

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

**Part V Endowment Funds.**

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ ..... %
  - b Permanent endowment ▶ ..... %
  - c Term endowment ▶ ..... %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (I) Unrelated organizations .....  | 3a(i)  |    |
| (II) Related organizations .....   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ..... | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land .....  |                                      |                                 |                              |                |
| b Buildings .....  |                                      | 296,802                         | 64,158                       | 232,644        |
| c Leasehold improvements .....   |                                      |                                 |                              |                |
| d Equipment .....  |                                      | 792,209                         | 497,935                      | 294,274        |
| e Other .....  |                                      | 14,706                          | 9,152                        | 5,554          |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 532,472        |

**Part VII Investments – Other Securities.**

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

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

**Part VIII Investments – Program Related.**

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

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

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**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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



Part XIII Supplemental information (continued)

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

Department of the Treasury  
Internal Revenue Service

**Schools**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
- ▶ Attach to Form 990 or Form 990-EZ.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Name of the organization

**EWING MARION KAUFFMAN SCHOOL, INC.**

Employer identification number

**27-1982958**

**Part I**

|    |   | YES | NO |
|----|---|-----|----|
| 1  | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?   | X   |    |
| 2  | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?  | X   |    |
| 3  | Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II.<br><b>EWING MARION KAUFFMAN SCHOOL HAS A NON-DISCRIMINATION POLICY INCLUDED ON THE SCHOOL'S WEBSITE, CONTAINED IN MATERIALS, PUBLISHED IN THE KANSAS CITY STAR IN OCTOBER 2020, AND MOST RECENTLY IN SEPTEMBER 2021.</b> | X   |    |
| 4  | Does the organization maintain the following?   |     |    |
| a  | Records indicating the racial composition of the student body, faculty, and administrative staff?   | X   |    |
| b  | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?   | X   |    |
| c  | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?   | X   |    |
| d  | Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.   | X   |    |
| 5  | Does the organization discriminate by race in any way with respect to:  |     |    |
| a  | Students' rights or privileges?   |     | X  |
| b  | Admissions policies?  |     | X  |
| c  | Employment of faculty or administrative staff?  |     | X  |
| d  | Scholarships or other financial assistance?   |     | X  |
| e  | Educational policies?   |     | X  |
| f  | Use of facilities?  |     | X  |
| g  | Athletic programs?  |     | X  |
| h  | Other extracurricular activities?<br>If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.  |     | X  |
| 6a | Does the organization receive any financial aid or assistance from a governmental agency?   | X   |    |
| b  | Has the organization's right to such aid ever been revoked or suspended?<br>If you answered "Yes" on either line 6a or line 6b, explain on Part II.   |     | X  |
| 7  | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II.   | X   |    |

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

Schedule E (Form 990 or 990-EZ) 2020

**Part II Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.

SCH E - FINANCIAL AID OR GOVERNMENT ASSISTANCE EXPLANATION

PART I, QUESTION 6A

THE ORGANIZATION RECEIVES FEDERAL AND STATE FUNDING THROUGH THE MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION

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**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

**EWING MARION KAUFFMAN SCHOOL, INC.**

**27-1982958**

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.**

| 1   | (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----|--|---------|---------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) |  |         |                                 |                          |                                   |   |  |                                    |
| (2) |  |         |                                 |                          |                                   |   |  |                                    |
| (3) |  |         |                                 |                          |                                   |   |  |                                    |
| (4) |  |         |                                 |                          |                                   |   |  |                                    |
| (5) |  |         |                                 |                          |                                   |   |  |                                    |
| (6) |  |         |                                 |                          |                                   |   |  |                                    |
| (7) |  |         |                                 |                          |                                   |   |  |                                    |
| (8) |  |         |                                 |                          |                                   |   |  |                                    |
| (9) |  |         |                                 |                          |                                   |   |  |                                    |

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

**3** Enter total number of other organizations listed in the line 1 table

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

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| 1 NEED-BASED SCHOLARSHIPS       | 50                       | 163,083                  |                                  |   |                                       |
| 2                               |                          |                          |                                  |   |                                       |
| 3                               |                          |                          |                                  |   |                                       |
| 4                               |                          |                          |                                  |   |                                       |
| 5                               |                          |                          |                                  |   |                                       |
| 6                               |                          |                          |                                  |   |                                       |
| 7                               |                          |                          |                                  |   |                                       |

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

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**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

- ▶ Complete If the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization

**EWING MARION KAUFFMAN SCHOOL, INC.**

Employer identification number

**27-1982958**

**Part I Questions Regarding Compensation**

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a Receive a severance payment or change-of-control payment?
  - b Participate in or receive payment from a supplemental nonqualified retirement plan?
  - c Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a The organization?
  - b Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a The organization?
  - b Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

|    | Yes | No |
|----|-----|----|
| 1a |     |    |
| 1b |     |    |
| 2  |     |    |
| 3  |     |    |
| 4a |     | X  |
| 4b |     | X  |
| 4c |     | X  |
| 5a |     | X  |
| 5b |     | X  |
| 6a |     | X  |
| 6b |     | X  |
| 7  |     | X  |
| 8  |     | X  |
| 9  |     |    |

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

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

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

| (A) Name and Title            | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     |                                    | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|-------------------------------|--|-------------------------------------|-------------------------------------|------------------------------------|--|-------------------------|---------------------------------|---|
|                               | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | (iv) Other reportable compensation |  |                         |                                 |   |
| 1 HANNAH LOFTHUS<br>CEO       | 216,494  | 0                                   | 0                                   | 0                                  | 32,538   | 7,229                   | 256,261                         | 0   |
| 2 KATHERINE PASNIEWSKI<br>COO | 161,659  | 0                                   | 0                                   | 0                                  | 26,030   | 19,015                  | 206,704                         | 0   |
| 3                             |  |                                     |                                     |                                    |  |                         |                                 |   |
| 4                             |  |                                     |                                     |                                    |  |                         |                                 |   |
| 5                             |  |                                     |                                     |                                    |  |                         |                                 |   |
| 6                             |  |                                     |                                     |                                    |  |                         |                                 |   |
| 7                             |  |                                     |                                     |                                    |  |                         |                                 |   |
| 8                             |  |                                     |                                     |                                    |  |                         |                                 |   |
| 9                             |  |                                     |                                     |                                    |  |                         |                                 |   |
| 10                            |  |                                     |                                     |                                    |  |                         |                                 |   |
| 11                            |  |                                     |                                     |                                    |  |                         |                                 |   |
| 12                            |  |                                     |                                     |                                    |  |                         |                                 |   |
| 13                            |  |                                     |                                     |                                    |  |                         |                                 |   |
| 14                            |  |                                     |                                     |                                    |  |                         |                                 |   |
| 15                            |  |                                     |                                     |                                    |  |                         |                                 |   |
| 16                            |  |                                     |                                     |                                    |  |                         |                                 |   |

**Part III Supplemental Information**

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

**PART III - OTHER ADDITIONAL INFORMATION**

**PART I, LINE 3 - ORGANIZATION METHODS USED FOR COMPENSATION EXPLANATION**

THE BOARD AND GOVERNANCE COMMITTEE REVIEW THE SALARY AND COMPENSATION

PACKAGES OF THE CEO AND TOP OFFICIALS AS PART OF THE OVERALL BUDGET REVIEW

AND AS PART OF AN ANNUAL REVIEW OF THE CEO PERFORMANCE. THE BOARD AND

GOVERNANCE COMMITTEE ALSO COMPARE THESE PACKAGES TO COMPARABLE MARKET

COMPANIES. ADDITIONALLY, THE ORGANIZATION PERIODICALLY CONTRACTS AN

INDEPENDENT THIRD PARTY TO CONDUCT ANALYSIS OF COMPENSATION PACKAGES FOR

ALL POSITIONS.

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Employer identification number

**EWING MARION KAUFFMAN SCHOOL, INC.**

**27-1982958**

**Part I Types of Property**

|  | (a)<br>Check if<br>applicable | (b)<br>Number of contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>noncash contribution amounts |
|--|-------------------------------|--|--|--|
| 1 Art—Works of art   |                               |  |  |  |
| 2 Art—Historical treasures                                 |                               |  |  |  |
| 3 Art—Fractional interests                                 |                               |  |  |  |
| 4 Books and publications                                   |                               |  |  |  |
| 5 Clothing and household goods                             |                               |  |  |  |
| 6 Cars and other vehicles                                  |                               |  |  |  |
| 7 Boats and planes   |                               |  |  |  |
| 8 Intellectual property                                    |                               |  |  |  |
| 9 Securities—Publicly traded                               |                               |  |  |  |
| 10 Securities—Closely held stock                           |                               |  |  |  |
| 11 Securities—Partnership, LLC, or trust interests         |                               |  |  |  |
| 12 Securities—Miscellaneous                                |                               |  |  |  |
| 13 Qualified conservation contribution—Historic structures |                               |  |  |  |
| 14 Qualified conservation contribution—Other               |                               |  |  |  |
| 15 Real estate—Residential                                 |                               |  |  |  |
| 16 Real estate—Commercial                                  |                               |  |  |  |
| 17 Real estate—Other                                       |                               |  |  |  |
| 18 Collectibles  |                               |  |  |  |
| 19 Food inventory  |                               |  |  |  |
| 20 Drugs and medical supplies                              |                               |  |  |  |
| 21 Taxidermy   |                               |  |  |  |
| 22 Historical artifacts                                    |                               |  |  |  |
| 23 Scientific specimens                                    |                               |  |  |  |
| 24 Archeological artifacts                                 |                               |  |  |  |
| 25 Other ▶ (PROFESSIONALS)                                 | X                             | 1  | 25,423   | COST   |
| 26 Other ▶ ( )   |                               |  |  |  |
| 27 Other ▶ ( )   |                               |  |  |  |
| 28 Other ▶ ( )   |                               |  |  |  |

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

29

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

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

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

b If "Yes," describe in Part II.

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

|     | Yes | No |
|-----|-----|----|
| 30a |     | X  |
| 31  |     | X  |
| 32a |     | X  |

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2020

Open to Public  
Inspection

Employer identification number

27-1982958

EWING MARION KAUFFMAN SCHOOL, INC.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

ABOUT

THE EWING MARION KAUFFMAN SCHOOL (KAUFFMAN SCHOOL) OPENED ITS DOORS IN THE FALL OF 2011. OUR FIRST GROUP OF ONE HUNDRED FIFTH GRADERS WAS ENROLLED AS OUR CLASS OF 2023, THEIR ANTICIPATED YEAR OF COLLEGE GRADUATION. A NEW FIFTH GRADE CLASS OF ABOUT TWO HUNDRED STUDENTS IS ADDED EACH YEAR. THE KAUFFMAN SCHOOL CURRENTLY SERVES STUDENTS IN GRADES FIVE THROUGH TWELVE. AS A PUBLIC CHARTER SCHOOL, THE KAUFFMAN SCHOOL IS FREE AND OPEN TO ALL STUDENTS RESIDING WITHIN THE DISTRICT BOUNDARIES OF KANSAS CITY, MISSOURI PUBLIC SCHOOLS (KCPS). THE KAUFFMAN SCHOOL CANNOT AND DOES NOT SELECTIVELY ADMIT STUDENTS BASED ON ACADEMIC APTITUDE, RACE, ETHNICITY, INCOME LEVEL, SPECIAL EDUCATION NEEDS, PRIOR SCHOOL RECORD, OR ALMOST ANY OTHER PERSONAL CHARACTERISTIC. THE KAUFFMAN SCHOOL ADMITS STUDENTS UNTIL ITS ENROLLMENT THRESHOLD IS MET. IF THERE ARE MORE APPLICATIONS THAN SEATS, THE KAUFFMAN SCHOOL USES A LOTTERY TO GIVE EVERY APPLICANT AN EQUAL CHANCE OF ADMISSION. THE KAUFFMAN SCHOOL PROVIDES A GEOGRAPHICAL ENROLLMENT PREFERENCE TO STUDENTS LIVING IN SIX VERY HIGH RISK AND HIGH NEED ZIP CODES: 64123, 64124, 64127, 64128, 64130, AND 64132. THE KAUFFMAN SCHOOL ALSO PROVIDES AN ENROLLMENT PREFERENCE TO SIBLINGS OF ENROLLED STUDENTS AND CHILDREN WHOSE PARENTS/GUARDIANS WORK AT THE SCHOOL AND ALSO RESIDE WITHIN THE KCPS BOUNDARIES.

MISSION

THE MISSION OF THE KAUFFMAN SCHOOL IS TO PREPARE STUDENTS TO EXCEL ACADEMICALLY, GRADUATE FROM COLLEGE, AND APPLY THEIR UNIQUE TALENTS IN THE WORLD TO CREATE ECONOMICALLY INDEPENDENT AND PERSONALLY FULFILLING LIVES.

Name of the organization

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## VISION STATEMENT

THE KAUFFMAN SCHOOL IS RECOGNIZED AS THE PREMIERE PUBLIC SCHOOL IN THE STATE OF MISSOURI AND AS A NATIONAL MODEL FOR THE ENTIRE PUBLIC SCHOOL SECTOR.

## FORM 990, PART VI - ADDITIONAL INFORMATION

## LINE 2 - BUSINESS RELATIONSHIP AMONG OFFICERS AND DIRECTORS

KRISTIN BECHARD, AARON NORTH, JOHN TYLER, AND GLORIA JACKSON-LEATHERS HAVE A BUSINESS RELATIONSHIP IN THAT THEY ARE EMPLOYED BY THE SAME ORGANIZATION.

## FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

THE EWING MARION KAUFFMAN FOUNDATION RETAINS AUTHORITY TO APPOINT ONE OR MORE MEMBERS OF THE BOARD SO LONG AS IT IS NOT A MAJORITY OF THE BOARD.

## FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS

THE EWING MARION KAUFFMAN FOUNDATION CEO MUST APPROVE CERTAIN AMENDMENTS TO THE BYLAWS TO THE EXTENT THEY AFFECT THE EWING MARION KAUFFMAN FOUNDATION'S RIGHTS UNDER THE BYLAWS.

## FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE ORGANIZATION PROVIDES A COPY OF THE FORM 990 TO THE BOARD CHAIR, SECRETARY, AND TREASURER FOR REVIEW AND COMMENT PRIOR TO FINALIZATION. ALL OTHER BOARD MEMBERS ARE PROVIDED A COPY OF THE FINAL FORM.

## FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

EWING MARION KAUFFMAN SCHOOL CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY. THE REVIEW PROCEDURES ARE AS FOLLOWS:

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1. ON AT LEAST AN ANNUAL BASIS EACH DIRECTOR, OFFICER, AND KEY EMPLOYEE IS PROVIDED WITH AND ASKED TO REVIEW THE POLICY AND TO CERTIFY THAT THEY HAVE DONE SO. 2. ANNUALLY EACH DIRECTOR, OFFICER, AND KEY EMPLOYEE COMPLETES A DISCLOSURE FORM IDENTIFYING ANY RELATIONSHIPS, POSITIONS, OR CIRCUMSTANCES IN WHICH HE OR SHE IS INVOLVED THAT HE OR SHE BELIEVES COULD CONTRIBUTE TO A CONFLICT OF INTEREST. SUCH RELATIONSHIPS, POSITIONS, OR CIRCUMSTANCES MIGHT INCLUDE SERVICE AS DIRECTOR OF OR A CONSULTANT TO ANOTHER NONPROFIT ORGANIZATION, OR OWNERSHIP OF A BUSINESS THAT MIGHT PROVIDE GOODS OR SERVICES TO EWING MARION KAUFFMAN SCHOOL, INC. ANY SUCH INFORMATION REGARDING THE BUSINESS OR INTERESTS OF A DIRECTOR, OFFICER, OR KEY EMPLOYEE, OR A FAMILY MEMBER THEREOF, IS TREATED AS CONFIDENTIAL AND GENERALLY MADE AVAILABLE ONLY TO THE CHAIR, THE SECRETARY, AND ANY COMMITTEE APPOINTED TO ADDRESS CONFLICTS OF INTEREST, EXCEPT TO THE EXTENT ADDITIONAL DISCLOSURE IS APPROPRIATE TO IMPLEMENT THE POLICY. 3. THE POLICY IS REVIEWED ANNUALLY BY EACH MEMBER OF THE BOARD OF DIRECTORS. ANY CHANGES TO THE POLICY ARE COMMUNICATED TO ALL RESPONSIBLE PERSONS. 4. NO ONE WITH A CONFLICT OF INTEREST IS ALLOWED TO PARTICIPATE IN DECISIONS WITH WHICH THEY HAVE A CONFLICT. THOSE WHO ARE MAKING THE DECISIONS IN SUCH SITUATIONS ARE MADE AWARE OF THE CONFLICT. APPROPRIATE DOCUMENTATION IS MAINTAINED.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
THE BOARD AND GOVERNANCE COMMITTEE REVIEW THE SALARY AND COMPENSATION PACKAGES OF THE CEO AND TOP OFFICIALS AS PART OF THE OVERALL BUDGET REVIEW AND AS PART OF AN ANNUAL REVIEW OF THE CEO PERFORMANCE.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS  
THE ORGANIZATION PERIODICALLY CONTRACTS AN INDEPENDENT THIRD PARTY TO



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CONDUCT ANALYSIS OF COMPENSATION PACKAGES FOR ALL POSITIONS. THE BOARD AND GOVERNANCE COMMITTEE ALSO COMPARE THESE PACKAGES TO COMPARABLE MARKET COMPANIES.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION ALL DOCUMENTS REQUIRED BY SECTION 1604 FOR PUBLIC INSPECTION ARE AVAILABLE UPON REQUEST.

DRAFT

**Depreciation and Amortization**  
(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.  
▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return

**EWING MARION KAUFFMAN SCHOOL, INC.**

Identifying number  
**27-1982958**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

|    |   |                              |                  |
|----|---|------------------------------|------------------|
| 1  | Maximum amount (see instructions)   | 1                            | 1,040,000        |
| 2  | Total cost of section 179 property placed in service (see instructions)   | 2                            |                  |
| 3  | Threshold cost of section 179 property before reduction in limitation (see instructions)  | 3                            | 2,590,000        |
| 4  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-  | 4                            |                  |
| 5  | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5                            |                  |
| 6  | (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |
| 7  | Listed property. Enter the amount from line 29  | 7                            |                  |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7  | 8                            |                  |
| 9  | Tentative deduction. Enter the smaller of line 5 or line 8  | 9                            |                  |
| 10 | Carryover of disallowed deduction from line 13 of your 2019 Form 4562   | 10                           |                  |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions                       | 11                           |                  |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11  | 12                           |                  |
| 13 | Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12   | 13                           |                  |

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

|    |  |    |         |
|----|--|----|---------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions | 14 |         |
| 15 | Property subject to section 168(f)(1) election   | 15 |         |
| 16 | Other depreciation (including ACRS)  | 16 | 109,201 |

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

|    |   |    |                          |
|----|---|----|--------------------------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2020  | 17 | 0                        |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here |    | <input type="checkbox"/> |

**Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a                            | 3-year property                      |  |                     |                |            |                            |
| b                              | 5-year property                      |  |                     |                |            |                            |
| c                              | 7-year property                      |  |                     |                |            |                            |
| d                              | 10-year property                     |  |                     |                |            |                            |
| e                              | 15-year property                     |  |                     |                |            |                            |
| f                              | 20-year property                     |  |                     |                |            |                            |
| g                              | 25-year property                     |  | 25 yrs.             |                | S/L        |                            |
| h                              | Residential rental property          |  | 27.5 yrs.           | MM             | S/L        |                            |
|                                |                                      |  | 27.5 yrs.           | MM             | S/L        |                            |
| i                              | Nonresidential real property         |  | 39 yrs.             | MM             | S/L        |                            |
|                                |                                      |  |                     | MM             | S/L        |                            |

**Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System**

|     |            |  |         |    |     |  |
|-----|------------|--|---------|----|-----|--|
| 20a | Class life |  |         |    | S/L |  |
| b   | 12-year    |  | 12 yrs. |    | S/L |  |
| c   | 30-year    |  | 30 yrs. | MM | S/L |  |
| d   | 40-year    |  | 40 yrs. | MM | S/L |  |

**Part IV Summary (See instructions.)**

|    |  |    |         |
|----|--|----|---------|
| 21 | Listed property. Enter amount from line 28   | 21 |         |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions | 22 | 109,201 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs  | 23 |         |

For Paperwork Reduction Act Notice, see separate instructions.

DAA