original	(no copies needed).				
-	tions required to file an income tax return oth orm 7004 to request an extension of time to fi			20-C filers), partnersh	ips, F	REMICs	, and trusts
Type or	Name of exempt organization or other filer, see in	structions.		Taxpayer identification n	umbe	er (TIN)	
print	KANSAS CITY BALLET ASSOCIATIO	iNT		43-605268	≀∩		
File by the	Number, street, and room or suite no. If a P.O. bo		ctions.	43 003200	, 0		
due date for filing your							
return. See	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.				
instructions.	KANSAS CITY, MO 64108						
Enter the R	eturn Code for the return that this application	is for (file	a separate application fo	or each return)			0 7
Application	1	Return	Application				Return
ls For		Code	Is For				Code
Form 990 c	or Form 990-EZ	01	Form 1041-A				08
Form 4720	(individual)	03	Form 4720 (other tha	n individual)			09
Form 990-P		04	Form 5227				10
	Γ (sec. 401(a) or 408(a) trust)	05	Form 6069				11
	(trust other than above)	06	Form 8870				12
Form 990-1	(corporation)	07					
Telephor If the org If this is the who a list with the	ks are in the care of GEORGE HANS 500 W PERSHING F ne No. 816 931-2232 ganization does not have an office or place of log and a group Return, enter the organization's for a Group Return, enter the organization's for group, check this box ne names and TINs of all members the extension est an automatic 6-month extension of time up	business ir ur digit Gro f it is for pa ion is for.	Fax No. the United States, check to the United States, check to the group, check to the group to the group, check to the group to the group.	GEN)his box ▶		If th and att	nis is tach
	est an automatic 6-month extension of time the organization named above. The extension is			4, to file the exemp	טו טונ	ganızatı	on return
2 If the	calendar year 20 or tax year beginning 07 / tax year entered in line 1 is for less than 12 m Change in accounting period	01_, 2022 nonths, chec	and ending			23	
	s application is for Forms 990-PF, 990-T, fundable credits. See instructions.	4720, or	6069, enter the ten	tative tax, less any	3a	\$	NONE
	s application is for Forms 990-PF, 990-T, ated tax payments made. Include any prior yea		-		3b	\$	NONE
c Balan	ce due. Subtract line 3b from line 3a. In EFTPS (Electronic Federal Tax Payment Syster	clude you	r payment with this f		3с		NONE
	ou are going to make an electronic funds withdraw			see Form 8453-TE and F			

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

Form **8868** (Rev. 1-2022)

Form 990-T (2022) 43-6052680 Page **2**

Par	:	Tax and Payments			
1a	Foreign	n tax credit (corporations attach Form 1118; trusts attach Form 1116)			
b	Other o	credits (see instructions)			
С	Genera	al business credit. Attach Form 3800 (see instructions) 1c			
d	Credit f	for prior year minimum tax (attach Form 8801 or 8827)			
е	Total c	redits. Add lines 1a through 1d	. 1e		
2	Subtrac	ct line 1e from Part II, line <u>7 </u>	. 2		NONE
3	Other ar	mounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866			
		Other (attach statement)	. 3		
4	Total ta	ax. Add lines 2 and 3 (see instructions).			
	section	1294. Enter tax amount here	. 4		NONE
5	Current	t net 965 tax liability paid from Form 965-A, Part II, column (k)	. 5		
6a	Paymer	nts: A 2021 overpayment credited to 2022 6a			
b	2022 es	stimated tax payments. Check if section 643(g) election applies 6b			
		posited with Form 8868	4		
	_	n organizations: Tax paid or withheld at source (see instructions)	_		
		withholding (see instructions)	-		
		for small employer health insurance premiums (attach Form 8941) 6f	4		
g		redits, adjustments, and payments: Form 2439			
-		Form 4136 Other Total 6g	┥,		
7	-	ayments. Add lines 6a through 6g	1		
8		ted tax penalty (see instructions). Check if Form 2220 is attached.			NONE
9 10		e. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed yment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid.	. ⊢		INOINE
11	-	•	11		
	t IV	e amount of line 10 you want: Credited to 2023 estimated tax Refunded Statements Regarding Certain Activities and Other Information (see instruction			
1		time during the 2022 calendar year, did the organization have an interest in or a signature of		r authority	Yes No
•		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization r			100 110
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the			
	here	Trom 114, Report of Foreign Bank and Financial Accounts. If 165, office the name of the	101016	gir country	X
2	_	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to	o. a for	eign trust?	X
-	_	see instructions for other forms the organization may have to file.	, a .o.	o.g	
3		he amount of tax-exempt interest received or accrued during the tax year \$			
4		ivailable pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carry			
		on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduc		norted on	
	Part I, li			portou on	
5	-	017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryove	rs. Do	n't reduce	
		ounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
		Business Activity Code Available post-2017	NOL ca	rryover	
		\$			
		\$			
		\$			
_		\$			
		organization change its method of accounting? (see instructions)			X
b		is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form			
		in Part V			
Part		Supplemental Information xplanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.			
FIOVIC	de title ez				
		SUPPLEMENTAL INFORMATION ATTACHED			
	Unc	der penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, a	nd to the	hest of my k	knowledge an
Sigr	heli	ef, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer			omougo an
Here					this return
1161					hown below
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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.