MARR AND COMPANY, P.C. 1401 EAST 104TH STREET, SUITE 100 KANSAS CITY, MO 64131

KANSAS CITY GIRLS PREPARATORY ACADEMY FOUNDATION 4550 MAIN ST, STE 227 KANSAS CITY, MO 64108

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CLIENT'S COPY

MARR AND COMPANY, P.C.

CERTIFIED PUBLIC ACCOUNTANTS

1401 East 104th Street, Suite 100, Kansas City, MO 64131-1170 Voice (816) 363-8700 Fax (816) 363-7117

April 12, 2023

Kansas City Girls Preparatory Academy Foundation 4550 Main St, STE 227 Kansas City, MO 64108

Kansas City Girls Preparatory Academy Foundation:

Enclosed are the original and one copy of the 2021 Exempt Organization return, as follows...

2021 Form 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Please review the return for completeness and accuracy.

We prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

My Best Regards,

Jason D. Louk, CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2022

Prepared For:

Kansas City Girls Preparatory Academy Foundation 4550 Main St, STE 227 Kansas City, MO 64108

Prepared By:

Marr and Company, P.C. 1401 East 104th Street, Suite 100 Kansas City, MO 64131

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by May 15, 2023.

EXTENDED TO MAY 15, 2023

Return of Organization Exempt From Income Tax

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

Department of the Treasury

Do not enter social security numbers on this form as it may be made public.

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

Open to Public

OMB No. 1545-0047

2022 A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, Check if applicable: C Name of organization D Employer identification number KANSAS CITY GIRLS PREPARATORY ACADEMY Address change FOUNDATION Name change **-***9744 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated 4550 MAIN ST, STE 227 816-268-2573 4,283,353. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return KANSAS CITY, MO 64108 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: CHRISTINE KEMPER for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ► N/A **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust [Association Other > L Year of formation: 2018 M State of legal domicile: MO Part I Summary Briefly describe the organization's mission or most significant activities: THE FOUNDATION IS OPERATED Activities & Governance EXCLUSIVELY FOR THE SUPPORT OR BENEFIT OF, TO PERFORM THE FUNCTIONS if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7h **Prior Year Current Year** 5,629,494. 4,168,497. 8 Contributions and grants (Part VIII, line 1h) 108,000. 108,000. 9 Program service revenue (Part VIII, line 2g) 4,875. 6.826. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 31,735. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 30. 5,774,104. 4,283,353. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 256,139. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 211,631. 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 234,262. 298,627. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 445,893. 554,766. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 5,328,211. 3,728,587. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year 11,322,302. 14,739,617. 20 Total assets (Part X, line 16) 2,168,687. 2,023,101. 21 Total liabilities (Part X, line 26) 9.153,615. 12,716,516 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign CHRISTINE KEMPER, VICE CHAIR Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature 04/12/23 P00541486 JASON D. LOUK JASON D. LOUK Paid self-employed Firm's EIN > **-***0039 Firm's name MARR AND COMPANY, P.C. Preparer Firm's address 1401 EAST 104TH STREET, SUITE 100 Use Only Phone no. (816) 363-8700 KANSAS CITY, MO 64131

May the IRS discuss this return with the preparer shown above? See instructions

X Yes

Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	THE FOUNDATION IS OPERATED EXCLUSIVELY FOR THE SUPPORT OR BENEFIT OF,	
	TO PERFORM THE FUNCTIONS OF OR CARRY OUT THE PURPOSES PRIMARILY OF	
	KANSAS CITY GIRLS PREPARATORY ACADEMY, A KANSAS CITY GIRLS PUBLIC	
	CHARTER SCHOOL.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	lo
•	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? Yes X N	
3	<u> </u>	10
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.	
7	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 \$ 471,667. including grants of \$) (Revenue \$ 108,000.	
	TO SUPPORT KANSAS CITY GIRLS PREPARATORY ACADEMY IN PERFORMING THE	
	FUNCTIONS AND CARRYING OUT THE PURPOSES OF THE ACADEMY, A KANSAS CITY	
	GIRLS PUBLIC CHARTER SCHOOL.	
		—
		—
		—
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
	(Code:	_ ′
		—
4-		
4c	(Code:) (Expenses \$	_)
		—
		—
		_
		_
		—
4d	Other program services (Describe on Schedule O.)	
4 -	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 471,667.	—
<u>4e</u>	Total program service expenses 471,667.	21)

-*9744

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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	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		<u>X</u>
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		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u>X</u>
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		<u>X</u>
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," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		_X_
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
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 assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			37
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			37
	complete Schedule G, Part III	19		X
20a	the state of the s	20a		_X_
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			37
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

Form	990 (2021) FOUNDATION **-***	744	Р	age 4
Pai	t IV 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			37
	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	00		X
04.5	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
24 a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	210		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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	00-		x
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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, 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
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37		37		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		<u> </u>
55	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	2		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b)		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	10	Х	

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Form	990 (2021) FOUNDATION **-**9	744	Р	age 5
Par	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			177
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			3,7
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		₩
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6-		X
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		-
b		- Gh		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b		
7	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		Х
	temperature and the control of the c	7b		125
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
C	to file Form 8282?	7c		x
ч	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	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	_		
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	4		
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	-	-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			\ _{3,7}
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
4 -	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator 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.			

-*9744

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

	Check if Schedule O contains a response or note to any line in this Part VI				X					
Sec	tion 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	5								
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b	5								
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	Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct sur									
	of officers, directors, trustees, or key employees to a management company or other person?									
4										
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	Х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one	F								
-	more members of the governing body?	I	7a	х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders									
_	persons other than the governing body?	· I	7b	x						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following the year by the year by the following the year by t									
а	The governing body?	· ·	8a	х						
b	Each committee with authority to act on behalf of the governing body?		8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	I	0.0							
Ŭ	organization's mailing address? If "Yes." provide the names and addresses on Schedule O		9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Cod									
	This occuping regards will internal nevertice ood	10./		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	ſ	10a		X					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affi									
		•	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b										
12a										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts'	I	12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," descri									
	on Schedule O how this was done		12c	Х						
13	Did the organization have a written whistleblower policy?		13	Х						
14	Did the organization have a written document retention and destruction policy?		14	Х						
15	Did the process for determining compensation of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by independent of the following persons include a review and approval by the following persons include a review and approval by the following persons in the following									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	[15a		X					
	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 with a	a								
	taxable entity during the year?	F	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its partic									
	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							
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (s	section 501(c)(3)s	only) a	availab	ole					
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain on Sched	dule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of int		financ	ial						
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	cords								
	KERRI THURSTON - (816)210-5303									
	4550 MAIN ST, STE 227, KANSAS CITY, MO 64108									

132006 12-09-21

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- 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.

(A)	(B)			(e Pos	C)	1		(D)	(E)	(F)
Name and title	Average hours per		(do not check			than		Reportable	Reportable	Estimated amount of
	week	box, unless person is both an officer and a director/trustee)				or/trus	tee)	compensation from	compensation from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dire	, e			ated		organization	(W-2/1099-MISC/	from the
	related organizations	Individual trustee or director	Institutional trustee		ee ee	Suadı		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual tr	tional	_	Key employee	st con		1099-NEO)		organizations
	line)	Indivic	Institu	Officer	Key er	Highest compensated employee	Former			0.ga <u>=</u> a00
(1) TOM KREBS	20.00									
CEO OF KCGPA	20.00	L				X		135,893.	0.	9,794
(2) MARY BLOCH	1.00									
BOARD CHAIR		Х		Х				0.	0.	0 .
(3) CHRISTINE KEMPER	1.00									
VICE CHAIR	1.00	X						0.	0.	0
(4) MIKE ENGLE	1.00	4							_	
BOARD SECRETARY	1 22	X				_		0.	0.	0 .
(5) MARTHA SALINAS	1.00	┦								
BOARD MEMBER	1.00	X				₩		0.	0.	0
(6) MICHELLE WIMES	1.00	٠,,							0	
BOARD MEMBER		X				-		0.	0.	0 .
		-								
		\vdash				\vdash				
		1								
		<u>l</u>								
		╙								
		1								
		\vdash				-				
		-								
		\vdash								
		1								
		\vdash								
		1								
			L	L	L	L	L			
		$oldsymbol{\perp}$								
]								

Pai	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	l Hi	ghes	t C	ompensated Employee	s (continued)	—			
	(A)	(B)	(C)					(D)	(E)			(F)		
	Name and title	Average	Position (do not check more than one		Reportable Reportable		!	Es	stimate	∍d				
		hours per	box, unless person is both an officer and a director/trustee)			s both	an	compensation compensati			ar	nount	of	
		week		Lei aii	uau	recto	i / ii usi	ee)	from	from related			other	
		(list any hours for	irecto						the	organization			pensa	
		related	or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)	- 1		rom th janizat	
		organizations	ruste	l trus		ee /ee	mpen		1099-NEC)	1099-1120)		_	d relat	
		below	Individual trustee or director	nstitutional trustee	r	Key employee	st coi	Je.	10001120)				anizati	
		line)	Indivi	Instit	Officer	Key el	Highest compensated employee	Former				Ŭ		
											\neg			
											\neg			
1b	Subtotal							•	135,893.		0.		9,7	
	Total from continuation sheets to Part VI							>	0.		0.			0.
d	Total (add lines 1b and 1c)							<u> </u>	135,893.		0.		9,7	<u>94.</u>
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	e			
	compensation from the organization													<u> </u>
													Yes	No
3	Did the organization list any former officer,	director, truste	ee, k	кеу е	mpl	oye	e, or	hig	hest compensated empl	oyee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	dule	J f	for such individual			4		X
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes." com	plete Schedule	J fo	or su	ıch r	oers	on .					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated ind	ере	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of comp	oensat	ion fr	om	
	the organization. Report compensation for	the calendar ye	ear e	ndir	ıg w	ith c	or wit	thin	the organization's tax y	ear.				
	(A)								(B)				C)	
	Name and business	address							Description of s	ervices	C	ompe	nsatio	n
	JLD EVANS, 4200 PENNSYL	VANIA A	VE	,	KA	NS.	AS	- 1	ARCHITECTURE					
CITY, MO 64111 SERVICES 541,					1,9	<u>99.</u>								
TUF	RNER CONSTRUCTION, 1220	WASHIN	GΤ	ON					CONSTRUCTIONS	5				
STF	REET, SUITE 100, KANSAS	CITY,	MO	6	41	05			SERVICES			15	1,6	06.

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

Form 990 (2021) FOUNDAT
Part VIII Statement of Revenue

		Charle if Schodula O contains a reconomic o	r noto to ony lir	o in this Dort VIII			
		Check if Schedule O contains a response o	r note to any iir	$\frac{1}{1}$	(B)	(C)	(D)
				Total revenue	Related or exempt		Revenue excluded
				Total Tevende	function revenue	business revenue	from tax under
							sections 512 - 514
ts S	1 a	Federated campaigns 1a					
ant		Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts				1			
ts, Ar	(9	101 606	-			
Gif ilar	(104,686.				
is,	•	Government grants (contributions)					
ior	f	All other contributions, gifts, grants, and					
but		similar amounts not included above 1f 4, 0	063,811.				
İţi		Noncash contributions included in lines 1a-1f					
òr	Ì	Total. Add lines 1a-1f		4,168,497.			
0 10		Total: Add lines 1a 11	Business Code	1,200,257			
	_	DENUAL INCOME		100 000	100 000		
ce	2 8	RENTAL INCOME	531120	108,000.	108,000.		
ēΣi	k	·					
Se	(:					
am	(i					
ge		<u> </u>					
Program Service Revenue	4	All other program service revenue					_
		Total. Add lines 2a-2f		108,000.			
				100,000			
	3	Investment income (including dividends, interes		C 00C			C 00C
		other similar amounts)		6,826.			6,826.
	4	Income from investment of tax-exempt bond pro	oceeds				
	5	Royalties	<u></u>				
		(i) Real	(ii) Personal				
	6 a	a Gross rents 6a					
		Less: rental expenses 6b					
		. ,					
		Net rental income or (loss)					
	7 8	Gross amount from sales of (i) Securities	(ii) Other	-			
		assets other than inventory 7a		_			
	k	Less: cost or other basis					
ne		and sales expenses 7b					
her Revenue		Gain or (loss) 7c					
₹.		Net gain or (loss)	•				
er I		Gross income from fundraising events (not					
Oth							
0							
		contributions reported on line 1c). See					
		Part IV, line 188a		-			
	k	Less: direct expenses 8b					
	(Net income or (loss) from fundraising events)				
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
	ŀ	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		· · · · · · · · · · · · · · · · · · ·	······				
	10 a	Gross sales of inventory, less returns					
		and allowances10a					
	k	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory)				
			Business Code				
snc	11 a	MISCELLANEOUS	611710	30.			30.
nec	k						_
Miscellaneous Revenue	,						
Sce							
Ξ	۱ ۲	All other revenue		30.			
		• Total. Add lines 11a-11d			100 000	_	6 056
	12	Total revenue. See instructions	<u></u>	4,283,353.	108,000.	0.	6,856.

Form 990 (2021) FOUNDATION Part IX Statement of Functional Expenses

Check if Schedule O contains a response not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21				
Grants and other assistance to domestic				
individuals. See Part IV, line 22				
Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
Benefits paid to or for members				
Compensation of current officers, directors,				
trustees, and key employees				
Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
Other salaries and wages	217,835.	196,051.	21,784.	
Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)				
Other employee benefits	22,394.	18,986.	3,408.	
Payroll taxes	15,910.	14,319.	1,591.	
Fees for services (nonemployees):	·	-		
Management				
Legal	6,000.		6,000.	
Accounting	13,128.		13,128.	
Lobbying			==,===	
Professional fundraising services. See Part IV, line 17				
Investment management fees				
Other. (If line 11g amount exceeds 10% of line 25,				
column (A), amount, list line 11g expenses on Sch O.)	1,845.	1,845.		
Advertising and promotion	183.	2,0101		18
Office expenses	1001			
Information technology				
Royalties				
Occupancy				
Travel				
Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
Conferences, conventions, and meetings	56,982.	56,982.		
Interest	30,984.	30,984.		
Payments to affiliates	114 271	11/ 071		
Depreciation, depletion, and amortization	114,271.	114,271.		
Insurance				
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 0.)	(0 012	CO 012		
FACILITIES EXPENSE	69,213.	69,213.		27 00
GRANT DEVELOPMENT	37,005.			37,00
All other expenses		4-4		
Total functional expenses. Add lines 1 through 24e	554,766.	471,667.	45,911.	37,18
Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				

Form 990 (2021)
Part X | Balance Sheet

t X	Balance Sheet					
	Check if Schedule O contains a response or no	te to any	line in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	297,941.	1	250,000.		
2					2	5,668,575.
3			2,548,717.	3	3,618,382	
4					4	
5						
	trustee, key employee, creator or founder, subs					
	controlled entity or family member of any of the		5			
6	Loans and other receivables from other disqua					
	under section 4958(f)(1)), and persons describe	d in secti	on 4958(c)(3)(B)		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9	B				9	
10a						
	basis. Complete Part VI of Schedule D	10a	5,217,354.			
b		3,496,549.	10c	4,948,935		
11	Investments - publicly traded securities			11		
12	Investments - other securities. See Part IV, line		12			
13	Investments - program-related. See Part IV, line		13			
14	Intangible assets		14			
15	Other assets. See Part IV, line 11			253,725		
16						14,739,617
17			240,513.		151,853	
18			18			
19						
					21	
22						
		-		1 000 000		1 071 040
				1,922,266.		1,871,248
					24	
25		•				
		· ·	· ·	E 000		0
			·····	2 160 607	25	2,023,101.
26			▶ ▼	2,100,007.	26	2,023,101
		eck nere				
07	• • • • • • • • • • • • • • • • • • • •		-	5 030 000	07	5,082,134.
				7,634,382		
28				4,114,/1/•	28	7,034,302
		958, cnec	k nere			
00					20	
	Paid-in or capital surplus, or land, building, or e					
	Pain-in or capital surblus or land building or e	tuna		30		
30		Retained earnings, endowment, accumulated income, or other funds				
30 31 32		ncome, or	other funds	9,153,615.	31 32	12,716,516.
	1 2 3 4 5 5 6 7 8 9 10 a b 11 12 13 14 15 16 17 18	Check if Schedule O contains a response or not controlled entity or family member of any of the basis. Complete Part IV, line 11 Investments - program-related. See Part IV, line 11 Investments - program-related. See Part IV, line 11 Intangible assets - Other liabilities and other payables to any current or trustee, key employee, creator or other disqual under section 4958(f) (1)), and persons described Notes and loans receivables from other disqual under section 4958(f)(1)), and persons described Notes and loans receivable, net 10 Inventories for sale or use 11 Inventories for sale or use 12 Inventories for sale or use 13 Inventories for sale or use 14 Inventories for sale or use 15 Inventories for sale or use 16 Investments - publicly traded securities 17 Investments - other securities. See Part IV, line 18 Investments - program-related. See Part IV, line 19 Intendigible assets 19 Investments - program-related. See Part IV, line 19 Intendigible assets 10 Investments - program-related expenses 18 Inventories for sale and accrued expenses 19 Investments - program-related expenses 10 Investments - program-related intendigible assets 11 Investments - program-related intendigible assets 12 Investments - program-related intendigible assets 13 Investments - program-related intendigible assets 14 Investments - program-related intendigible assets 15 Investments - program-related intendigible ass	Check if Schedule O contains a response or note to any Cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current or former of trustee, key employee, creator or founder, substantial concontrolled entity or family member of any of these persor of Loans and other receivables from other disqualified persunder section 4958(f)(1)), and persons described in section Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Intangible assets Other assets. Add lines 1 through 15 (must equal line 33 Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Loans and other payables to any current or former office trustee, key employee, creator or founder, substantial controlled entity or family member of any of these persor Secured mortgages and notes payable to unrelated third payables, and other liabilities not included on lines 17-24), of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Ret assets with donor restrictions Organizations that do not follow FASB ASC 958, check and complete lines 29 through 33.	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 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 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) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 11 Investments - publicity traded securities 12 Investments - publicity traded securities 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable and accrued expenses 19 Deferred revenue 10 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 2 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties 26 Other liabilities. Add lines 17 through 25 27 Organizations that follow FASB ASC 958, check here 28 Net assets with donor restrictions 38 Net assets with donor restrictions 39 Net assets with donor restrictions 30 Organizations that do not follow FASB ASC 958, check here 30 and complete lines 29 through 33.	Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year 2 97 , 941. 2 Savings and temporary cash investments	Check if Schedule O contains a response or note to any line in this Part X Ray

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)		4,28	3.3	53.
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,7	
3		3,72			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	9,15			
5	Net unrealized gains (losses) on investments	5		, , , ,	
6	Donated services and use of facilities	6			
7		7			
8	Investment expenses	8			
9	Prior period adjustments Other changes in net assets or fund balances (explain on Schedule 0)	9		1,0	00
_		9		1,0	00.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	40	12,82	1 2	0.2
Pa	column (B)) rt XIII Financial Statements and Reporting	10	12,02	11,2	02.
	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			100	110
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
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 compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?	-	За	1	x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	ar audita, avalais why as Cabadula O and describe any stone taken to undergo auch audita		01-	1	1

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

FOUNDATION

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.

KANSAS CITY GIRLS PREPARATORY ACADEMY

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

-*9744

Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) KANSAS CITY GIRLS PREPARATORY ACADEMY **-***1824 2 254,841. X Ο. 254,841 Total

-*9744 Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
	The portion of total contributions						
Ŭ	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,						
	(0						
6	Public support. Subtract line 5 from line 4.						
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	(4) 2011	(3) 2010	(6) 2515	(4) 2020	(6) 2321	(i) rotai
	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						
	Gross receipts from related activities,	etc. (see instruction	ons)		•	12	
	First 5 years. If the Form 990 is for th						
_	organization, check this box and stop	· ·		· ·	-		
Sec	tion C. Computation of Publi						
	Public support percentage for 2021 (li			column (f))		14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2021. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶□
b	33 1/3% support test - 2020. If the o	organization did no	ot check a box on I	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization quali	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the facts	s-and-circumstanc	es test, check this	box and stop he	ere. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	on qualifies as a pu	blicly supported o	organization		>
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circun	nstances test, che	ck this box and s	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	ımstances test. Th	ne organization qua	alifies as a publicly	/ supported organi	zation	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	b, check this box a	nd see instructions	

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.)

Sec	tion A. Public Support	now, picase comp	Sicie Fart II.,				
Calen	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 (Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
1 1	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						
;	Gross receipts from activities that are not an unrelated trade or business under section 513						
i	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
1	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
f	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 / 10a (Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b l	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11 ;	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					1	
	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organization	on,
	check this box and stop here						>
	tion C. Computation of Public			. (6)		T 45	
	Public support percentage for 2021 (li		•	column (t))		15	<u>%</u>
	Public support percentage from 2020					16	%
	tion D. Computation of Inves			ino 10! (^)		17	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2			on line 14 and line		18	7 is not
	33 1/3% support tests - 2021. If the					_#:	▶ □
b :	more than 33 1/3%, check this box an 33 1/3% support tests - 2020. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, ched		-	•		-	
20 1	Private foundation. If the organization	a did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
-	7.7	
1	Х	
2		X
_		
3a		X
3b		
- GB		
3с		
4a		X
4b		
4c		
5a		X
5b		
5c		
6		Х
-		X
7		\vdash
0		X
8		Λ
		v
9a		Х
01		X
9b		_
000		X
9c		Λ
40-		X
10a		lacksquare
105		
10b	n 990)	

Par	t IV 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		X
b	A family member of a person described on line 11a above?	11b		X
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		X
Sect	ion B. Type I Supporting Organizations	•		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	_	х	
_	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,	2		X
Sect	supervised, or controlled the supporting organization. tion 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		.03	
•	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		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	ш	
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			
0	supported organizations played in this regard.	3		
Seci	tion 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 instruction	ıs).		
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.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruction		NI-
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	2a		
b	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	£a		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard	3b		

Schedule A (Form 990) 2021

FOUNDATION

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Pai 1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI\ See instructions
•	All other Type III non-functionally integrated supporting organizations mus			art vij. Occ mstractions
Sect	on A - Adjusted Net Income	t complete c	(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		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	on 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-functiona	lly integrated	d Type III supporting orga	nization (see
	instructions).	, .g),	V

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Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continued)	
<u>Secti</u>	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
	and a direction of the control of th	(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
	LAUCUS II UIII LUL I			

KANSAS CITY GIRLS PREPARATORY ACADEMY

-*97<u>4</u>4 Page 8 FOUNDATION Schedule A (Form 990) 2021 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, Part VI line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

2021

OMB No. 1545-0047

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

Name of the organization

Organization type (check one):

FOUNDATION

KANSAS CITY GIRLS PREPARATORY ACADEMY

Employer identification number

-*9744

Filers of:	Section:					
Form 990 or 990-EZ	X 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					
• •	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
-	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or 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 totaling \$5,000 or more during the year						
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).						

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

Schedule B (Form 990) (2021)

Name of organization
KANSAS CITY GIRLS PREPARATORY ACADEMY
FOUNDATION

Employer identification number

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
1	KANSAS CITY GIRLS PREPARATORY ACADEMY 4550 MAIN STREET, STE 227 KANSAS CITY, MO 64111	\$104,686 .	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	KEMPER FOUNDATION PO BOX 419692 KANSAS CITY, MO 64106	\$\$	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	SCUDDER, EARL & PATTY 4433 S 93RD CIR LINCOLN, NE 68520	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4 TINSMAN (BESSEMER NATIONAL FOUNDATION) 6512 WILLOW LN MISSION HILLS, KS 66208	* 15,000.	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	SOSLAND CHARITABLE TRUST VIVIAN & HYMIS SOSLAND PO BOX 30067 KANSAS CITY, MO 64112	\$ 500,000.	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	JEDEL FAMILY FOUNDATION 400 W 49TH TERRACE, APT 2086 KANSAS CITY, MO 64112	\$ 686,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
KANSAS CITY GIRLS PREPARATORY ACADEMY
FOUNDATION

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ARMSTRONG, ALISON 4550 MAIN STREET, STE 227 KANSAS CITY, MO 64108	\$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
8	BLOCH FAMILY FOUNDATION, MARION & HENRY 4801 MAIN ST SUITE 400 KANSAS CITY, MO 64112	\$ 250,000.	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
9	CSGF (CHARTER SCHOOL GROWTH FUND) 10901 W 120TH AVE, STE 450 BROOMFIELD, CO 80021	\$125,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	MCCLENDON, BETH ELLYN 4550 MAIN STREET, STE 227 KANSAS CITY, MO 64108	\$ 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
	RATTERMAN, SANDRA AND JOE 4550 MAIN STREET, STE 227 KANSAS CITY, MO 64108	\$1,000,000.	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
12	CARGILL PO BOX 9300 MINNEAPOLIS, MN 55440	\$ 290,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

Name of organization
KANSAS CITY GIRLS PREPARATORY ACADEMY
FOUNDATION

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4 E KEMPER CARTER AND ANNA CURRY CARTER	Total contributions	Type of contribution
13	COMMUNITY MEMORIAL TRUST PO BOX 415044	25 000	Person X Payroll Noncash
		\$ 25,000.	(Complete Part II for
	KANSAS CITY, MO 64141		noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
14_	DICKINSON FAMILY FOUNDATION		Person X Payroll
	4550 MAIN STREET, STE 227	\$ 100,000.	Noncash
	KANSAS CITY, MO 64108		(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
15	FRANCIS FAMILY FOUNDATION		Person X Payroll
	800 W 47TH ST #717	\$150,000.	Noncash
	KANSAS CITY, MO 64112		(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>16</u>	KEMPER, CHRISTINE		Person X Payroll
	4520 MAIN ST, STE 700	\$14,446.	Noncash
	KANSAS CITY, MO 64108		(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>17</u>	MCDONNELL FOUNDATION		Person X Payroll
	4909 SUNSET DR	\$\$	Noncash
	KANSAS CITY, MO 64112		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		Total contributions	Type of contribution
<u>18</u>	MURIEL MCBRIEN KAUFFMAN FOUNDATION		Person X
	4801 ROCKHILL RD	\$ 100,000.	Payroll Noncash Complete Part II for
	KANSAS CITY, MO 64110		(Complete Part II for noncash contributions.)

Name of organization
KANSAS CITY GIRLS PREPARATORY ACADEMY
FOUNDATION

Employer identification number

-*97<u>44</u>

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$,
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization

Employer identification number

KANSAS CITY GIRLS PREPARATORY ACADEMY

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Part III		one to organizatione deed	ribed in section 50	01(c)(7), (8), or (10) that total more than \$1,000 for the year			
raitiii	from any one contributor. Complete columns (a)	through (e) and the follow	ing line entry. For a	organizations			
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of	\$1,000 or less for t	the year. (Enter this info. once.) \$			
/-\ NI -	Use duplicate copies of Part III if additional	space is needed.					
(a) No. from	(b) Purpose of gift	(c) Use of	aift	(d) Description of how gift is held			
Part I	(b) Full pose of gift	(c) Use of	giit	(d) Description of now gift is field			
ŀ		(e) Trans	fer of gift				
		(c) ITalis	ici oi giit				
	Transferee's name, address, ar	ad 7 ID + 4	ь	elationship of transferor to transferee			
ŀ	Transieree 3 name, address, ar	10 ZIF T T					
				_			
(a) No							
(a) No. from	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held			
Part I	.,,,	, ,					
		(e) Trans	fer of gift				
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of transferor to transferee			
				_			
(a) No. from	4.5	()					
Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, ar	nd 7IP + 4	R	elationship of transferor to transferee			
		· · · · · · · · · · · · · · · · · · ·					
				_			
				-			
(a) No.			L				
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held			
Parti							
		-					
-							
		(e) Trans	fer of gift				
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of transferor to transferee			
			-				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Inspection

KANSAS CITY GIRLS PREPARATORY ACADEMY Name of the organization FOUNDATION

Employer identification number **-***9744

Pai	rt I Organizations Maintaining	Donor Advise	d Funds or Other Si	milar Funds or A	counts. Complete if the
	organization answered "Yes" on Fo	orm 990, Part IV, lir	ne 6.		·
			(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during				
3	Aggregate value of grants from (during year				
4	Aggregate value at end of year				
5	Did the organization inform all donors and		writing that the assets hel-	d in donor advised fun	ds
	are the organization's property, subject to	the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, d	lonors, and donor a	advisors in writing that grai	nt funds can be used o	only
	for charitable purposes and not for the be	nefit of the donor o	or donor advisor, or for any	other purpose confer	ring
Pa	rt II Conservation Easements.	Complete if the or	ganization answered "Yes	" on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements hel	ld by the organizati	on (check all that apply).		
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a hist	orically important land area
	Protection of natural habitat			Preservation of a cert	ified historic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organi	ization held a quali	fied conservation contribu	tion in the form of a co	
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements				2a
b	S ,				2b
С					2c
d	Number of conservation easements include				
	listed in the National Register				2d
3	Number of conservation easements modif	fied, transferred, re	leased, extinguished, or te	rminated by the organ	ization during the tax
	year ▶				
4	Number of states where property subject				
5	Does the organization have a written polic				
_	violations, and enforcement of the conser				
6	Staff and volunteer hours devoted to mon	iitoring, inspecting,	nandling of violations, and	a enforcing conservation	on easements during the year
7	Amount of expenses incurred in monitorin	a increating bene	dling of violations, and onf	araina aanaan/ation aa	coments during the year
7	Amount of expenses incurred in monitorin ▶ \$	ig, inspecting, nanc	aling of violations, and emi	ording conservation ea	sements during the year
8	Does each conservation easement reporte	ad on line 2(d) abov	o eatisfy the requirements	of section 170/b)/4)/P	(i)
Ü	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization				
	balance sheet, and include, if applicable, t	•		· ·	
	organization's accounting for conservation		g		
Pa	rt III Organizations Maintaining		f Art, Historical Trea	sures, or Other S	Similar Assets.
	Complete if the organization answe	ered "Yes" on Form	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted u	nder FASB ASC 95	58, not to report in its reve	nue statement and bal	ance sheet works
	of art, historical treasures, or other similar	assets held for pul	blic exhibition, education,	or research in furthera	nce of public
	service, provide in Part XIII the text of the	footnote to its final	ncial statements that desc	ribes these items.	
b	If the organization elected, as permitted u	nder FASB ASC 95	58, to report in its revenue	statement and balance	e sheet works of
	art, historical treasures, or other similar as	sets held for public	e exhibition, education, or	research in furtherance	e of public service,
	provide the following amounts relating to	these items:			
	(i) Revenue included on Form 990, Part	VIII, line 1			> \$
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works	of art, historical tre	asures, or other similar as	sets for financial gain,	provide
	the following amounts required to be repo	orted under FASB A	ASC 958 relating to these i	tems:	
а	Revenue included on Form 990, Part VIII,	line 1			\$
b	Assets included in Form 990, Part X				> \$
LHA	For Paperwork Reduction Act Notice, se	ee the Instruction	s for Form 990.		Schedule D (Form 990) 2021

132051 10-28-21

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

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	dule D (Form 990) 2021 FOUNDAT					**_	***9744	Page 2
Pai	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or	Other S	Similar Ass	sets (continu	ued)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that	make sigr	nificant use of	fits	
	collection items (check all that apply):		•	· ·	· ·			
а	Public exhibition	C	Loan or ex	change progra	m			
b	Scholarly research	•		9-19				
c	Preservation for future generations							
4	Provide a description of the organization's co	allections and explain	n how they further t	the organization	n's evemr	at nurnose in l	Part XIII	
5	During the year, did the organization solicit o						art Am.	
3	to be sold to raise funds rather than to be ma		•	•			Yes	□ No
Pai	t IV Escrow and Custodial Arran							No
ı aı	reported an amount on Form 990, Pal		ete ii trie organizati	on answered	res on F	omi 990, Pan	. IV, lifte 9, or	
			P			-lll		
та	Is the organization an agent, trustee, custodi							—
	on Form 990, Part X?						Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:					
							Amount	
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fe					?	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has beer	n provided on F	art XIII			
Pai							,	
	· ·	(a) Current year	(b) Prior year	(c) Two years		I) Three years b	oack (e) Four	years back
1a	Beginning of year balance	, , , , , , , , , , , , , , , , , , , ,	. , ,			•		
	Contributions							
	Net investment earnings, gains, and losses						_	
	Grants or scholarships			1				
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curr	•	e (line 1g, column (a	a)) held as:				
	Board designated or quasi-endowment		%					
b	Permanent endowment	%						
С	Term endowment	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	and administere	ed for the	organization		
	by:						ſ	Yes No
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations							\neg
h	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	red on Schedule R2	· · · · · · · · · · · · · · · · · · ·			3b	
4	Describe in Part XIII the intended uses of the							
	rt VI Land, Buildings, and Equipm		willett farias.					
	Complete if the organization answere) Part IV line 11a	See Form 990	Part X lir	ne 10		
	· · · · · · · · · · · · · · · · · · ·		i	i i	•		(-0.5-1	
	Description of property	(a) Cost or o	` '	st or other		umulated	(d) Book	value
		basis (investr	,	s (other)	aepr	eciation	 	752
	Land			32,753.		50 410		753.
	Buildings		5,18	84,601.	20	58,419.	4,916	,182.
С	Leasehold improvements							
d	Equipment							
	Other							
Tota	I. Add lines 1a through 1e. (Column (d) must e		X column (B) line	10c)			4,948	,935.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market valu
) Financial derivatives		
Closely held equity interests		
Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.	- Farm 000 Part IV line	44. Oct Francisco Dark V. Kra. 40
Complete if the organization answered "Yes" or		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets.		
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.
(-) D		
(a) U	escription	(b) Book value
(a) D	escription	(b) Book value
(1)	escription	(b) Book value
	escription	(b) Book value
(1) (2) (3)	escription	(b) Book value
(1) (2) (3) (4)	escription	(b) Book value
(1) (2) (3) (4) (5)	escription	(b) Book value
(1) (2) (3) (4)	escription	(b) Book value
(1) (2) (3) (4) (5) (6) (7)	escription	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)	escription	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line in		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line in the column (column	15.)	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line in the complete if the organization answered "Yes" or the complete if the complet	15.)	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line in the complete of the organization answered "Yes" or (a) Description of liability	15.)	11e or 11f. See Form 990, Part X, line 25.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes	15.)	11e or 11f. See Form 990, Part X, line 25.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Datal. (Column (b) must equal Form 990, Part X, col. (B) line 3 Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2)	15.)	11e or 11f. See Form 990, Part X, line 25.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line of the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3)	15.)	11e or 11f. See Form 990, Part X, line 25.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line of the complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4)	15.)	11e or 11f. See Form 990, Part X, line 25.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line of the complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	15.)	11e or 11f. See Form 990, Part X, line 25.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line 3 Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	15.)	11e or 11f. See Form 990, Part X, line 25.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line of the complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	15.)	11e or 11f. See Form 990, Part X, line 25.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line of the complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6)	15.)	11e or 11f. See Form 990, Part X, line 25.

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 X Schedule D (Form 990) 2021

Sche	edule D (Form 990) 2021 FOUNDATION			**_	<u>***9744</u>	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statements V	Vith	n Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	8,175,	749.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	a				
b	Donated services and use of facilities	b				
С	Recoveries of prior year grants	С				
d	Other (Describe in Part XIII.)	d	4,105,082.			
е	Add lines 2a through 2d			2e	4,105,	
3	Subtract line 2e from line 1			3	4,070,	667.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	а				
b	Other (Describe in Part XIII.)	b	108,000.			
	Add lines 4a and 4b			4c		000.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,178,	667.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements	Wit	h Expenses per F	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	4,841,	125.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	a				
	Prior year adjustments	b				
С	Other losses 20	С				
d	Other (Describe in Part XIII.)	d	4,394,359.			
е	Add lines 2a through 2d			2e	4,394,	
3	Subtract line 2e from line 1			3	446,	766.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	a				
b	Other (Describe in Part XIII.)	b	108,000.			
С	Add lines 4a and 4b			4c		000.
5				5	554,	766.
Pa	rt XIII Supplemental Information.					
rov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line	es 1	b and 2b; Part V, line 4	; Part 2	X, line 2; Part XI	l,
ines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional	info	rmation.			

PART X, LINE 2:

THE SCHOOL COMPLIES WITH THE PROVISIONS OF FASB ASC 740-10-25 UNDER FASB ASC 740-10-25 AN ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH THE TAX TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THE POSITION WILL BE SUSTAINED. THE IMPLEMENTATION OF FASB ASC 740-10-25 HAD NO IMPACT ON THE SCHOOL'S FINANCIAL STATEMENTS. THE SCHOOL DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT WILL NOT RECOGNIZE ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. FOR THE YEAR ENDED JUNE 30, 2022, THERE WERE NO INTEREST OR PENALTIES RECORDED IN ITS FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

Inspection

OMB No. 1545-0047

Name of the organization

KANSAS CITY GIRLS PREPARATORY ACADEMY FOUNDATION

Employer identification number **-***974<u>4</u>

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OF OR CARRY OUT THE PURPOSES PRIMARILY OF KANSAS CITY GIRLS PREPARATORY
ACADEMY, A KANSAS CITY GIRLS PUBLIC CHARTER SCHOOL.
FORM 990, PART VI, SECTION A, LINE 2:
CHRISTINE KEMPER AND MARTHA SALINAS SERVE ON THE BOARD AND TOM KREBS AS CEO
FOR KANSAS CITY GIRLS PREPERATORY ACADEMY
FORM 990, PART VI, SECTION A, LINE 6:
KANSAS CITY PREPARATORY ACADEMY IS THE MEMBER OF THE ORGANIZATION
FORM 990, PART VI, SECTION A, LINE 7A:
KANSAS CITY PREPARATORY ACADEMY APPOINTS BOARD OF DIRECTORS OF THE
FOUNDATION
FORM 990, PART VI, SECTION A, LINE 7B:
KANSAS CITY PREPARATORY ACADEMY APPOINTS BOARD OF DIRECTORS OF THE
FOUNDATION
FORM 990, PART VI, SECTION B, LINE 11B:
THE 990 IS REVIEWED BY THE BOARD PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
BOARD MEMBERS ANNUALLY REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY. TO
ENSURE COMPLIANCE, ALL TRANSACTIONS ARE APPROVED BY ED-OPS, A CONTRACTED
FINANCIAL SERVICES PROVIDER, AND BY THE SCHOOL'S MANAGER OF OPERATIONS.
I HA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2 KANSAS CITY GIRLS PREPARATORY ACADEMY Name of the organization **Employer identification number** **-***9744 FOUNDATION TRANSACTIONS ARE THEN AUTHORIZED BY THE CEO BEFORE SUBMISSION TO THE BOARD FINANCE COMMITTEE OF KANSAS CITY GIRLS PREPARATORY ACADEMY ON A MONTHLY BASIS AND APPROVAL BY THE BOARD OF DIRECTORS OF KANSAS CITY GIRLS PREPARATORY ACADEMY. THE BOARD OF DIRECTORS OF THE KANSAS CITY GIRLS PREPARATORY ACADEMY FOUNDATION REVIEWS AND APPROVES FINANCIALS ON A QUARTERLY BASIS. IF A CONFLICT ARISES, THE BOARD WOULD DETERMINE WHETHER KANSAS CITY GIRLS PREPARATORY ACADEMY CAN OBTAIN WITH REASONABLE EFFORTS AN ARRANGEMENT WITH A PERSON OR ENTITY THAT DOES NOT GIVE RISE TO A CONFLICT. IF A MORE ADVANTAGEOUS ARRANGEMENT IS NOT POSSIBLE, A DECISION IS MADE BY MAJORITY VOTE OF THE DISINTERESTED DIRECTORS. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: -61,000. UNCOLLECTIBLE PLEDGES

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

2021	Open to Public Inspection
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Employer identification number **-**9744

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

OMB No. 1545-0047

► GIRLS PREPARATORY ACADEMY KANSAS CITY FOUNDATION

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

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

(a)	(q)	(c)	(p)		(f)	(g)	VE V(40)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code		ling	section 5 12 control	(c) (a) led
of related organization		foreign country)	section	status (if section	entity	entity	5
				501(c)(3))		Yes	No
KANSAS CITY GIRLS PREPARATORY ACADEMY -							
81-4691824, 5000 EAST 17TH ST, KANSAS CITY,							
MO 64127	EDUCATION	MISSOURI	501(C)(3)	LINE 2			×

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

KANSAS CITY GIRLS PREPARATORY ACADEMY

Schedule R (Form 990) 2021 FOUNDATION

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

Page 2

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(j) (k) General or Percentage managing ownership partner? Yes No		
(k) Percent owners		
(j) General or managing partner? Yes No		
JBI Ge I box me edule Pe		
Code V-UBI Gamount in box n 20 of Schedule K-1 (Form 1065)		
(h) Disproportionate allocations? Yes No		
(g) Share of end-of-year assets		
(f) Share of total income		
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		
(d) Direct controlling entity		
(c) Legal domicile (state or foreign country)		
(b) Primary activity		
(a) Name, address, and EIN of related organization		

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								
	<u>(</u>	(13) olled	ity?	Yes No									
	_;	512(b)(13) controlled	ent	Yes									
	(h)	Percentage ownership)										
		Share of end-of-vear											
	(£)	Share of total income)										
	(e)	Type of entity	or trust)	,									
	(p)	Direct controlling entity	(min)										
	(၁)	Legal domicile (state or	foreign	country)									
ing the tax year:	(q)	Primary activity						_					
השיל אים של אים מומנים מים מים מים מים מים מים מים מים מים מ	(a)	Name, address, and EIN of related organization											

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Schedule R (Form 990) 2021

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	ŝ
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?	tions with one or more re	lated organizations listed i	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	ntity			1a		×
b Gift, grant, or capital contribution to related organization(s)				1b		×
(S)				10	X	
Loans or loan quarantees to or for related organization(s)				10		×
e Loans or loan quarantees by related organization(s)				1 e		×
f Dividends from related organization(s)				#		×
g Sale of assets to related organization(s)				19		×
				1h		×
i Exchange of assets with related organization(s)				=		×
j Lease of facilities, equipment, or other assets to related organization(s)				1j	×	
						:
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
I Performance of services or membership or fundraising solicitations for related or	related organization(s)			=	×	
m Performance of services or membership or fundraising solicitations by related or	elated organization(s)			Ę		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	zation(s)			-t		×
o Sharing of paid employees with related organization(s)				10	×	
p Reimbursement paid to related organization(s) for expenses				1 p		×
q Reimbursement paid by related organization(s) for expenses				19		×
 r Other transfer of cash or property to related organization(s) 				+		×
s Other transfer of cash or property from related organization(s)				18		×
2 If the answer to any of the above is "Yes," see the instructions for information or	on who must complete th	is line, including covered r	mation on who must complete this line, including covered relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved		
(1)						
(2)						
(3)						
(4)						
(5)						
e e						
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KANSAS CITY GIRLS PREPARATORY ACADEMY

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FOUNDATION Schedule R (Form 990) 2021

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

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

(k) centage nership				
lor Perc				
(j) General or managing partner? Yes No				
Code V-UBI General or Percentage amount in box 20 partner? or Schedule K-1 partner? (Form 1065) Yes No				
Disproportionate allocations?				
(g) Share of end-of-year assets				
(f) Share of total income				
(e) Are all partners sec. 501(c)(3) orgs.? Yes No				
(d) Predominant income predated, unrelated, excluded from tax undersections 512-514)				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of entity				

Schedule R (Form 990) 2021

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KANSAS CITY GIRLS PREPARATORY ACADEMY

Schedule F	(Form 990) 2021 FOUNDATION	**-**9/44	Page 5
Part VII	Supplemental Information		
	Provide additional information for responses to questions on Schedule R. See instructions.		
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