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

KANSAS CITY GIRLS PREPARATORY ACADEMY 5000 EAST 17TH ST KANSAS CITY, MO 64127

hlluduludluddludllud

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 26, 2022

Kansas City Girls Preparatory Academy 5000 East 17th St Kansas City, MO 64127

Dear Mr. Krebs:

Enclosed are the original and one copy of the 2020 Exempt Organization return, as follows...

2020 Form 990

The return(s) have been prepared for electronic filing unless otherwise indicated. Please refer to the filing instructions for each tax authority. The copy should be retained for your files.

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, 2021

Prepared For:

Kansas City Girls Preparatory Academy 5000 East 17th St Kansas City, MO 64127

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-EO 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-EO to us by May 16, 2022.

| Department of the Treasury | Do not send to the IRS. Keep for your records. | | |
|---|---|--|--|
| Internal Revenue Service | Go to www.irs.gov/Form8879EO for the latest information. | | |
| Name of exempt organization | or person subject to tax | Taxpayer | identification number |
| KANSAS CITY G | IRLS PREPARATORY ACADEMY | **_* | **1824 |
| Name and title of officer or pe | rson subject to tax | | |
| TOM KREBS | | | |
| CHIEF EXECUTI | VE OFFICER | | |
| Part I Type of | Return and Return Information (Whole Dollars Only) | | |
| | rn for which you are using this Form 8879-EO and enter the applicable amount, if any, t | | |
| blank, then leave line 1b, 2 | 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed will 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you en e applicable line below. Do not complete more than one line in Part I. | | |
| 1a Form 990 check here | X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | 3,237,870. |
| 2a Form 990-EZ check h | | | |
| 3a Form 1120-POL chec | | | |
| 4a Form 990-PF check h | | | |
| 5a Form 8868 check here | e b Balance due (Form 8868, line 3c) | | |
| 6a Form 990-T check he | | | |
| 7a Form 4720 check her | e ▶ b Total tax (Form 4720, Part III, line 1) | 7b | |
| | tion and Signature Authorization of Officer or Person Subject to Ta | | |
| | , I declare that X I am an officer of the above organization or I am a person s Insas City Girls Preparatory Academy , (EIN) 81-4691824 | | |
| processing the return or re Agent to initiate an electro software for payment of th a payment, I must contact (settlement) date. I also au confidential information ne identification number (PIN PIN: check one box only |) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reast fund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its inc funds withdrawal (direct debit) entry to the financial institution account indicated in the federal taxes owed on this return, and the financial institution to debit the entry to the it the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior thorize the financial institutions involved in the processing of the electronic payment of ecessary to answer inquiries and resolve issues related to the payment. I have selected as my signature for the electronic return and, if applicable, the consent to electronic fu | s designated f the tax preparties account. To or to the payr f taxes to record a personal unds withdraw | Financial aration o revoke nent eive wal. |
| A I authorize MA | RR AND COMPANY, P.C. | _ to enter m | PIN 81469 Enter five numbers, bu |
| | ERO firm name | | do not enter all zeros |
| a state agency(i PIN on the retur As an officer or electronically file | on the tax year 2020 electronically filed return. If I have indicated within this return that es) regulating charities as part of the IRS Fed/State program, I also authorize the aforer n's disclosure consent screen. person subject to tax with respect to the organization, I will enter my PIN as my signatured return. If I have indicated within this return that a copy of the return is being filed with the sa part of the IRS Fed/State program, I will enter my PIN on the return's disclosure | mentioned EF ure on the tax h a state age | RO to enter my s year 2020 ncy(ies) |
| | | | |
| Signature of officer or person subje | ct to tax 🕨 Thomas Krebs | Dat | ie ▶ 5/10/22 |
| | tion and Authentication | | |
| ERO's EFIN/PIN. Enter yo | our six-digit electronic filing identification | | |
| number (EFIN) followed by | your five-digit self-selected PIN. 4304123638 | | |
| | neric entry is my PIN, which is my signature on the 2020 electronically filed return indic eturn in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Infor | cated above. I | |
| ERO's signature MARR | AND COMPANY, P.C. Date \triangleright 04 | 1/26/22 | |
| | ERO Must Retain This Form - See Instructions | | |
| | Do Not Submit This Form to the IRS Unless Requested To Do | o So | |
| LHA For Paperwork Rec | duction Act Notice, see instructions. | | Form 8879-EO (2020) |
| | · · · · · · · · · · · · · · · · · · · | | (2020) |
| 023051 11-03-20 | | | |

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning $\underline{JUL 1}$, 2020, and ending $\underline{JUN 30}$, 20 $\underline{21}$

OMB No. 1545-0047

2

Form 8879-EO

| | | | EXTENDED TO MAY 16, 202 | | - | OMB No. 1545-0047 |
|-----------------------|--------------------|---------------------------------|---|----------|---|-----------------------------------|
| For | " g | 90 | Return of Organization Exempt Fro Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Con | | | |
| | | | Do not enter social security numbers on this form as it | | | Open to Public |
| Depa Inter | rtment nal Rev | of the Treasury enue Service | Go to www.irs.gov/Form990 for instructions and the | - | | Inspection |
| ΑΙ | For th | ne 2020 calend | ar year, or tax year beginning $ m JUL1,2020$ and end | ling J | UN 30, 2021 | |
| | Check i pplical | f C Name of | forganization | | D Employer identifica | ation number |
| | Addr | ess KANS | AS CITY GIRLS PREPARATORY ACADEMY | | | |
| | Nam char | e | usiness as | | **-***182 | 4 |
| | Initia | | | om/suite | E Telephone number | |
| | Final retur | 5000 | EAST 17TH ST | | 816-268-2 | 573 |
| | term ated | in. | own, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 3,237,870. |
| | Ame retur | nded VANC | AS CITY, MO 64127 | | H(a) Is this a group ret | urn |
| | Appl tion | F Name a | nd address of principal officer: TOM KREBS | | for subordinates? | Yes X No |
| | pend | SAME | AS C ABOVE | | H(b) Are all subordinates incl | uded? Yes No |
| | | kempt status: | | 527 | If "No," attach a li | st. See instructions |
| | | | KCGPA.ORG | | H(c) Group exemption | |
| | | of organization: | X Corporation Trust Association Other ► | L Year | of formation: 2016 M | State of legal domicile: MO |
| Pa | art I | , | | | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | |
| e | 1 | | e the organization's mission or most significant activities: TO PRE | | | |
| Governance | | | CALLY, GRADUATE FROM COLLEGE, AND AP | | | |
| ern | 2 | | x 🕨 🛄 if the organization discontinued its operations or disposed of | of more | | - |
| Š | 3 | | | | | <u> </u> |
| | 1 . | | lependent voting members of the governing body (Part VI, line 1b) | | | |
| ies | 5 | | of individuals employed in calendar year 2020 (Part V, line 2a) | | | 42 |
| Activities & | 6 | | of volunteers (estimate if necessary) | | | <u> </u> |
| Act | | | d business revenue from Part VIII, column (C), line 12 | | | 0. |
| | | Net unrelated | business taxable income from Form 990-T, Part I, line 11 | <u></u> | | |
| | 8 | Contributions | and grants (Dart) (III line 1b) | | Prior Year 2,862,962. | <u>Current Year</u> 3,141,260. |
| iue | 9 | | and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g) | | 48,156. | 0. |
| Revenue | 10 | • | ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) | | 0. | 391. |
| ъ | 11 | | e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 1,213. | 96,219. |
| | 12 | | - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 2,912,331. | 3,237,870. |
| | 13 | | nilar amounts paid (Part IX, column (A), lines 1-3) | | 3,434,657. | 0. |
| | 14 | | to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| s | 15 | | compensation, employee benefits (Part IX, column (A), lines 5-10) | | 1,122,980. | 1,585,841. |
| Ise | 16a | | undraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| Expenses | k | | ing expenses (Part IX, column (D), line 25) | • | | |
| ш | 17 | Other expense | es (Part IX, column (A), lines 11a-11d, 11f-24e) | | 1,268,775. | 1,138,150. |
| | 18 | Total expense | s. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 5,826,412. | 2,723,991. |
| | 19 | Revenue less | expenses. Subtract line 18 from line 12 | | -2,914,081. | 513,879. |
| Assets or Balances | | | | Be | ginning of Current Year | End of Year |
| sets | 20 | Total assets (F | Part X, line 16) | | 763,990. | 1,237,216. |
| at As | 21 | | (Part X, line 26) | | 217,900. | 177,247. |
| Inet | | | fund balances. Subtract line 21 from line 20 | | 546,090. | 1,059,969. |
| | art II | | | | | |
| | - | | I declare that I have examined this return, including accompanying schedules and | | | nowledge and belief, it is |
| true | , corre | ect, and complete. | Declaration of preparer (other than officer) is based on all information of which p | preparer | nas any knowledge. | |
| | | | | | | |

| Sign | Signature of officer | | Date | |
|-------------|---|------------------------------------|----------------------------------|-----|
| Here | TOM KREBS, CHIEF EXECU | TIVE OFFICER | | |
| | Type or print name and title | | | |
| | Print/Type preparer's name | Preparer's signature | Date Check PTIN | _ |
| Paid | JASON D. LOUK | JASON D. LOUK | 04/26/22 self-employed P00541486 | |
| Preparer | Firm's name 🕒 MARR AND COMPANY | Z, P.C. | Firm's EIN **-***0039 | |
| Use Only | Firm's address 🕨 1401 EAST 104TH | STREET, SUITE 100 | | |
| | KANSAS CITY, MO | 64131 | Phone no. (816) 363-8700 | |
| May the IF | RS discuss this return with the preparer shown ab | ove? See instructions | X Yes N | 0 |
| 032001 12-2 | 3-20 LHA For Paperwork Reduction Act Not | ce, see the separate instructions. | Form 990 (202 | 20) |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

| | Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 2,090,547. Form 990 (202 |
|----|--|
| 4d | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$ |
| | |
| | |
| | |
| | |
| | |
| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$) |
| | LANGUAGE LEARNING NEEDS. 2) ACADEMICS THE SCHOOL WAS FOUNDED TO CREATE EQUITABLE ACCESS TO |
| | DIVERSITY OF KANSAS CITY'S EAST SIDE NEIGHBORHOODS IN TERMS OF RACE/ETHNICITY, ECONOMIC STATUS, SPECIAL EDUCATION NEEDS, AND ENGLISH |
| | 1) ENROLLMENT THE SCHOOL ENROLLED 75 5TH GRADE STUDENTS AND RETAINED 89% OF STUDENTS AT THE END OF THE YEAR. STUDENTS REPRESENTED THE FULL |
| | INCLUDE: |
| | BOARD ENSURED A CONTINUED FOCUS ON SUPPORTING SCHOLARS TO MAXIMIZE THEIR POTENTIAL EVEN DURING THE PANDEMIC. FOUNDING YEAR RESULTS |
| | FIFTH GRADE GIRLS AND THEIR EXTRAORDINARILY SUPPORTIVE FAMILIES. FORTUNATELY, THE INGENUITY OF STUDENTS, FAMILIES, AND THE TEAM AND |
| | GIRLS PREP OPENED ITS DOORS IN AUGUST 2019, TO A PROMISING CLASS OF 75 |
| | revenue, if any, for each program service reported. (Code:) (Expenses \$ 2,090,547. including grants of \$) (Revenue \$ |
| | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | If "Yes," describe these changes on Schedule O. |
| | 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? |
| | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? |
| | BY SEGREGATION AND IS FREE, PUBLIC, AND OPEN ENROLLMENT. IT IS AN |
| | YOUNG WOMEN TO USE THEIR VOICES, SUCCEED IN COLLEGE, AND LEAD MEANINGFUL IMPACTFUL LIVES. THE SCHOOL SERVES NEIGHBORHOODS IMPACTED |
| | THE MISSION OF KANSAS CITY GIRLS PREPARATORY ACADEMY IS TO DEVELOP |
| 1 | Check if Schedule O contains a response or note to any line in this Part III |

| | | O T D T C | PREPARATORY | |
|-------|------|-----------|-------------|---------|
| ANSAS | CTTT | GIKUS | PREPARATORI | ACADEMI |

| | | | 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 | L |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | <u> </u> |
| 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 Revenue Procedure 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> </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 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | v |
| _ | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | v |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | 10 | | x |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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, | 11a | | x |
| h | Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| U | | 11b | | x |
| ~ | assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| C | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | x |
| Ь | 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 | | | _ <u></u> |
| ŭ | 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 | х | |
| 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 | х | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | Х | |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 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 | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | 000 | |
|)32003 | 3 12-23-20 | Form | 330 (| (2020) |

032003 12-23-20

Form 990 (2020)

Part IV Checklist of Required Schedules

2020.05093 KANSAS CITY GIRLS PREPARA 05843.A2

3

| Form 990 (2020) | | | 0 = 1 = 10 | PREPARATORY | ACADEMY |
|---------------------|----------------|---------|------------|-------------|---------|
| Part IV Checklist o | of Required Sc | hedules | (continued |) | |

| 22 bit the organization report more than 55,000 of grants or other assistance to a for domestic individuals on Part X, complex Schedule J, Part a But M 22 X 23 Did the organization answer 'Yes' to Part VI, Section A, line 3, 4, or 5 about compensation of the organization a correct and former officies, directors, trustees, key employee, and highest compensated employees? If 'Yes, ' complete Schedule J 23 X 24 Did the organization invest as weening boom issue with an cutstanding principal amount of more than 510,000 as of the Schedule J. Work job the organization invest any proceeds of tax examp bonds beyond a temporary pand deceptor? 24 X 25 Bott the organization invest as 'no nobial of 'issue for bonds outstanding principal amount of more than 510,000 as of the Schedule J. Work 'go to missa any non-accrow accurd the than a refunding sectow at any time during the year' to defease any trace-empt bonds? 24 X 26 Did the organization anitian an eacrow accurd the than arefunding sectow at any time during the year' 2 24 X 25 Schedule J. Part I A model of 'I'''''''''''''''''''''''''''''''''' | | | | Yes | No |
|--|------------|---|------------|-----|----------|
| 23 Ddt he organization arswer 'Yes' 'b Part VI, Section A, Iine 3, 4, or 5 about compensation of the organization's current and former differs, directors, trustees, key employees, and highest compensated employees? If 'Yes, 'complete Schedule J. 23 X 24a Ddt he organization have a tax severpt bond issue with an outstanding pincipal amount of more than 5100,000 as of the last dig of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 240 through 244 and complete Schedule K. If 'No,' go to line 256 24a X 24b Did the organization maintain an escrew account other than a networding secrew at any time during the year' 1d defease any tax-event poords. 24d Xd 25a Section 501(6)(3b, 501(6)(4), and 501(6)(29) organization. Did the organization gain an excess benefit transaction with a diagnatization. With a discussion benefit transaction have that granged in an excess barrent transaction with a diagnatization aware that the rangead in an excess barrent transaction with a diagnatization. Detro Nat K, and 501(22) organization gains) any current or former officer, director, trustee, key employee, creator or tounder, substantial contributor, or 35% controlled entry or family member of any of these persons? If 'Yes,' complete Schedule L, Part II 25b X 27 Did the organization approxes the ool subsets transaction with a discusse, key employee, creator or tounder, substantial contributor, or 35% controlled entry or family member of any of these persons? If 'Yes,' complete Schedule L, Part II 26b X 28 Was the organization approxes thereory or transy orthese persons? If 'Yes,' | 22 | | | | |
| and forms offices, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule 1 23 X 24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002 [II 'Yes," answer lines 24b through 244 and complete Schedule K. If No, 'go to line 25a. 24a X 24b Did the organization mixes any proceeds of tax exempt bonds beyond a temporary period exception? 24b X 25b Schedule K. If No, 'go to line 25a 24d X 25a Schedule K. If No, 'go to line 25a 24d X 25a Schedule K. If No, 'go to line 25a 24d X 25a Schedule K. If No, 'go to line 25a 24d X 25a Schedule K. If No, 'go to line accore account the two IF No 24d X 25a Schedule K. If No, 'go to line accore account the two IF No 25b X 25a Maximum th a disculatified person in a priory year, and that the transaction has not been reported on any of the organization committees member, or ta 25% controlled entity finadule (direct), trustee, key employee, creator or founder, a yast selection committees member, or ta 25% controlled entity finadule (direct), trustee, key employee, creator or founder, a yast selection committees member, or ta 25% controlled entity finadule (direct), trustee, key employee, creator or founder, a grant selection committees member, or ta 25% controlled entity finadule. L, Part I 25b </td <td></td> <td></td> <td>22</td> <td></td> <td>X</td> | | | 22 | | X |
| Schedule J 23 X 4a Dd the organization have a tax-exempt bond issue with an outstanding principal arount of more than \$100,000 as of the Schedule K if No; "go to line 25a | 23 | | | | |
| 24a DC the organization have a taxe exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? /f 'Yes,' answer lines 24b through 24d and complete Schedule K, /f 'No,' 'go to line 28a 24a X D Dd the organization mixest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X D Dd the organization mixest any proceeds of tax-exempt bond outstanding acrow at any time during the year to defease any tax-exempt bonds? 24d 24d 25a Section \$01(c)(3), 501(c)(4), and \$501(c)(2)9 organizations. Did the organization angage in an excess benefit transaction with a disqualified person in a prory serv, and that the transaction was not be encypted on any of the organization period \$900 E27 /f 'ves,' complete Schedule L, Part I 25a X 25 Dd the organization neares a grant or other assistance to any current or former officer, director, fustee, key employee, creator or founder, substantial contributor, or 33% 26b X 25 Dd the organization appet organizations are prosted on tax line is a grant or other assistance to any current or former officer, director, fustee, key employee, creator or founder, substantial contributor, or a 35% controlled entity of cubic any annount on Part X. line is a sprant or the assistance to any current or former officer, director, fustee, key employee, creator or founder, substantial contributor, or a 35% controlled entity of one or more individuals and/or regenitization member, or to a 35% controlled entity of one or more individuals and/or regenitization describes and a sprant or the assis 20,00 in non-cath cortributions? // 'Yes,' complete Schedule L, | | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | 37 | |
| Is at day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete 24a X b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b 24b c Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d 24d c Did the organization maritain an escrow account other than a refunding scrow at any time during the year? 24d 24d 25 Section 501(c)(3), 501(c)(4), and 501(c)(3) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 24d 25a 25 Did the organization expost bit in the angolar of an excess benefit transaction with a disqualified person during the year? 25b X 26 Did the organization expost bit in the angolar of an excess benefit transaction with a disqualified person during the year? 25b X 27 Did the organization provide a grant or them assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% conclude L, Part I 26 X 27 Did the organization expost thereoff or family member of any of these person? If "Yes," complete Schedule L, Part IV 26a X 28 According assistance to or more individual and exceptions? a current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 26a X 29 According Schedule L, Part IV <td></td> <td></td> <td>23</td> <td>Ă</td> <td></td> | | | 23 | Ă | |
| Schedule K. If 'Ne,'' go to line 25a 24a X D Did the organization meantain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization angue in an excess benefit transaction with a disqualided person during the year? 24d 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prory year, and that the transaction with a disqualified person in a prory year, and that the transaction with a disqualified person in a prory year, and that the transaction with a disqualified person in a prory year, and that the transaction with a disqualified person in a prory year, and that the transaction with a disqualified person in a prory year, and that the transaction with a disqualified person in a prory year, and that the transaction with a disqualified person in a prory year, and that the transaction with a disqualified person in a prory year, and that the transaction with a disqualified person in a prory year, and that the transaction with a disqualified person in a prory year. A distribution or any playee thereol of and in member of any of these person? If 'Vea', complete Schedule L, Part I 26 X 27 Did the organization report any amount on Part X, line 5 or 22, for meetivables from transaction with a discubilic person in a prory year, and that the arganet discubilic person in a prory year, and that the transaction with a discubilic person during the pe | 24a | | | | |
| b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b c Did the organization manifain an escore vaccunt other than a refunding escore wit any time during the year to detease any tax-exempt bonds? 24d d Did the organization manifain an escore vaccunt other than a refunding escore wit any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), 406 (c)(4), 200 (c)(4), 406 (c | | | ~ | | v |
| c Did the organization maintain an escreew account other than a refunding escrew at any time during the year to defease any tax evemp bonds? 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not bene reported on any of the organization's prior Forms 900 or 990-E27. // **Qs. * complete Schedule L, Part I 25a X 25 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 charge agrant or other assistance to any current or former foller, or trustee, key employee, creator or founder, agrant selection committee member, or ta an 35% controlled entity or applicable filling ameripher enterol, or agrant between satistance to any current or former foller, or applicable filling thresholds, conditions, and exceptions); a A current or former officer, director, trustee, key employee, creator or founder, substantial contributors? // *ys. * complete Schedule L, Part II 26a X 28 Was the organization previse thereol, a raminy member of any individual described or founder, or substantial contributors? // *ys. * complete Schedule L, Part II 26a X 29 Was the organization neceive worth that 825,000 in non-cash contributions? // *ys. * complete Schedule L, Part II 26a< | | | | | |
| any tax-seemp bonds? 24c d Did the organization act as an "on behalf" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(e)(3), 501(e)(4), and 501(e)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 24d 25a Dist the organization aware that the regaped 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 980 or 990-E27. If "Yes," complete Schedule L, Part I 25a X 25b 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% 26b X 27 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% 26b X 27 Did the organization aparty to a business transaction with and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part I 27b 28 Was the organization receive more than 255.000 in non-cash contributions? If "Yes," complete Schedule L, Part I // 22b 27b X 29 Did the organization receive contributions of an historical trausace, or other similar sests, or qualified conservation contributions? If "Yes," complete | | | 240 | | |
| d Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year? 24d 25a Section 501(6)(3), 501(6)(4), and 501(6)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>II 'Yes,' complete Schedule L, Part I</i> 25a 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 spiror Forms 900 or 992-E27. <i>II 'Yes,' complete Schedule L, Part I</i> 25a 25 Did the organization provides grant or other assistance to any current or former officer, director, trustee, key employse, creator or founder, substantial contributor, or 35% controlled entity including an employee thereol, a grant selection committee member, or ta 33% controlled entity including an employee thereol or grant, whence or fauny differse Schedule L, Part II 26 X 27 Was the organization reportive thereol or annihing member of any of these apsenso? <i>II 'Yes,' complete Schedule L, Part II</i> 26 X 28 Was the organization aparty to b business transaction with one of the following parties (see Schedule L, Part II) 28a X 29 Was the organization receive more than 325,000 in non-cash contributions? <i>II 'Yes,' complete Schedule L, Part II</i> 28a X 29 Did the organization neceive contributions of an excess persons? <i>II 'Yes,' complete Schedule L, Part II</i> 28a X 20 Did the organization neceive orrindinind and escore dependions? <i>II 'Yes,' compl</i> | C | | 240 | | |
| 25a Section 501(c)(3), 501(c)(42) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? if "Yes," complete Schedule L, Part I 25a X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustes, 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 aware than the engaged in an excess benefit transaction with one of the following parties (see Schedule L, Part II) 26 X 28 Was the organization approximation or the sasistance to any or three series or 9? If "Yes," complete Schedule L, Part II 27 X 28 Was the organization approximation on a prior of the organization applet Schedule L, Part II 28 X 28 Was the organization applet Schedule L, Part II 28 X 29 Did the organization report applet Schedule L, Part II 28a X 29 Did the organization report applet Schedule L, Part II 28a X 29 Did the organization report applet Schedule L, Part II 28a X 29 Did the organization | Ь | | | | |
| transaction with a disqualified person during the year? # "Yes," complete Schedule L, Part I 25a X b is the organization approximation approximation of the organization's plot Forms 990 or 906-E27 // # "Yes," complete Schedule L, Part I 25b X controlled entity or family member of any of these persons? // "Yes," complete Schedule L, Part II 25c X 27 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 including an employee thereo() or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 28 Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Xs," complete Schedule L, Part II 27 X 28 Was the organization report there() of ranking member of any of these persons? If "Yes," complete Schedule L, Part IV 28 X 29 X X X X X 28 Was the organization receive there(0) of ranking, and exceptions; 28 X X 29 X Do the morganization receive contributions of at, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I 28 X | | | <u>24u</u> | | |
| 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 prior Poms 990 e906-E27 // r*res,* complete Schedule L, Part I 258 260 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 of ramily member of any of these persons? // r*se,* complete Schedule L, Part II 26 X 27 Did the organization a party to a business transaction with on of these persons? // r*se,* complete Schedule L, Part II 27 X 28 Was the organization a party to a business transaction with one of the following parties [see Schedule L, Part II 28 X 29 Was the organization receive more individuals and/or organizations described in lines 28a or 28b7 // r*se,* complete Schedule L, Part IV 28a X 29 Did the organization receive more individuals and/or organizations described in lines 28a or 28b7 // r*se,* complete Schedule N, Part I 28a X 20 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // r*se,* complete Schedule N, Part I 28a X 20 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // r*se,* complete Sch | 200 | | 25a | | х |
| that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? # 'Yes, ' complete 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 of renting member of any of these persons? # 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 a 35% controlled entity (including an employee) thereol of a rany of these persons? # Yes, ' complete Schedule L, Part II 26 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 X 29 DA family member of any individual described in line 28a? If 'Yes, ' complete Schedule L, Part IV 28a X 29 Da the organization receive more than \$25,000 in non-cash contributions? If 'Yes, ' complete Schedule N, Part I 20 X 30 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes, ' complete Schedule N, Part I 31 X 31 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes, ' complete Schedule N, Part I 31 X 32 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes, ' complete Schedule N, Part I 31 X | b | | Lou | | |
| 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 33% controlled entity or family member of any of these persons? II "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 or paraization payety to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable fling thresholds, conditions, and exceptions): 27 X 28 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? II 28e X 29 Did the organization neceive contributions and exceptions): a Acurrent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? II 28e X 20 Did the organization receive contributions of ath, historical treasures, or other similar assets, or qualified conservation contributions? II "Yes," complete Schedule I, Part IV 28e X 21 Did the organization neceive contributions of ath, historical treasures, or other similar assets, or qualified conservation contributions? II "Yes," complete Schedule I, Part II 30 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 33% controlled entity or family member of any of these persons? If Y'se, "complete Schedule L, Part II 26 X 27 Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part II 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part II 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part II 28 X 28 Mas the organization receive more than \$25,000 in non-cash contributions? If Y'se, "complete Schedule L, Part IV 28 X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If Y'se, "complete Schedule L, Part IV 28 X 20 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If Y'se, "complete Schedule N, Part I 30 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets? If Y'se, "complete Schedule N, Part I 31 X 31 Did the organization neceive contributio | | | 25b | | х |
| or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, furstee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 55% controlled entity (including an employee thereof) or family member of any of these persons? <i>II</i> "Yes," complete Schedule L, Part III 27 X 28 Was the organization provide, a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>II</i> Y X 28 Maximum ember of any individual described in line 28a? <i>II</i> "Yes," complete Schedule L, Part IV 28a X 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>II</i> "Yes," complete Schedule L, Part IV 28a X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>II</i> "Yes," complete Schedule M. Part I 30 X 31 X 33 X 33 X 34 Was the organization receive anthy disregarded as separate from the organization number of any taxes ordical treasures, or other similar assets? <i>II</i> "Yes," complete Schedule N, Part I 31 X 34 Was the organization number of any taxesempt or taxes operation | 26 | | | | |
| 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 activitious or employee thereof, a grant selection committee member, or to a 55% controlled entity (including an employee thereof) or family member of any of these persons? // If 'Yes,' complete Schedule L, Part IV 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV) 28a X 29 Mast the organization receive more filed, discribed in line 28a? // 'Yes,' complete Schedule L, Part IV 28a X 29 D A family member of any individual described in line 28a? // 'Yes,' complete Schedule L, Part IV 28a X 29 D A family member of any individual described in line 28a? // 'Yes,' complete Schedule L, Part IV 28a X 29 D d the organization receive more than \$25,000 in non-cash contributions? // 'Yes,' complete Schedule M 29 X 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of this net assets? // if 'Yes,' complete Schedule N, Part I 30 X 31 X Was the organization neavempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and 34 X 33 < | | | | | |
| 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) or family member of any of these presors? 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 Schedule L, Part IV 28 X 28 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28 X 29 Did the organization receive corre individuals and/or organizations described in lines 28a or 28b? If 286 X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contribution? If "Yes," complete Schedule L, Part IV 28 28 X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I 30 X 31 Did the organization receive contributions of art, historical treasures, or ther similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization and using sections 301.7013 ?If "Yes," complete Schedule R, Part II, III, or IV, and part V, line 1 33 X 33 Did the organization contexiton | | | 26 | | х |
| 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 Schedule L, Part IV 28 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 X 28 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X 29 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28a X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part II 30 X 31 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II 31 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 33 X 35a X Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule | 27 | | | | |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): 28 X 29 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X 29 DA family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 X 31 Did the organization receive contributions of at, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I 30 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections \$101.7701-32 and 301.7701-37 If "Wes," complete Schedule R, Part I, III, or IV, and Part V, line 1 33a X 33 Did the organization neceive any taxeempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 35a X 34 Was the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, li | | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV. 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 20 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 20 X 20 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization seli, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 30 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 31 W as 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 32 33 34 35a 35a 35b 35b 35a 35b | | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # **es," complete Schedule L, Part IV b A family member of any individual described in line 28a? # *Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? # **es," complete Schedule L, Part IV 28a X 28b X 28a X 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization neare a controlled entity within the meaning of section 512(b)(13)? 33 X 33 Did the organization conduct more than 3% of its activities through an entity that is not a related organization 34 X 34 X | 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| *Yes,* complete Schedule L, Part IV 28a X b A family member of any individual described in line 28a? /// *Yes,* complete Schedule L, Part IV 28b X c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? // * 28b X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // *Yes,* complete Schedule M 29 X 30 Did the organization ilquidate, terminate, or dissolve and cease operations? // *Yes,* complete Schedule N, Part I 30 X 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? // *Yes,* complete Schedule R, Part I 31 X 34 Was the organization nelated to any tax-exempt or taxable entity? // *Yes,* complete Schedule R, Part I, III, or IV, and Part V, line 1 34 X 35a Did the organization ave a controlled entity within the meaning of section 512(b)(13)? Jif *Yes,* complete Schedule R, Part V, line 2 35 X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? // *yes,* complete Schedule R, Part V 36 X 37 Did the organization conduct more than | | instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c X "Yes," complete Schedule L, Part IV 28c X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 X 31 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 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 I, III, or IV, and Part V, line 1 35a X X 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)? 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a | а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i> 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i> 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> 31 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i> 33 X 34 Was the organization related to any tax-exempt or taxable entity? <i>If</i> "yes," <i>complete Schedule R, Part II</i> , <i>III, or IV, and Part V, line 1</i> 35a X 35a Did the organization. Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35b X bid the organization. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 35a X 35b X 35b X 36 Section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part I</i> 36 X 35a X | | | | | |
| "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 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X 33 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 32 X 34 Did the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 X 35a Did the organization neae a controlled entity within the meaning of section 512(b)(13)? 35a X 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization complete Schedule R, Part V, line 2 36 X 38 Did th | | | 28b | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? // f "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // f "Yes," complete Schedule M 30 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // f "Yes," complete Schedule N, Part I 31 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? // f "Yes," complete Schedule R, Part I 32 X 34 Was the organization neated to any tax-exempt or taxable entity? // f "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 X 35a Did the organization. Nave a controlled entity within the meaning of section 512(b)(13)? 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization complete Schedule O for Part V, line 2 36 X 38 Did the organization complete Schedule O for Part V, line 1 37 X 38 Did the organization complete Schedule O for Part V, line 2 36 X 39 D | С | | | | |
| Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 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 35a 33 X 35a Did the organization. Such 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 36a X 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization? If "Yes," complete Schedule R, Part V, line 2 36a X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lin | | | | | |
| contributions? /f "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? /f "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? /f "Yes," complete Schedule N, Part I 32 X 33 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? /f "Yes," complete Schedule N, Part I 32 X 33 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? /f "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax exempt or taxable entity? /f "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization nave a controlled entity within the meaning of section 512(b)(13)? 35a X 36 Section 501c()(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization complete Schedule Q and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X 39 Did the organizat | | | 29 | | <u> </u> |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 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 35a Did the organization necleve any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35a X b f "Yes," complete Schedule R, Part V, line 2 35b X 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 X Yes Yes Yes Yes 39 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Yes X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 1 | 30 | | | | v |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 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 35a 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)? 35a X 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 36 Did the organization complete Schedule R, Part V, line 2 36 X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 119 and 19? 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 119 and 19? 38 X 39 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 119 and 19? 3 | 0 4 | | | | |
| 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 35a Did the organization nave a controlled entity within the meaning of section 512(b)(13)? 35a X 35a 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)? 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization 36 X 37 Did the organization complete Schedule R, Part V, line 2 36 X 38 Did the organization complete Schedule 0 and provide explanations in Schedule O for Part VI 37 X 38 Did the organization complete Schedule 0 and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X 39 Did the organization complete Schedule 0 and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X 9 Note: All Form 990 filers are required to | | | 31 | | |
| 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 35a 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)? 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 36 X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 37 X 38 X Yes," Complete Schedule O. 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a 19 0 1 1 19 b Enter the number of Forms W-2G included in line 1a. Enter -0· if not applicable 1 1 1 1 | 32 | | 22 | | x |
| sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i> 34 Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete Schedule R, Part II, III, or IV, and</i> Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0· if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0· if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 33 | | 32 | | - 23 |
| 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 35a 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 X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance 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 1a 19 1b 0 b Enter the number of Forms W-2G included in line 1a. Ente | 55 | | 33 | | x |
| Part V, line 1 34 X 35a 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)? 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X Note: All Form 990 filers are required to complete Schedule O 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 19 1b 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1a 19 1b 0 1c X 1a Enter the number of Forms W-2G included in line 1 | 34 | | - 00 | | |
| 35a 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X 39 Did the organization of Form 1096. Enter -0- if not applicable 1a 19 4 4 19 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1a 19 1a 14 | • | | 34 | х | |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> | 35a | | | | |
| within the meaning of section 512(b)(13)? /f "Yes," complete Schedule R, Part V, line 2 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 37 X 38 Note: All Form 990 filers are required to complete Schedule O 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance 1a 19 b Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 19 1b 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1a 19 1b 0 1c X c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X | | | | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 36 X 38 Did the organization complete Schedule R, Part V, line 2 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance 38 X Check if Schedule O contains a response or note to any line in this Part V | | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | Х | |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X 98 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X 98 Statements Regarding Other IRS Filings and Tax Compliance 38 X 99 Statements Regarding Other IRS Filings and Tax Compliance 98 Yes 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 19 1b 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X | 36 | | | | |
| and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> | | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X Note: All Form 990 filers are required to complete Schedule O Opert V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V In 1eg Note: All Form 990 filers are required to complete Schedule O Opert V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V In 1eg No | 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| Note: All Form 990 filers are required to complete Schedule O 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No Check if Schedule O contains a response or note to any line in this Part V | | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| Part V Statements Regarding Other IRS Filings and Tax Compliance 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 1a 19 Ves No b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 Ves Ves c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X | 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| Check if Schedule O contains a response or note to any line in this Part V Yes No 1a 19 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1a 19 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X | De | | 38 | Х | |
| 1a 1g 1g 1g No 1a 1g 1g 1g 1g No b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1g 1g 1g 1g c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1g 1g <td>Pal</td> <td></td> <td></td> <td></td> <td></td> | Pal | | | | |
| 1a 1g 1g b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1g 1g b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1g 1g c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X | | Check it Schedule O contains a response or note to any line in this Part V | | | |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X | - | | | Yes | No |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | | | |
| (gambling) winnings to prize winners? | | | | | |
| | C | | 10 | x | |
| | 03200/ | | | | (2020) |

4

^{2020.05093} KANSAS CITY GIRLS PREPARA 05843.A2

| Form | 990 (2020) KANSAS CITY GIRLS PREPARATORY ACADEMY **-**18 | 324 | P | _{age} 5 |
|------|--|-----|-----|------------------|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
| | · · · | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 42 | | | ļ |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | |
| _ | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | | | 37 |
| | 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 | 4- | | x |
| L | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | |
| D | 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). | | | |
| 52 | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | х |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | x |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | Х |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| | to file Form 8282? | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | ļ |
| е | 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 | | |
| g | 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 | 8 | | |
| 9 | sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. | 0 | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them.) | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| D | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue gualified health plans | | | |
| с | organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | х |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| | excess parachute payment(s) during the year? | 15 | | x |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | Х |
| | If "Yes," complete Form 4720, Schedule O. | | | |

Form **990** (2020)

032005 12-23-20

| Form 990 | (2020) |
|----------|--------|
|----------|--------|

KANSAS CITY GIRLS PREPARATORY ACADEMY

| Part VI | Governance, Management, and Disclosure | For each | ach "Yes" response to lines 2 through 7b below, and for a "No" resp | onse |
|---------|---|----------|---|------|
| | to line 8a, 8b, or 10b below, describe the circumstances, | | | |

| | | | | Yes | No |
|-----|---|---------------------------|-----------|-----------|--------|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 6 | | |
| | 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 0. | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | 1b | 6 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | with any other | | | |
| | officer, director, trustee, or key employee? | | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | | 3 | | X |
| | Did the organization make any significant changes to its governing documents since the prior Form 9 | | | | X |
| | Did the organization become aware during the year of a significant diversion of the organization's ass | | | | X |
| | Did the organization have members or stockholders? | | ··· — | | X |
| | Did the organization have members, stockholders, or other persons who had the power to elect or ap | | | | |
| | more members of the governing body? | | 7a | | X |
| | Are any governance decisions of the organization reserved to (or subject to approval by) members, st | | | | + |
| 5 | | | 76 | | x |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the yea | | | | |
| | | | 80 | x | |
| | The governing body? | | | | + |
| | | | | | + |
| | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read | | 9 | | x |
| | organization's mailing address? If "Yes." provide the names and addresses on Schedule O | | 9 | | |
| | tion B. Policies (This Section B requests information about policies not required by the Internal Re | venue Code.) | | Vee | |
| • | | | | Yes | N X |
| | Did the organization have local chapters, branches, or affiliates? | | . 10a | 1 | |
| | If "Yes," did the organization have written policies and procedures governing the activities of such ch | • • • | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | | + |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body | / before filing the form? | 11a | | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | | _ |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | | 12 | X | - |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? /f "Y | 'es," describe | | | |
| | in Schedule O how this was done | | . 120 | | |
| | Did the organization have a written whistleblower policy? | | | | |
| 4 | Did the organization have a written document retention and destruction policy? | | 14 | X | |
| 5 | Did the process for determining compensation of the following persons include a review and approva | l by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | |
| а | The organization's CEO, Executive Director, or top management official | | 15a | X | |
| b | Other officers or key employees of the organization | | . 15 |) | X |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | |
| l6a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen | nent with a | | | |
| | taxable entity during the year? | | 16a | 1 | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | | | | |
| | exempt status with respect to such arrangements? | | 16 | , | |
| ect | ion C. Disclosure | | | | _ |
| | List the states with which a copy of this Form 990 is required to be filed NONE | | | | |
| | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar | nd 990-T (Section 501) | (3)s only | /) availa | ahle |
| U | for public inspection. Indicate how you made these available. Check all that apply. | | |) avan | |
| | | | | | |
| 0 | · · · · · · · · · · · · · · · · · · · | on Schedule O) | and fin- | | |
| 9 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co | muct of interest policy, | anu ima | ICIAI | |
| | statements available to the public during the tax year. | lan nundur er sont 🔉 🕨 | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's boo | oks and records | | | |
| | <u>TOM KREBS - 816-268-2573</u> 500 EAST 17TH STREET, KANSAS CITY, MO 64127 | | | | |
| | JUU LADI I/IN DIALEL, AANDAD CITI, MU 0414/ | | | | (202 |

| Form 990 (2 | (020) KANSAS | CITY GIRL | S PREPARATORY | ACADEMY | **-***1824 | Page | | | | |
|--|--|-----------------------|---------------------------|-----------|------------|------|--|--|--|--|
| Part VII | 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 a | any line in this Part VII | | | | | | | |
| Section A. | Officers, Directors, Trustees, | Key Employees, an | d Highest Compensated | Employees | | | | | | |

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

| (A) | (B) | (C) | | (D) | (E) | (F) | | | | |
|----------------------------|--------------------------|--------------------------------|--|---------|--------------|---------------------------------|-----------|-----------------|-----------------|-----------------------------|
| Name and title | Average | (do | Position (do not check more than one | | Reportable | Reportable | Estimated | | | |
| | hours per | box | box, unless person is both an officer and a director/trustee) | | | s both | an | compensation | compensation | amount of |
| | week | | | | from | from related | other | | | |
| | (list any | rector | | | | | | the | organizations | compensation |
| | hours for | or di | ee | | | sated | | organization | (W-2/1099-MISC) | from the |
| | related organizations | ustee | trust | | 66 | upens | | (W-2/1099-MISC) | | organization and related |
| | below | lual tr | tional | | nploy | st con yee | L | | | organizations |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizationio |
| (1) TOM KREBS | 20.00 | _ | _ | | - | | | | | |
| CHIEF EXECUTIVE OFFICER | 20.00 | | | x | | | | 71,611. | 72,998. | 6,668. |
| (2) CHRISTINE KEMPER | 1.00 | | | | | | | - | | |
| BOARD CHAIR | 1.00 | х | | | | | | 0. | 0. | 0. |
| (3) JULIE TOMASIC | 1.00 | | | | | | | | | |
| BOARD SECRETARY | | Х | | | | | | 0. | 0. | 0. |
| (4) MARTHA SALINAS | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (5) MCCLAIN BRYANT MACKLIN | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (6) LISA WHITE HARDWICK | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (7) SYLVESTER JAMES JR. | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | - | | | | | | | | |
| | | | | | | | | | | |
| | | - | | | | | | | | |
| | | <u> </u> | | | | | | | | |
| | | - | | | | | | | | |
| | | <u> </u> | | - | | | | | | |
| | 1 | 1 | 1 | | 1 | | | 1 | | |
| | | | | | | | | | | |

032007 12-23-20

Form 990 (2020)

Page 7

15210426 352540 05843.ACDMY

7

| | | SAS CIT | ry giri | LS | PR | EP. | AR | AT | ORY | Y ACADEMY | **_*** | <u>182</u> | 4 г | Page 8 |
|----------|---|--------------------------------------|---|--------------------------------|-----------------------|--------------|---------------------------|----------------------------------|--------|---|---|-------------|--|----------------------------|
| Par | t VII Section A. Officers, Direc | tors, Truste | es, Key Em | ploy | ees, | and | l Hig | ghes | t Co | mpensated Employee | s (continued) | | | |
| | (A) Name and title | | (B) Average hours per week | box | not cl | ss per | ition more f son is | l than o s both r/trust | an | (D) Reportable compensation | (E) Reportable compensation from related | | (F) Estimat amount other | of |
| | | o | (list any hours for related rganizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC |) 0 2 | from th rganiza ganizat | ation ne tion ted |
| | | | | | | | | | | | | | | |
| | | | | | | | | | _ | | | _ | | |
| | | | | | | | | | _ | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | _ | | |
| | | | | | | | | | _ | | | _ | | |
| 1b | Subtotal | F | | 1 | | | | | | 71,611. | 72,998 | | 6,6 | 68. |
| d | Total from continuation sheets Total (add lines 1b and 1c) | | | | | | <u></u> | | | 0. 71,611. | 72,998 |). 3. | 6,6 | 0. 68. |
| 2 | Total number of individuals (inclu compensation from the organizat | • | limited to th | nose | liste | d ab | ove) |) who | o rec | eived more than \$100, | 000 of reportable | | Yes | 0 No |
| 3 | Did the organization list any form | | | | - | · | - | | Ũ | • • | • | 3 | | X |
| 4 | line 1a? <i>If</i> "Yes," <i>complete Schec</i> For any individual listed on line 1 and related organizations greater | a, is the sum | of reportab | le co | mpe | ensat | tion | and | othe | r compensation from t | he organization | | | |
| 5 | Did any person listed on line 1a r rendered to the organization? If | eceive or acc <u>"Yes." compl</u> | crue compe | nsati | on fr | rom a | any | unre | | | | | | X |
| Sec 1 | tion B. Independent Contractors Complete this table for your five I | highest com | | - | | | | | | | | nsation | from | |
| | the organization. Report compen Name and | (A) d business ad | | <u>ear e</u> | endir | <u>ng wi</u> | ith o | or wit | | <u>ne organization's tax y</u> (B) Description of s | | | (C) pensatio | on |
| | ERICAN DINING CREA 30 SPRINT PKWY, OV | |) PARK, | K | S | 662 | 21: | 1 | F | OOD SERVICE | S | 1 | 47,4 | 57. |
| | | | | | | | | | | | | | | |
| | Tablandardi i i i | / | Luden C. A | | | | | | | | | | | |
| 2 | Total number of independent cor \$100,000 of compensation from | | 0 | iot IIľ | niteo | u (O 1 | inos 1 | | .ea a | who received mo | | For | ո 990 | (2020) |

| | <u>1 990</u> rt V | | 2020) KANSAS CITY G | IRLS PRE | PARATORY A | CADEMY | **-***1 | 824 Page | <u>,</u> 9 |
|---|----------------------|----------|---|--------------------|---|--|---|---|------------|
| Га | 1 L V | 111 | | or note to any lin | e in this Part VIII | | | Г | |
| | | | Check if Schedule O contains a response | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue exclude from tax unde sections 512 - 5 | r |
| nts nts | 1 | а | Federated campaigns 1a | | - | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | | Membership dues 1b | | - | | | | |
| fts, (Am | | | Fundraising events 1c Related organizations 1d | | - | | | | |
| , Git | | | J | 167,681. | 4 | | | | |
| ons | | | All other contributions, gifts, grants, and | 10,,0010 | 1 | | | | |
| buti | | - | | 973,579. | | | | | |
| d Of | | g | Noncash contributions included in lines 1a-1f | | | | | | |
| а С | | h | Total. Add lines 1a-1f | | 3,141,260. | | | | |
| | | | | Business Code | | | | | |
| Program Service Revenue | 2 | | | | | | | | |
| Serv | | b c | | | | | | | |
| am (| | d | | | | | | | |
| ogra | | е | | | | | | | |
| Å | | f | All other program service revenue | | | | | | |
| | | | Total. Add lines 2a-2f | | | | | | |
| | 3 | | Investment income (including dividends, intere | | 391. | | | 391 | |
| | 4 | | other similar amounts) Income from investment of tax-exempt bond p | | | | | 291 | . • |
| | 5 | | Royalties | | | | | | |
| | Ū | | (i) Real | (ii) Personal | | | | | |
| | 6 | а | Gross rents 6a | | | | | | |
| | | b | Less: rental expenses 6b | | | | | | |
| | | | Rental income or (loss) 6c | | | | | | |
| | | | Net rental income or (loss) Gross amount from sales of (i) Securities | (ii) Other | | | | | |
| | 1 | а | Gross amount from sales of assets other than inventory 7a | | - | | | | |
| | | b | Less: cost or other basis | | - | | | | |
| е | | ~ | and sales expenses | | | | | | |
| venue | | с | Gain or (loss) 7c | | | | | | |
| Re | | | Net gain or (loss) | ► | | | | | _ |
| Other Rev | 8 | а | Gross income from fundraising events (not including \$ of | | | | | | |
| | | | contributions reported on line 1c). See | | | | | | |
| | | | Part IV, line 18 | | 4 | | | | |
| | | | Less: direct expenses 8b Net income or (loss) from fundraising events | | | | | | |
| | | | Gross income from gaming activities. See | / | | | | | |
| | | - | Part IV, line 19 | | | | | | |
| | | b | Less: direct expenses 9b | | | | | | |
| | | | Net income or (loss) from gaming activities | > | | | | | _ |
| | 10 | а | Gross sales of inventory, less returns | | | | | | |
| | | h | and allowances <u>10a</u> Less: cost of goods sold <u>10b</u> | | - | | | | |
| | | | Net income or (loss) from sales of inventory | | | | | | |
| | | <u> </u> | | Business Code | | | | | |
| sno | 11 | а | MISCELLANEOUS REVENUE | 900099 | 96,219. | | | 96,219 |). |
| ane | | b | | | | | | | |
| Miscellaneous Revenue | | с | | | | | | | |
| Ais T | | | All other revenue | L | 06 010 | | | | |
| | 12 | е | Total. Add lines 11a-11d Total revenue. See instructions | | 96,219. 3,237,870. | 0. | 0. | 96,610 |) |
| 03200 | | -23-: | | ····· 🚩 | <u>, , , , , , , , , , , , , , , , , , , </u> | | | Form 990 (20 | |

15210426 352540 05843.ACDMY

⁹

| Check if Schedule O contains a response or note to any line in this Part X. Do not include amounts reported on lines 6b, 7b, 8b, 8b, and 10b of Part VII. Total expenses Program service expenses Management and general expenses (D) Fundralsin expenses 1 Grants and other assistance to domestic organizations and domeratic governments. See Part IV, line 22 Imagement and other assistance to domestic individuals. See Part IV, line 22 Imagement and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Imagement and governments, and foreign organizations, foreign governments, and forei | |
|--|------|
| Zb, 8b, 9b, and 10b of Part VIII. Total Expenses Program server expenses Indiagenent and general expenses Indiagenent and general expenses 1 Grants and other assistance to domestic individuals. See Part IV, line 21 additions, foreign goverments, and foreign organizations, foreign goverments, and foreign individuals. See Part IV, line 15 and 16 expenses Indiagenent and expenses 4 Benefits paid to or for members Indiagenent and expenses Indiagenent and expenses 5 Compensation of current officers, directors, trustees, and key employees Indiagenent and expenses Indiagenent expenses 6 Compensation of current officers, directors, trustees, and key employees Indiagenent expenses Indiagenent expenses 6 Compensation of current officers, directors, trustees, and key employees Indiagenent expenses Indiagenent expenses 7 Other salaries and wages Indiagenent expenses Indiagenent expenses 9 Other asilaries and wages Indiagenent expenses Indiagenent expenses 10 Payoil taxes Indiagenent expenses Indiagenent expenses 9 Pat26. 86,815. 12,611. 10 Payoil taxes Indiagenent expenses Indiagenent expenses 11 Fees for services (nonemploye | |
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 4 4 Benefits paid to or for members 5 5 Compensation of current officers, directors, trustees, and key employees 5 6 Compensation of current officers, directors, trustees, and key employees 1, 253, 198. 1, 022, 792. 230, 406. 7 Other salaries and wages 1, 253, 198. 1, 022, 792. 230, 406. 8 Pension plan accruals and contributions (include section 4958(r)(11) and persons described in section 4958(r)(13(B) 140, 530. 117, 125. 23, 405. 9 Other employee benefits 92, 687. 75, 337. 17, 350. 10 Payroll taxes 92, 687. 75, 337. 17, 350. 11 Fees for services (nonemployees): 4 4 4 4 4 a hanagement b legal 6 630, 008. 351, 992. 277, 612. 4 10 Other. (If | |
| and domestic governments. See Part IV, line 21 | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of included above to disgualified persons (as defined under section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions included above to disgualified persons (as defined under section 4958(c)(3)(B) 7 Other employee benefits 9 Other employee benefits 9 9.426. 8 Pension plan accruals and contributions included above to disqualified persons described in section 4958(c)(3)(B) 9 Other employee benefits 9 9.426. 8 Pension plan accruals and contributions include 9 9.426. 9 2.687. 9 7.5.337. 17 17.350. 11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying 630.008. 9 Other. (If line 11g anount exceeds 10% of line 25, column (A) amount, list line 11g express on Sch | |
| individuals. See Part IV, line 22 | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | |
| organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | |
| individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(1) and persons described in section 49 | |
| 4 Benefits paid to or for members | |
| 5 Compensation of current officers, directors, trustees, and key employees | |
| trustees, and key employees | |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1, 253, 198. 1, 022, 792. 230, 406. 7 Other salaries and wages 1, 253, 198. 1, 022, 792. 230, 406. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 140, 530. 117, 125. 23, 405. 9 Other employee benefits 99, 426. 86, 815. 12, 611. 10 Payroll taxes 92, 687. 75, 337. 17, 350. 11 Fees for services (nonemployees): 4 4 4 4 a Management 92, 687. 75, 337. 17, 350. b Legal 1 1 1 1 c Accounting 1 1 1 d Lobbying 1 1 1 1 1 g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0. 630, 008. 351, 992. 277, 612. 1 12 Advertising and promotion 106, 814. 92, 393. 14, 42 | |
| persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,253,198. 1,022,792. 230,406. 7 Other salaries and wages 1,253,198. 1,022,792. 230,406. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 140,530. 117,125. 23,405. 9 Other employee benefits 99,426. 86,815. 12,611. 10 Payroll taxes 92,687. 75,337. 17,350. 11 Fees for services (nonemployees): a Management | |
| persons described in section 4958(c)(3)(B) 1,253,198. 1,022,792. 230,406. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 140,530. 117,125. 23,405. 9 Other employee benefits 99,426. 86,815. 12,611. 10 Payroll taxes 92,687. 75,337. 17,350. 11 Fees for services (nonemployees): a 4 4 a Management b Legal | |
| 7 Other salaries and wages 1,253,198. 1,022,792. 230,406. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 140,530. 117,125. 23,405. 9 Other employee benefits 99,426. 86,815. 12,611. 10 Payroll taxes 92,687. 75,337. 17,350. 11 Fees for services (nonemployees): 4 42,687. 75,337. 17,350. 11 Fees for services. (nonemployees): 4 4 4 4 4 11 Fees for services. (nonemployees): 4 <td< th=""><td></td></td<> | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 140,530. 117,125. 23,405. 9 Other employee benefits 99,426. 86,815. 12,611. 10 Payroll taxes 92,687. 75,337. 17,350. 11 Fees for services (nonemployees): 92,687. 75,337. 17,350. a Management 92,687. 75,337. 17,350. b Legal 92 687. 75,337. 17,350. c Accounting 92 687. 75,337. 17,350. d Lobbying 92 687. 75,337. 17,350. e Professional fundraising services. See Part IV, line 17 6 630,008. 351,992. 277,612. f Investment management fees 630,008. 351,992. 277,612. 4 g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 106,814. 92,393. 14,421. | |
| section 401(k) and 403(b) employer contributions) 140,530. 117,125. 23,405. 9 Other employee benefits 99,426. 86,815. 12,611. 10 Payroll taxes 92,687. 75,337. 17,350. 11 Fees for services (nonemployees): 92,687. 75,337. 17,350. a Management 92,687. 75,337. 17,350. b Legal 92,687. 75,337. 17,350. c Accounting 92,687. 92,687. 10,0000 d Lobbying 92,687. 10,0000 10,0000 10,0000 e Professional fundraising services. See Part IV, line 17 92,687. 10,0000 10,0000 10,0000 10,0000 10,0000 10,0000 10,0000 10,0000 10,0000 10,0000 10,0000 10,0000 10,0000 10,0000 10,0000 10,0000 10,0000 11,0000 10,0000 10,0000 10,0000 10,0000 10,0000 10,0000 10,0000 10,0000 10,0000 10,0000 10,0000 10,0000 10,0000 10,00000 10,0000 10,00000 | |
| 10 Payroll taxes 92,687. 75,337. 17,350. 11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 630,008. 351,992. 277,612. 12 Advertising and promotion 13 Office expenses 106,814. 92,393. 14,421. | |
| 10 Payroll taxes 92,687. 75,337. 17,350. 11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 630,008. 351,992. 277,612. 12 Advertising and promotion 13 Office expenses 106,814. 92,393. 14,421. | |
| 11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 13 Office expenses | |
| a Management | |
| b Legal | |
| c Accounting | |
| d Lobbying | |
| e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 13 Office expenses | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 630,008.351,992.277,612. 12 Advertising and promotion 106,814.92,393.14,421. 13 Office expenses 106,814.92.393.14,421. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 630,008.351,992.277,612. 12 Advertising and promotion 106,814.92,393.14,421. 13 Office expenses 106,814.92.393.14,421. | |
| 12 Advertising and promotion 13 Office expenses 106,814. 92,393. 14,421. | |
| 13 Office expenses 106,814. 92,393. 14,421. | 104. |
| | |
| | |
| | |
| 15 Royalties | |
| 16 Occupancy 293,734. 272,990. 20,744. | |
| 17 Travel | |
| 18 Payments of travel or entertainment expenses | |
| for any federal, state, or local public officials | |
| 19 Conferences, conventions, and meetings | |
| 20 Interest | |
| 21 Payments to affiliates | |
| 22 Depreciation, depletion, and amortization | |
| 23 Insurance 26,591. 340. 26,251. | |
| 24 Other expenses. Itemize expenses not covered | |
| above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) | |
| amount, list line 24e expenses on Schedule 0.) | |
| a GENERAL SUPPLIES 10,240. 10,240. | |
| b | |
| c | |
| d | |
| e All other expenses | |
| | 404. |
| 26 Joint costs. Complete this line only if the organization | |
| reported in column (B) joint costs from a combined | |
| educational campaign and fundraising solicitation. | |
| Check here if following SOP 98-2 (ASC 958-720) | |

10

032010 12-23-20

15210426 352540 05843.ACDMY

Form 990 (2020)

2020.05093 KANSAS CITY GIRLS PREPARA 05843.A2

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

Form 990 (2020)

15210426 352540 05843.ACDMY

| KANSAS | CTTY | GTRLS | PREPARATORY | ACADEMY |
|--------|------|-------|-------------|---------|
| LANDAD | CIII | GTUDS | FREFARAIORI | ACADEMI |

| **-***1824 | Page 11 |
|------------|----------------|
|------------|----------------|

| | | | | (A) | | (B) |
|----------------------------|----------|--|-----------------------|-------------------|-----|-------------|
| | | | | Beginning of year | | End of year |
| | 1 | Cash - non-interest-bearing | | 575,345. | 1 | 413,487 |
| | 2 | Savings and temporary cash investments | | | 2 | 435,459 |
| | 3 | Pledges and grants receivable, net | | 188,645. | 3 | 388,050 |
| | 4 | Accounts receivable, net | | | 4 | |
| | 5 | Loans and other receivables from any current or forme | er officer, director, | | | |
| | | trustee, key employee, creator or founder, substantial | contributor, or 35% | | | |
| | | controlled entity or family member of any of these pers | sons | | 5 | |
| | 6 | Loans and other receivables from other disqualified pe | ersons (as defined | | | |
| | | under section 4958(f)(1)), and persons described in sec | ction 4958(c)(3)(B) | | 6 | |
| | 7 | Notes and loans receivable, net | | | 7 | |
| | 8 | Inventories for sale or use | | | 8 | |
| | 9 | | | | 9 | |
| 1 | l0a | Land, buildings, and equipment: cost or other | | | | |
| | | basis. Complete Part VI of Schedule D 10a | | | | |
| | b | Less: accumulated depreciation 10b | | | 10c | |
| 1 | 1 | Investments - publicly traded securities | | 11 | | |
| 1 | 2 | Investments - other securities. See Part IV, line 11 | | 12 | | |
| 1 | 3 | Investments - program-related. See Part IV, line 11 | | 13 | | |
| 1 | 4 | Intangible assets | | 14 | | |
| 1 | 5 | Other assets. See Part IV, line 11 | | 0. | 15 | 22 |
| 1 | 6 | Total assets. Add lines 1 through 15 (must equal line | | 763,990. | 16 | 1,237,21 |
| 1 | 7 | Accounts payable and accrued expenses | | | 17 | 52,24 |
| 1 | 8 | Grants payable | | | 18 | |
| 1 | 9 | Deferred revenue | | 19 | | |
| 2 | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV | | | 21 | |
| 1 | 22 | Loans and other payables to any current or former offi | | | | |
| | | trustee, key employee, creator or founder, substantial | | | | |
| | | controlled entity or family member of any of these pers | | | 22 | |
| 2 | 23 | Secured mortgages and notes payable to unrelated th | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third | | 217,900. | 24 | |
| | 25 | Other liabilities (including federal income tax, payables | | | | |
| 1 | | parties, and other liabilities not included on lines 17-24 | | | | |
| | | of Schedule D | | 0. | 25 | 125,000 |
| 2 | 26 | Total liabilities. Add lines 17 through 25 | | 217,900. | 26 | 177,24 |
| | | Organizations that follow FASB ASC 958, check her | re 🕨 🔀 | | | , |
| | | and complete lines 27, 28, 32, and 33. | | | | |
| 2 | 27 | | | 546,090. | 27 | 178,480 |
| 2 | 28 | | | | 28 | 881,48 |
| 1 | | Organizations that do not follow FASB ASC 958, ch | | | | |
| | | and complete lines 29 through 33. | | | | |
| 2 2 2 3 3 3 | 9 | | | | 29 | |
| | .9 80 | Paid-in or capital surplus, or land, building, or equipme | ant fund | | 30 | |
| 10 | | | | | 31 | |
| 3 | 81 22 | Retained earnings, endowment, accumulated income, | | 546,090. | 32 | 1,059,96 |
| ା ଏ | 32 | Total net assets or fund balances | | 763,990. | 32 | 1,237,21 |

Form 990 (2020)

Form 990 (2020)
Part X Balance Sheet

| Form | 990 (2020) KANSAS CITY GIRLS PREPARATORY ACADEMY | **_** | *1824 | Pag | _{ge} 12 | |
|------|---|-----------|------------|-----|------------------|--|
| Pa | rt XI Reconciliation of Net Assets | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | |
| | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 3,237 | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,723 | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 79. | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 546 | 5,0 | 90. | |
| 5 | Net unrealized gains (losses) on investments | 5 | | | | |
| 6 | Donated services and use of facilities | 6 | | | | |
| 7 | Investment expenses | 7 | | | | |
| 8 | Prior period adjustments | 8 | | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | | |
| | column (B)) | 10 | 1,059 | 9,9 | <u>69.</u> | |
| Pa | rt XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | <u></u> | | | | |
| | | | | Yes | No | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | - | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | | | | |
| 2a | 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | | |
| | separate basis, consolidated basis, or both: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2 b | Х | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | e basis, | | | | |
| | 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 | e audit, | | x | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | edule O. | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Audit | | | 1 | |
| | Act and OMB Circular A-133? | | 3a | | X | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | red audit | | | 1 | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | | |
| | | | | | | |

Form **990** (2020)

032012 12-23-20

| SC | HED | ULE | Α |
|----|-----|-----|---|
|----|-----|-----|---|

(Form 990 or 990-EZ)

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.

| OMB No. 1545-0047 |
|------------------------------|
| 2020 |
| Open to Public Inspection |

| | | f the Treasury nue Service | | | Attach to Form 990 or F v/Form990 for instruction | | | formation | | Open to Public Inspection |
|----------|-----------|---|----------------------|-----------------------|--|------------------------|------------------|------------------|--------------|------------------------------|
| Nam | e of t | the organizati | - | - do to www.ii 3.go | | | ie latest li | normation. | Employer | identification numbe |
| | | and digunizati | | AS CITV CT | RLS PREPARAT | NEV AC | איזראי | 7 | | *-**1824 |
| Pa | rt I | Reason | | | (All organizations must c | | | | | 1024 |
| | | | | | For lines 1 through 12, c | | | | 0. | |
| 1 | | | | | on of churches described | | | 1)(A)(i) | | |
| 2 | X | | | • | Attach Schedule E (Forn | | | •,¬,'}• | | |
| 3 | | | | | anization described in so | | | ::) | | |
| 4 | H | • | • | | njunction with a hospital | | | | (iii) Enter | the hospital's name |
| - | | city, and stat | 0 | | | accombed | July Scould | | | the hospital o hame, |
| 5 | | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in | | | | | | | | |
| Ŭ | | 0 | - | Complete Part II.) | | or operat | ou oy u go | | | |
| 6 | | | | | nental unit described in | section 17 | 70(b)(1)(A) | (v) | | |
| 7 | H | | - | - | ntial part of its support fi | | | | ne general i | oublic described in |
| • | | - | | omplete Part II.) | | onn a gori | | | ie general j | |
| 8 | | - | | | (1)(A)(vi). (Complete Par | t II.) | | | | |
| 9 | \square | - | | | in section 170(b)(1)(A)(| | ed in coniu | unction with a | land-grant | college |
| | | - | - | | ulture (see instructions). | | - | | - | - |
| | | university: | | , , , | , , , , , , , , , , , , , , , , , , , | | | | 0 | |
| 10 | | | on that norma | Ily receives (1) more | than 33 1/3% of its supp | ort from c | ontributior | ns, membersh | ip fees, and | d gross receipts from |
| | | e e | | | t to certain exceptions; a | | | | • | • |
| | | | | | (less section 511 tax) fro | . , | | | | |
| | | | | mplete Part III.) | · · · · | | • | , , | | |
| 11 | | An organizati | on organized a | and operated exclusi | ively to test for public sa | fety. See | section 50 | 09(a)(4). | | |
| 12 | | An organizati | on organized a | and operated exclusi | ively for the benefit of, to | perform t | he functio | ns of, or to ca | rry out the | purposes of one or |
| | | more publicly | supported or | ganizations describe | ed in section 509(a)(1) o | r section | 509(a)(2). | See section | 509(a)(3). | Check the box in |
| | | lines 12a thro | ough 12d that o | describes the type o | f supporting organizatior | and com | plete lines | 12e, 12f, and | 12g. | |
| а | | Type I. A s | upporting orga | anization operated, s | upervised, or controlled | by its supp | oorted org | anization(s), ty | pically by | giving |
| | | the suppor | ted organizatio | on(s) the power to re | gularly appoint or elect a | majority c | of the direc | tors or truste | es of the su | Ipporting |
| | | organizatio | n. You must c | complete Part IV, Se | ections A and B. | | | | | |
| b | | Type II. A s | supporting org | anization supervised | l or controlled in connect | ion with it | s supporte | ed organizatio | n(s), by hav | ving |
| | | control or r | nanagement o | f the supporting orga | anization vested in the sa | ame perso | ns that co | ntrol or manag | ge the supp | ported |
| | | organizatio | n(s). You mus | t complete Part IV, | Sections A and C. | | | | | |
| С | | Type III fur | nctionally inte | grated. A supportin | g organization operated | in connect | tion with, a | and functional | ly integrate | ed with, |
| | | | 0 | . , . | b). You must complete I | | | - | | |
| d | | •• | - | • · · | porting organization oper | | | | • | . , |
| | | | | | zation generally must sat | | | | an attentiv | /eness |
| | _ | ¬ · | | | nplete Part IV, Sections | | | | | |
| е | | | • | | written determination fro | | | Туре I, Туре | II, Type III | |
| _ | | | | | nally integrated supporting | ng organiz | ation. | | | [|
| т | | er the number | | • | | | | | | |
| <u> </u> | | (i) Name of supp | | about the supporte | (iii) Type of organization | (iv) Is the orga | anization listed | (v) Amount of | monetary | (vi) Amount of other |
| | | organizatior | | (| (described on lines 1-10 | in your governi Yes | ng document? | support (see ir | - | support (see instructions |
| | | | | | above (see instructions)) | 103 | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Tota | ıl | | | | | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 13

Schedule A (Form 990 or 990-EZ) 2020 KANSAS CITY GIRLS PREPARATORY ACADEMY **-***1824 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.)

| See | ction A. Public Support | | | | | | |
|------|---|----------------------|----------------------|-------------------------|----------------------------|---------------------|-------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 1 | 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 | | | | | | |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| | Public support. Subtract line 5 from line 4. | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (a) 2019 | (d) 2019 | (e) 2020 | (f) Total |
| | Amounts from line 4 | (a) 2010 | (0) 2017 | (c) 2018 | (u) 2019 | (e) 2020 | |
| 8 | Gross income from interest, | | | | | | |
| 0 | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | | | | | | | |
| 0 | and income from similar sources Net income from unrelated business | | | | | | |
| 9 | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| 10 | 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 instructi | ions) | | | 12 | |
| | First 5 years. If the Form 990 is for th | · | , | fourth or fifth tax | | | |
| | organization, check this box and stor | • | | | | | |
| Se | ction C. Computation of Publi | | | | | | |
| 14 | Public support percentage for 2020 (li | ine 6, column (f), (| divided by line 11, | column (f)) | | 14 | % |
| 15 | Public support percentage from 2019 | Schedule A, Part | II, line 14 | | | 15 | % |
| | 33 1/3% support test - 2020. If the c | | | | | nore, check this bo | ox and |
| | stop here. The organization qualifies | | | | | | |
| b | 33 1/3% support test - 2019. If the c | organization did n | ot check a box on | line 13 or 16a, and | d line 15 is 33 1/3% | 6 or more, check th | nis box |
| | and stop here. The organization qual | ifies as a publicly | supported organiz | ation | | | |
| 17a | 10% -facts-and-circumstances test | - 2020. If the org | ganization did not | check a box on lin | ne 13, 16a, or 16b, | and line 14 is 10% | or more, |
| | and if the organization meets the facts | s-and-circumstand | ces test, check this | s box and stop h | ere. Explain in Par | t VI how the organi | zation |
| | meets the facts-and-circumstances te | st. The organization | on qualifies as a p | ublicly supported of | organization | | |
| b | 10% -facts-and-circumstances test | - 2019. If the org | ganization did not | check a box on lin | ne 13, 16a, 16b, or | 17a, and line 15 is | 10% or |
| | more, and if the organization meets th | | | | • • | | |
| | organization meets the facts-and-circu | | | | | | ▶□ |
| 18 | Private foundation. If the organizatio | n did not check a | box on line 13, 16 | 6a, 16b, 17a, or 17 | | | |
| | | | | | Sch | edule A (Form 99 | 0 or 990-EZ) 2020 |

032022 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 KANSAS CITY GIRLS PREPARATORY ACADEMY 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.)

| Section A. Public Support | - | | | | | |
|--|-----------------------------|---------------------|----------------------|----------------------|----------------------|-------------------|
| Calendar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 1 Gifts, grants, contributions, and | | | | | | |
| membership fees received. (Do not | | | | | | |
| include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that | | | | | | |
| are not an unrelated trade or bus- | | | | | | |
| 4 Tax revenues levied for the organ- | | | | | | |
| ization's benefit and either paid to | | | | | | |
| or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to | | | | | | |
| the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and | | | | | | |
| 3 received from disgualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |
| Section B. Total Support | | - | | | - | - |
| Calendar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income | | | | | | |
| (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First 5 years. If the Form 990 is for the | ne organization's fi | rst, second, third, | fourth, or fifth tax | year as a section 5 | 01(c)(3) organizatio | on, |
| check this box and stop here | | <u></u> | <u></u> | | | > |
| Section C. Computation of Publi | c Support Per | centage | | | | |
| 15 Public support percentage for 2020 (I | ine 8, column (f), d | livided by line 13, | column (f)) | | 15 | % |
| 16 Public support percentage from 2019 | | | | | 16 | % |
| Section D. Computation of Inves | stment Income | e Percentage | | | ,, | |
| 17 Investment income percentage for 20 |)20 (line 10c, colur | mn (f), divided by | line 13, column (f)) |) | 17 | % |
| 18 Investment income percentage from | 2019 Schedule A, | Part III, line 17 | | | 18 | % |
| 19a 33 1/3% support tests - 2020. If the | organization did r | not check the box | on line 14, and lin | ne 15 is more than 3 | 3 1/3%, and line 1 | 7 is not |
| more than 33 1/3%, check this box ar | nd stop here. The | organization qual | lifies as a publicly | supported organiza | tion | |
| b 33 1/3% support tests - 2019. If the | organization did r | not check a box o | n line 14 or line 19 | a, and line 16 is mo | ore than 33 1/3%, a | ind |
| line 18 is not more than 33 1/3%, che | ck this box and st | op here. The org | anization qualifies | as a publicly suppo | orted organization | |
| 20 Private foundation. If the organization | n did not check a | box on line 14, 19 | 9a, or 19b, check t | this box and see ins | tructions | |
| 032023 01-25-21 | | | _ | Sch | edule A (Form 990 |) or 990-EZ) 2020 |
| | | 15 | ō | | | |

15210426 352540 05843.ACDMY

Schedule A (Form 990 or 990-EZ) 2020 KANSAS CITY GIRLS PREPARATORY ACADEMY **-**1824 Page 4 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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 in 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 in 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.)

032024 01-25-21

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c

Yes No

Schedule A (Form 990 or 990-EZ) 2020

10a

10b

15210426 352540 05843.ACDMY

2020.05093 KANSAS CITY GIRLS PREPARA 05843.A2

16

-*1824 <u>Page 5</u> CITY GIRLS PREPARATORY ACADEMY chedule A (Form 990 or 990-EZ) 2020 KANSAS Part IV Supporting

| 1 0 | Supporting Organizations (continuea) | | | |
|-----|--|-----|-----|----|
| | | | 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 in lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in line 11a above? | 11b | | |
| с | A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | | |

more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

| supervised | <u>. or controlled the</u> | e supporting organization. | |
|---------------|----------------------------|----------------------------|--|
| Section C. Ty | pe II Support | ting Organizations | |

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)

| Section 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 | | |
| 3 | By reason of the relationship described in line 2, above, did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

| 1 | Check the box next to the method | I that the organization used to sa | ntisfy the Integral Part Test dur | ing the year (see instructions) |
|---|----------------------------------|------------------------------------|-----------------------------------|---------------------------------|
| - | | | | |

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

| С | | The organization supported a g | governmental entity. | Describe in Part VI how | you supported a governmental enti | ty (see instruction <u>s).</u> |
|---|--|--------------------------------|----------------------|-------------------------|-----------------------------------|--------------------------------|
|---|--|--------------------------------|----------------------|-------------------------|-----------------------------------|--------------------------------|

17

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3

a 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.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

1

2

1

Yes No

Yes No

15210426 352540 05843.ACDMY

| Sche Pai | dule A (Form 990 or 990 EZ) 2020 KANSAS CITY GIRLS PREP. t V Type III Non-Functionally Integrated 509(a)(3) Support | ARATORY | ACADEMY * | **-***1824 Page 6 |
|-------------|--|----------------------|---------------------------|--------------------------------|
| | | <u> </u> | | D |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualify | | | Part VI). See instructions. |
| Sect | All other Type III non-functionally integrated supporting organizations mu | <u>st complete :</u> | (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 | | | |
| Ū | 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 | | |
| d | 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 | | |
| Sect | 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-function | | d Type III supporting ora | anization (see |

instructions).

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 KANSAS CITY GIRLS PREPARATORY ACADEMY **-***1824 Page 7

| Par | t V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | nizations (continu | ied) | |
|-------|--|------------------------------------|-------------------------------|------|----------------------------------|
| Secti | on D - Distributions | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | 1 | | | |
| 2 | Amounts paid to perform activity that directly furthers exemption | | | | |
| | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | 3 | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pr | rovide details in Part VI) | | 5 | |
| 6 | Other distributions (<i>describe in</i> Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which t | he organization is responsive | | | |
| | (provide details in Part VI). See instructions. | - | | 8 | |
| 9 | Distributable amount for 2020 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| | | (i) | (ii) | | (iii) |
| Secti | on E - Distribution Allocations (see instructions) | Excess Distributions | Underdistribution Pre-2020 | ıs | Distributable Amount for 2020 |
| 1 | Distributable amount for 2020 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2020 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2020 | | | | |
| a | From 2015 | | | | |
| b | From 2016 | | | | |
| c | From 2017 | | | | |
| d | From 2018 | | | | |
| e | From 2019 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2020 distributable amount | | | | |
| i | Carryover from 2015 not applied (see instructions) | | | | |
| j_ | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2020 from Section D, | | | | |
| | line 7: \$ | | | | |
| a | Applied to underdistributions of prior years | | | | |
| b | Applied to 2020 distributable amount | | | | |
| C | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2021. Add lines 3j and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| | Excess from 2016 | | | | |
| | Excess from 2017 | | | | |
| | Excess from 2018 | | | | |
| | Excess from 2019 | | | | |
| | Excess from 2020 | | | | |

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

| Schedule A | (Form 990 or 990-EZ) 2020 Supplemental Infor | KANSAS CITY G | IRLS PREPARAT | DRY ACADEMY | **-**1824 Page 8 |
|----------------|---|---|---|--|--|
| | line 1; Part IV, Section A, lines 1 | , 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, lines 2 and 3; Part IV, Sectio 8; and Part V, Section E, line | 9b, 9c, 11a, 11b, and 11c n E, lines 1c, 2a, 2b, 3a, a | ; Part IV, Section B, lines 1 nd 3b; Part V, line 1; Part V | I and 2; Part IV, Section C, /, Section B, line 1e; Part V, |
| | · · · | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 032028 01-25-2 | 21 | | | Schedu | le A (Form 990 or 990-EZ) 2020 |
| | | | 20 | | |

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

| * | * | _ | * | * | * | 1 | 8 | 2 | 4 |
|---|---|---|---|---|---|---|---|---|---|
|---|---|---|---|---|---|---|---|---|---|

| o n (| |
|--------------------|--|
| 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 |

KANSAS CITY GIRLS PREPARATORY ACADEMY

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

| For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under |
|---|
| sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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 \dots b \$

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

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

-1824

KANSAS CITY GIRLS PREPARATORY ACADEMY

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 BRESKY FOUNDATION X Person Payroll 3965 W 83RD ST, #210 10,000. Noncash (Complete Part II for PRAIRIE VILLAGE, KS 66208 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 GKCCF (GREATER KC COMMUNITY FUND) X Person Payroll 1055 BROADAY BLVD, STE 130 105,000. Noncash (Complete Part II for KANSAS CITY, MO 64105 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 3 NEW SCHOOL VENTURE FUND X Person Payroll 1616 FRANKLIN ST 162,500. Noncash \$ (Complete Part II for OAKLAND, CA 94612 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 4 SCHOOL SMART KC X Person Payroll #200 204,000. 3105 GILHAM RD, Noncash \$ (Complete Part II for KANSAS CITY, MO 64109 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 CSGF (CHARTER SCHOOL GROWTH FUND) X Person Payroll 10901 W 120TH AVE, STE 450 50,000. Noncash (Complete Part II for BROOMFIELD, CO 80021 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 BROWN, MIKE AND MILLIE X Person Payroll 4550 MAIN STREET, STE 227 70,000. \$ Noncash (Complete Part II for KANSAS CITY, MO 64108 noncash contributions.) 023452 11-25-20

15210426 352540 05843.ACDMY

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

-1824

KANSAS CITY GIRLS PREPARATORY ACADEMY

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 CARGILL X Person Payroll PO BOX 9300 40,000. Noncash (Complete Part II for MINNEAPOLIS, MN 55440 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution CHILDREN'S SERVICES FUND OF JACKSON 8 COUNTY X Person Payroll 3100 BROADWAY BLVD SUITE 227 22,852. Noncash (Complete Part II for KANSAS CITY, MO 64111 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 9 KAUCIC, LOUIS X Person Payroll 4550 MAIN STREET, STE 227 25,000. Noncash \$ (Complete Part II for KANSAS CITY, MO 64108 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 10 MIDWEST TRUST X Person Payroll 5901 COLLEGE BLVD #100 10,000. Noncash \$ (Complete Part II for LEAWOOD, KS 66211 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 JOHN J SULLIVAN JR FOUNDATION X Person Payroll 2209 W 131ST STREET 10,000. Noncash (Complete Part II for LEAWOOD, KS 66209 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 12 UMB BANK X Person Payroll 5,000. 1010 GRAND BLVD Noncash \$ (Complete Part II for noncash contributions.) KANSAS CITY, MO 64106 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) 023452 11-25-20

15210426 352540 05843.ACDMY

23

| Schedule B | (Form 990, | 990-EZ, | or 990-PF | (2020) |
|------------|------------|---------|-----------|--------|
|------------|------------|---------|-----------|--------|

Page **2**

-1824

KANSAS CITY GIRLS PREPARATORY ACADEMY

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additiona | al space is needed. | |
|------------|---|----------------------------|--|
| (a) | (b) | (c) Total contributions | (d) |
| <u>No.</u> | Name, address, and ZIP + 4 WAGNER, WILLIAM AND JEAN 4550 MAIN STREET, STE 227 KANSAS CITY, MO 64108 | \$5,000. | Type of contribution Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll On Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

2020.05093 KANSAS CITY GIRLS PREPARA 05843.A2

)

15210426 352540 05843.ACDMY

Name of organization

Employer identification number

-1824

KANSAS CITY GIRLS PREPARATORY ACADEMY

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

25

023453 11-25-20

15210426 352540 05843.ACDMY

| Name of or | ganization | | | Employer identification number |
|-----------------|---|---|--|---|
| KANSAS | S CITY GIRLS PREPARATOR | Y ACADEMY | | **-***1824 |
| Part III | Exclusively religious, charitable, etc., contribut | tions to organizations described in se | ction 501(c)(7), (8), or (1 | - |
| | from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, | charitable, etc., contributions of \$1,000 or | ry. For organizations ess for the year. (Enter this inf | io. once.) > \$ |
| | Use duplicate copies of Part III if additional | space is needed. | | |
| (a) No. from | (b) Purpose of gift | (c) Use of gift | (d) D | escription of how gift is held |
| Part I | | | | |
| | | | | |
| | | | | |
| Ļ | | | | |
| | | (e) Transfer of gif | | |
| | Transferee's name, address, a | nd 7ID ± 4 | Relationship of | transferor to transferee |
| F | | | neiationship or | |
| | | | | |
| | | | | |
| (a) No. | | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | (d) D | escription of how gift is held |
| <u></u> | | | | |
| | | | | |
| | | | | |
| ŀ | | | | |
| | | (e) Transfer of gif | | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of | transferor to transferee |
| F | ,,, | | | |
| | | | | |
| | | | | |
| (a) No. | | 1 | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | (d) D | escription of how gift is held |
| | | | | |
| | | | | |
| | | | | |
| F | | e) Transfer of gif | | |
| | | | | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of | transferor to transferee |
| | | | | |
| | | | | |
| | | | | |
| (a) No. | | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | (d) D | escription of how gift is held |
| | | | | |
| | | | | |
| | | | | |
| ŀ | | (e) Transfer of gif | I | |
| | | | | |
| Ļ | Transferee's name, address, a | nd ZIP + 4 | Relationship of | transferor to transferee |
| | | | | |
| | | | | |
| | | | | |
| 023454 11-25- | -20 | | Scheo | dule B (Form 990, 990-EZ, or 990-PF) (2020) |

26

| SCHEDULE D |) |
|------------|---|
|------------|---|

Department of the Treasury

Internal Revenue Service

| (Form | 990) |
|-------|------|
|-------|------|

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Name of the organization

KANSAS CITY GIRLS PREPARATORY ACADEMY

Employer identification number **-***1824

| Par | t I Organizations Maintaining Donor Advise | d Funds or Other Similar Funds | s or Ac | counts. _C | omplete if the | e |
|--------|---|---|------------|----------------------|------------------|-----------|
| | organization answered "Yes" on Form 990, Part IV, lin | e 6. | | | | |
| | | (a) Donor advised funds | (| b) Funds and | other accour | nts |
| 1 | Total number at end of year | | | | | |
| 2 | Aggregate value of contributions to (during year) | | | | | |
| 3 | Aggregate value of grants from (during year) | | | | | |
| 4 | Aggregate value at end of year | | | | | |
| 5 | Did the organization inform all donors and donor advisors in v | writing that the assets held in donor advi | sed fund | st | | |
| | are the organization's property, subject to the organization's | exclusive legal control? | | | Yes | No No |
| 6 | Did the organization inform all grantees, donors, and donor a | dvisors in writing that grant funds can be | e used or | nly | | |
| | for charitable purposes and not for the benefit of the donor o | r donor advisor, or for any other purpose | conferri | ing | | |
| _ | impermissible private benefit? | | | | Yes | No |
| Par | t II Conservation Easements. Complete if the org | ganization answered "Yes" on Form 990, | Part IV, | line 7. | | |
| 1 | Purpose(s) of conservation easements held by the organization | on (check all that apply). | | | | |
| | Preservation of land for public use (for example, recrea | tion or education) | of a histo | prically importa | ant land area | |
| | Protection of natural habitat | Preservation of | of a certi | fied historic st | ructure | |
| | Preservation of open space | | | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | ied conservation contribution in the form | of a cor | nservation eas | sement on the | e last |
| | day of the tax year. | | | Held at | t the End of the | Tax Year |
| а | | | | 2a | | |
| b | | | | 2b | | |
| С | Number of conservation easements on a certified historic stru | | | 2c | | |
| d | Number of conservation easements included in (c) acquired a | | | | | |
| | listed in the National Register | | | 2d | | |
| 3 | Number of conservation easements modified, transferred, rel | eased, extinguished, or terminated by th | e organiz | zation during | the tax | |
| | year ▶ | | | | | |
| 4 | Number of states where property subject to conservation eas | | - | | | |
| 5 | Does the organization have a written policy regarding the per | | | | <u> </u> | <u> </u> |
| - | violations, and enforcement of the conservation easements it | | | | Yes | No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | handling of violations, and enforcing con | servatio | n easements | during the ye | ar |
| _ | | | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hance | lling of violations, and enforcing conserva | ation eas | sements durin | g the year | |
| 0 | ▶ \$ Does each conservation easement reported on line 2(d) abov | a action the requirements of acction 170 | (h)(4)(D) | (;) | | |
| 8 | | | | | Yes | |
| 9 | and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation | | | | | └── No |
| 9 | | • | | | | |
| | balance sheet, and include, if applicable, the text of the footr organization's accounting for conservation easements. | iote to the organization's infancial statem | | al describes li | le | |
| Par | t III Organizations Maintaining Collections of | Art, Historical Treasures, or O | ther S | imilar Asse | ets. | |
| | Complete if the organization answered "Yes" on Form | | | | | |
| 1a | If the organization elected, as permitted under FASB ASC 95 | 8, not to report in its revenue statement | and bala | ance sheet wo | rks | |
| | of art, historical treasures, or other similar assets held for put | | | | | |
| | service, provide in Part XIII the text of the footnote to its finar | | | | | |
| b | If the organization elected, as permitted under FASB ASC 95 | 8, to report in its revenue statement and | balance | sheet works | of | |
| | art, historical treasures, or other similar assets held for public | exhibition, education, or research in fur | herance | of public serv | /ice, | |
| | provide the following amounts relating to these items: | | | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | ▶ \$ | | |
| | | | | ▶ \$ | | |
| 2 | If the organization received or held works of art, historical treater | | | | | |
| | the following amounts required to be reported under FASB A | | | | | |
| а | Revenue included on Form 990, Part VIII, line 1 | - | | ▶ \$ | | |
| b | | | | ▶ \$ | | |
| LHA | For Paperwork Reduction Act Notice, see the Instructions | s for Form 990. | | Sched | ule D (Form | 990) 2020 |
| 032051 | 12-01-20 | | | | | |
| | | 27 | | | | |

| Sche | | CITY GIRLS | | | | | | | *1824 | | age 2 |
|------|---|-----------------------|-----------|----------------|----------------|-------------|-------------|------------|------------|--------|--------------|
| Par | t III Organizations Maintaining C | ollections of Ar | t, Hist | torical Tre | easures, o | r Other | Similar | Assets | continu | ied) | |
| 3 | Using the organization's acquisition, accessi | on, and other record | ls, chec | k any of the f | following that | make sig | nificant u | se of its | | , | |
| | collection items (check all that apply): | | | | | | | | | | |
| а | Public exhibition | c | 1 🗌 k | Loan or exc | hange progra | am | | | | | |
| b | Scholarly research | e | e 🗌 | Other | | | | | | | |
| с | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explai | n how t | hey further th | ne organizatio | n's exem | pt purpos | e in Part | XIII. | | |
| 5 | During the year, did the organization solicit of | | | | | | | | | | |
| | to be sold to raise funds rather than to be ma | | | | | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arran | | | | | 'Yes" on F | orm 990, | Part IV, I | line 9, or | | |
| | reported an amount on Form 990, Pa | rt X, line 21. | | - | | | | | | | |
| 1a | Is the organization an agent, trustee, custodi | ian or other intermed | liary for | contribution | s or other ass | sets not in | cluded | | | | |
| | on Form 990, Part X? | | - | | | | | | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | | | | | | | | | | |
| | | · | Ū | | | | | | Amount | | |
| с | Beginning balance | | | | | | 1c | | | | |
| | Additions during the year | | | | | | 1d | | | | |
| | Distributions during the year | | | | | | 1e | | | | |
| f | Ending balance | | | | | | 1f | | | | |
| 2a | Did the organization include an amount on F | | | | | | v? | | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | | | _ | |] |
| Par | | | | | | |). | | | | |
| | | (a) Current year | (b) | Prior year | (c) Two yea | rs back | d) Three ye | ears back | (e) Four y | ears l | back |
| 1a | Beginning of year balance | | | , | | | | | | | |
| b | Contributions | | | | | | | | | | |
| с | Net investment earnings, gains, and losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| | Other expenditures for facilities | | | | | | | | | | |
| Ū | and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the curr | | n (line 1 | a column (a) |)) held as: | | | | | | |
| - | Board designated or quasi-endowment | • | % | g, oolanni (a) | | | | | | | |
| b | Permanent endowment | | /0 | | | | | | | | |
| | | % | | | | | | | | | |
| U | The percentages on lines 2a, 2b, and 2c sho | - | | | | | | | | | |
| 30 | Are there endowment funds not in the posse | • | ation the | at are held ar | nd administor | od for the | organiza | tion | | | |
| Ja | | | | at are neiù ai | | | organiza | | | /es | No |
| | by: (i) Unrelated organizations | | | | | | | | 3a(i) | | NU |
| | | | | | | | | | 3a(ii) | - | |
| h | (ii) Related organizations | | | | | | | | 3b | - | |
| 4 | | | | | | | | | 30 | | |
| Par | Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm | | winent | iunus. | | | | | | | |
| | Complete if the organization answere | |) Part l | V line 11a S | See Form 990 | Part X lii | ne 10 | | | | |
| | Description of property | (a) Cost or c | | | t or other | | cumulate | d | (d) Book | value | <u> </u> |
| | Description of property | basis (investr | | | (other) | • • | reciation | u | | value | 5 |
| 10 | Land | | | 54013 | | Gopi | Selution | | | | |
| | Land | | | | | | | | | | |
| b | Buildings | | | | | | | | | | |
| | Leasehold improvements | | | | | | | | | | |
| | Equipment | | | | | | | | | | |
| | Other | ··· | | | | | | | | | 0. |
| rota | . Add lines 1a through 1e. (Column (d) must e | equal Form 990, Part | X. colui | mn (B), line 1 | <u>UC.)</u> | | | | D (5 | 000 | - |
| | | | | | | | | schedule | D (Form | 99U) | 2020 |

| Schedule | | GIRLS PREPAR | ATORY ACADEMY | **-**1824 Page 3 |
|-------------------|--|-------------------------------------|---------------------------------|---------------------------------|
| Part V | II Investments - Other Securities. | | | |
| | Complete if the organization answered "Yes | | | |
| . , | cription of security or category (including name of security) | (b) Book value | (c) Method of valuation: Co | ost or end-of-year market value |
| • • | ncial derivatives | | | |
| | ely held equity interests | | | |
| (3) Othe | r | | | |
| <u>(A)</u> (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| Total. (Co | ol. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨 | | | |
| Part V | III Investments - Program Related. | | | |
| | Complete if the organization answered "Yes | <u>' on Form 990, Part IV, line</u> | 11c. See Form 990, Part X, line | 13. |
| | (a) Description of investment | (b) Book value | (c) Method of valuation: Co | ost or end-of-year market value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Part IX | I. (b) must equal Form 990, Part X, col. (B) line 13.) ► Cother Assets. | | | |
| i are i | Complete if the organization answered "Yes" | on Form 990 Part IV line | 11d See Form 990 Part X line | 15 |
| | | Description | | (b) Book value |
| (1) | - | <u> </u> | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | olumn (b) must equal Form 990. Part X. col. (B) lir | ne 15.) | | |
| Part X | | | | |
| | Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part | |
| <u>1.</u> | (a) Description of liability | | | (b) Book value |
| | Federal income taxes | | | 125 000 |
| | OUE TO KCPGA FOUNDATION | | | 125,000. |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| <u>(6)</u> (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | olumn (b) must equal Form 990, Part X, col. (B) lir | 25) | | ▶ 125,000. |
| | lity for uncertain tax positions. In Part XIII, provid | | | |
| | nization's liability for uncertain tax positions unde | | | |

Schedule D (Form 990) 2020

032053 12-01-20

| | dule D (Form 990) 2020 KANSAS CITY GIRLS PREPARAT | - | - | | ***1824 Page 4 |
|--|--|---|---|--------------|--|
| Ра | t XI Reconciliation of Revenue per Audited Financial Stateme | | n Revenue per Re | turn. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | 1. | 0 002 074 |
| 1 | | | | 1 | 8,903,974. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | т т | | | |
| а | 5 (7 | | | - | |
| b | Donated services and use of facilities | | | - | |
| С | Recoveries of prior year grants | | | - | |
| d | | 2d | 5,774,104. | | |
| е | | | | 2e | 5,774,104. |
| 3 | Subtract line 2e from line 1 | | | 3 | 3,129,870. |
| 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 | | | | |
| b | Other (Describe in Part XIII.) | 4b | 108,000. | | |
| С | Add lines 4a and 4b | | | 4c | 108,000. |
| | | | | 5 | חרפ רבר ב ו |
| | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) | | | | 3,237,870. |
| 5 Pa | rt XII Reconciliation of Expenses per Audited Financial Stateme | ents Wi | th Expenses per F | | n. |
| 5 Pa | rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | ents Wi | th Expenses per F | Retur | n. |
| 5 Pa 1 | rt XII Reconciliation of Expenses per Audited Financial Stateme | ents Wi | th Expenses per F | | n. |
| | TXII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: | ents Wi | th Expenses per F | Retur | n. |
| 1 | Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements | ents Wi | th Expenses per F | Retur | n. |
| 1 2 | Image: State of the state | ents Wi | th Expenses per F | Retur | n. |
| 1 2 a | Image: State of the state | ents Wi | th Expenses per F | Retur | n. |
| 1 2 a b | Image: State of the state | ents Wi | th Expenses per F | Retur | n. 3,201,884. |
| 1 2 b c d | Image: Second limit of the organization of the organization answered "Yes" on Form 990, Part IV, line 12a. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses | ents Wi 2a 2b 2c 2d | th Expenses per F | Retur | n. <u>3,201,884</u> . 585,893. |
| 1 2 b c d | Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d | 2a 2b 2c 2d | th Expenses per F | 1 | n. 3,201,884. |
| 1 2 b c d e | Image: Second limit of the organization of the organization answered "Yes" on Form 990, Part IV, line 12a. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) | 2a 2b 2c 2d | th Expenses per F | 1 2e | n. <u>3,201,884</u> . 585,893. |
| 1 2 b c d e 3 | Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 | 2a 2b 2c 2d | th Expenses per F | Retur | n. <u>3,201,884</u> . 585,893. |
| 1 2 3 4 | Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | ents Wi 2a 2b 2c 2d 4a | th Expenses per F | Retur | n. 3,201,884. 585,893. 2,615,991. |
| 1 2 a b c d e 3 4 a | Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | 2a 2b 2c 2d | th Expenses per F 585,893. 108,000. | Retur | n. 3,201,884. 585,893. 2,615,991. 108,000. |
| 1 2 a b c d e 3 4 a b c 5 | Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 2a 2b 2c 2d | th Expenses per F 585,893. 108,000. | 1 2e 3 | n. 3,201,884. 585,893. 2,615,991. |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

| THE SCHOOL COMPLIES WITH THE PROVISIONS OF FASE ASC 740-10-25. UNDER FASE |
|--|
| 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, 2021, THERE WERE NO INTEREST OR PENALTIES RECORDED IN |
| ITS FINANCIAL STATEMENTS. |
| |

30

PART XI, LINE 2D - OTHER ADJUSTMENTS:

032054 12-01-20

Schedule D (Form 990) 2020

.

| Schedule D (Form 990) 2020 KANSAS CITY GIRLS PREPARATORY ACADEMY Part XIII Supplemental Information (continued) | **-**1824 Page 5 |
|---|------------------|
| Part XIII Supplemental Information (continued) | |
| ADJ FOR KCGPA FOUNDATION REVENUE INCLUDED IN CONSOLIDATED | |
| FS | 5,774,104. |
| | · · · |
| | |
| PART XI, LINE 4B - OTHER ADJUSTMENTS: | |
| RENT PAID BY KCGPA TO KCGPA FOUNDATION | 108,000. |
| | |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | |
| ADJ FOR KCGPA FOUNDATION EXPENSES INCLUDED IN CONSOLIDATED | |
| FS | 445,893. |
| ADJ FOR UNCOLLECTIBLE PLEDGES FOR KCGPA FOUNDATION | 140,000. |
| TOTAL TO SCHEDULE D, PART XII, LINE 2D | 585,893. |
| | |
| PART XII, LINE 4B - OTHER ADJUSTMENTS: | |
| | 100.000 |
| RENT PAID BY KCGPA TO KCGPA FOUNDATION | 108,000. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Schedule D (Form 990) 2020

032055 12-01-20

| S | СН | ED | UL | E | Е |
|---|----|----|----|---|---|
| | | | | | |

(Form 990 or 990-EZ)

Schools

OMB No. 1545-0047 2020

Open to Public

Department of the Treasury Internal Revenue Service

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 for the latest information.

KANSAS CITY GIRLS PREPARATORY ACADEMY

Name of the organization

Part I

Employer identification number

ſ

-1824

Inspection

| | | | 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? | 1 | Х | |
| 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? | 2 | Х | |
| 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 | 3 | Х | |
| | NONDISCRIMINATORY POLICY IS AVAILABLE ON THE SCHOOL'S | | | |
| | WEBSITE. | | | |
| | | | | |
| | | | | |
| | | | | |
| 4 | Does the organization maintain the following? | | | |
| а | | 4a | Х | |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 4b | Х | |
| с | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing | | | |
| | with student admissions, programs, and scholarships? | 4c | х | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? | 4d | Х | |
| | If you answered "No" to any of the above, please explain. If you need more space, use Part II. | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 5 | Does the organization discriminate by race in any way with respect to: | | | |
| а | Students' rights or privileges? | 5a | | Х |
| b | | 5b | | Х |
| с | | 5c | | Х |
| d | Scholarships or other financial assistance? | 5d | | Х |
| е | | 5e | | Х |
| | Use of facilities? | 5f | | Х |
| α | Athletic programs? | 5g | | Х |
| h | Other extracurricular activities? | 5h | | X |
| | If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. | | | |
| | ······································ | | | |
| | | | | |
| | | | | |
| | | | | |
| 6a | Does the organization receive any financial aid or assistance from a governmental agency? | 6a | Х | |
| | Has the organization's right to such aid ever been revoked or suspended? | 6b | | х |
| 5 | If you answered "Yes" on either line 6a or line 6b, explain on Part II. | 0.0 | | |
| 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 | 7 | Х | |
| ΙНΔ | For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form | | |) 2020 |
| | | 200 01 | | , |

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.

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

THE ORGANIZATION RECEIVES FEDERAL, STATE AND LOCAL GOVERNMENT ASSISTANCE

Schedule E (Form 990 or 990-EZ) 2020

032062 11-10-20

| SC | HEDULE J Compensation Information | MB No. 1 | 545-004 | 17 |
|----|--|----------|---------|--------|
| | rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest | 00 | 00 | |
| • | Compensated Employees | ZU | ZU | |
| | ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. | pen to | Publi | ic |
| | tment of the Treasury Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. | Inspe | | - |
| | e of the organization Employer ident | | | nber |
| | KANSAS CITY GIRLS PREPARATORY ACADEMY **-*** | 1824 | 4 | |
| Pa | rt I Questions Regarding Compensation | | | |
| | | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (such as maid, chauffeur, chef) | | | |
| | | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | | |
| | | | | |
| 3 | Indicate which, if any, of the following the organization used to establish the compensation of the 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. | | | |
| | Compensation committee X Written employment contract | | | |
| | Independent compensation consultant I Compensation survey or study | | | |
| | Form 990 of other organizations X Approval by the board or compensation committee | | | |
| | | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | |
| | organization or a related organization: | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | X |
| b | Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | | X |
| С | Participate in or receive payment from an equity-based compensation arrangement? | 4c | | Х |
| | 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: | | | 37 |
| а | The organization? | 5a | | X |
| b | Any related organization? | 5b | | X |
| | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the net earnings of: | | _ | 37 |
| | The organization? | 6a | | X X |
| b | Any related organization? | 6b | | Δ |
| _ | 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 | | | v |
| ~ | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | X |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | v |
| ~ | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | Х |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53.4958-6(c)? | 9 | | |

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

Schedule J (Form 990) 2020

032111 12-07-20

| Schedule J (Form 990) 2020 KANSAS | | CITY GIRLS | PREPARATORY | Y ACADEMY | **_**1824 | 824 | | Page 2 |
|--|-------------|--|---|---|----------------------------|-------------------------|---|---|
| Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed | oldu | yees, and Highest C | ompensated Emplo | oyees. Use duplica | te copies if additional s | pace 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. | e rel | ported on Schedule J 990, Part VII. | , report compensati | on from the organiza | ation on row (i) and fron | r related organization: | s, described in the instr | uctions, on row (ii). |
| Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total | d inc | dividual must equal th | | ırm 990, Part VII, S€ | ection A, line 1a, applica | able column (D) and (E | amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual | idual. |
| | | (B) Breakdown of W-2 an | V-2 and/or 1099-MIS | d/or 1099-MISC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | 2010 | (a)-(i)(a) | reported as deferred on prior Form 990 |
| (1) TOM KREBS | (i) | 71,611. | .0 | •0 | .0 | 3,251. | 74,862. | .0 |
| CHIEF EXECUTIVE OFFICER | | 72, | •0 | •0 | •0 | ,417 | 76,415. | •0 |
| | Ξ | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | Ξ | | | | | | | |
| | <u>(</u> | | | | | | | |
| | Ξ | | | | | | | |
| | Ē | | | | | | | |
| | Ξ | | | | | | | |
| | (<u>ii</u> | | | | | | | |
| | (j | | | | | | | |
| | (<u>ii</u> | | | | | | | |
| | Ξ | | | | | | | |
| | (ii) | | | | | | | |
| | (j) | | | | | | | |
| | Ē | | | | | | | |
| | | | | | | | Schedu | Schedule J (Form 990) 2020 |

35

032112 12-07-20

| Page 3 | - | | | | | | | | | | m 990) 2020 |
|--|---|--|--|--|--|--|--|--|--|--|----------------------------|
| **-**1824 | 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. | | | | | | | | | | Schedule J (Form 990) 2020 |
| Schedule J (Form 990) 2020 KANSAS CITY GIRLS PREPARATORY ACADEMY | 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 Par | | | | | | | | | | |

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 for the latest information.



Employer identification number **-**1824

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IN THE WORLD TO CREATE ECONOMICALLY INDEPENDENT AND PERSONALLY

FULFILLING LIVES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AFFILIATE OF THE YOUNG WOMEN'S LEADERSHIP NETWORK, A NATIONAL NETWORK

KANSAS CITY GIRLS PREPARATORY ACADEMY

OF SINGLE-GENDER SCHOOLS, AND IS SPONSORED BY THE MISSOURI CHARTER

PUBLIC SCHOOL COMMISSION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

EXCELLENT EDUCATION. AS EXPECTED, STUDENTS ARRIVED IN 5TH GRADE WITH

LITERACY AND NUMERACY SKILLS RANGING FROM KINDERGARTEN TO 4TH GRADE

PROFICIENCY. DUE TO TEACHERS' BALANCE OF RIGOR AND SUPPORT, STUDENTS

ACHIEVED RAPID GROWTH. IN JUST FIVE MONTHS OF INSTRUCTION, FOR EXAMPLE,

FULLY 1/3 OF STUDENTS GREW OUT OF THE "BELOW BASIC" PERFORMANCE

CATEGORY IN MATHEMATICS ON STANDARDIZED ASSESSMENTS.

3) SUPPORT DURING THE PANDEMIC THE SCHOOL QUICKLY FUNDRAISED FOR AND

ISSUED CHROMEBOOKS AND WI-FI DEVICES TO ALL STUDENTS AFTER THE START OF

THE PANDEMIC. INSTRUCTION CONTINUED, AND FAMILIES WERE SUPPORTED WITH

WEEKLY MEAL KITS (5 BREAKFASTS AND LUNCHES) DELIVERED TO THEIR HOMES

FOR ALL CHILDREN UNDER AGE 18.

4) FINANCES THE SCHOOL BALANCED CONSERVATIVE EXPENSE FORECASTS, TIGHT

SPENDING MANAGEMENT, AND A PROACTIVE FUNDRAISING STRATEGY TO LIMIT

COSTS WHILE EARNING THE DISTINCTION OF BEING THE FIRST SCHOOL IN

MISSOURI TO WIN GRANTS FROM THE HIGHLY SELECTIVE NEW SCHOOLS VENTURE

FUND. THE SCHOOL ALSO EARNED SUPPORT FROM OTHER SELECTIVE NATIONAL

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

 032211
 11-20-20

37

| Schedule O (Form 990 or 990-EZ) 2020 | Page 2 | | | | | |
|--|--|--|--|--|--|--|
| Name of the organization KANSAS CITY GIRLS PREPARATORY ACADEMY | Employer identification number **-**1824 | | | | | |
| FUNDERS LIKE THE CHARTER SCHOOL GROWTH FUND AND THE FEDERA | L DEPARTMENT | | | | | |
| OF EDUCATION. THESE GRANTS, IN COMBINATION WITH AN INCREDI | BLY | | | | | |
| SUPPORTIVE LOCAL PHILANTHROPIC COMMUNITY, HAVE FULLY FUNDE | D THE MIDDLE | | | | | |
| SCHOOL FACILITY AND START-UP COSTS. | | | | | | |
| 5) TEAM DEVELOPMENT THE SCHOOL IS STRONGLY COMMITTED TO H | IGH QUALITY | | | | | |
| DEVELOPMENT FOR ITS TEAM IN ORDER TO MAXIMIZE STUDENT GROW | TH. FOR | | | | | |
| EXAMPLE, THE SCHOOL IS PART OF TWO SELECTIVE, NATIONAL CON | ORTS OF | | | | | |
| HIGH-PERFORMING SCHOOLS TO AID DEVELOPMENT IN ITS SOCIAL EMOTIONAL | | | | | | |
| LEARNING AND MATHEMATICS INSTRUCTION. THE TEAM WORKS WITH | ТНЕ | | | | | |
| NATIONALLY RECOGNIZED EXPERTS IN LITERACY SPECIAL EDUCATION | N, AND | | | | | |
| TEACHING ENGLISH AS A SECOND LANGUAGE. INVESTMENTS IN PROF | ESSIONAL | | | | | |
| DEVELOPMENT ALIGNED TO RESEARCHED-BASED BEST PRACTICES HAV | E MAXIMIZED | | | | | |
| STUDENT GROWTH. | | | | | | |
| | | | | | | |

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

THE 990 IS PREPARED AND REVIEWED BY A INDEPENDENT AUDITING FIRM. THE 990 IS REVIEWED BY ED-OPS, A CONTRACTED FINANCIAL SERVICES PROVIDER. IT IS ALSO REVIEWED BY THE BOARD FINANCE COMMITTEE AND THE CEO. ANY QUESTIONS OR COMMENTS RELATED TO ITS PREPARATION ARE DOCUMENTED BY THE BOARD FINANCE COMMITTEE AND ED-OPS. THESE COMMENTS AND QUESTIONS ARE FORWARDED TO THE INDEPENDENT ACCOUNTING FIRM PREPARING THE RETURN FOR REVISION AND RECONCILIATION. A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD BEFORE IT IS FILED.

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. Schedule O (Form 990 or 990-EZ) 2020 032212 11-20-20 38

2020.05093 KANSAS CITY GIRLS PREPARA 05843.A2

| Schedule O (Form 990 or 990-EZ) 2020 | Page 2 |
|---|---|
| Name of the organization KANSAS CITY GIRLS PREPARATORY ACADEMY | Employer identification number * * - * * 1824 |
| TRANSACTIONS ARE THEN AUTHORIZED BY THE CEO BEFORE SUBMISS | ION TO THE BOARD |
| OF DIRECTORS. IF A CONFLICT ARISES, THE BOARD WILL DETERMI | NE WHETHER KANSAS |
| CITY GIRLS PREPARATORY ACADEMY CAN OBTAIN WITH REASONABLE | EFFORTS AN |
| ARRANGEMENT WITH A PERSON OR ENTITY THAT DOES NOT GIVE RIS | E TO A CONFLICT. |
| IF A MORE ADVANTAGEOUS ARRANGEMENT IS NOT POSSIBLE, A DECI | SION IS MADE BY |
| MAJORITY VOTE OF THE DISINTERESTED DIRECTORS. | |

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

THE BOARD OF DIRECTORS DETERMINES COMPENSATION FOR THE CEO THROUGH ANNUAL EVALUATIONS AND MARKET-BASED COMPENSATION RESEARCH. COMPENSATION FOR THE CEO WAS DETERMINED UPON INITIAL HIRE THROUGH MARKET-BASED RESEARCH AND PHILOSOPHICAL CONSIDERATIONS. THE CEO DOES NOT RECEIVE COMPENSATION OUTSIDE OF THE ANNUAL SALARY, WHICH IS INCREASED ONLY IN ACCORDANCE WITH AN ANNUAL ORGANIZATION-WIDE ANNUAL COST OF LIVING INCREASE THAT IS IDENTICAL FOR ALL EMPLOYEES.

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 IX, LINE 11G, OTHER FEES:

PROFESSIONAL AND TECHNICAL SERVICES:

PROGRAM SERVICE EXPENSES187,177.MANAGEMENT AND GENERAL EXPENSES277,612.FUNDRAISING EXPENSES404.

TOTAL EXPENSES

STUDENT TRANSPORTATION:

032212 11-20-20

465,193.

15210426 352540 05843.ACDMY

39 2020.05093 KANSAS CITY GIRLS PREPARA 05843.A2

| MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES FOOD SERVICE: PROGRAM SERVICE EXPENSES 123,26 MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES 123,26 | Schedule O (Form 990 or 990-EZ) 2020 Name of the organization KANSAS CITY GIRLS PREPARATORY ACADEMY | Page Employer identification numbe **-**1824 |
|--|---|--|
| FUNDRAISING EXPENSES TOTAL EXPENSES 41,55 FOOD SERVICE: PROGRAM SERVICE EXPENSES 123,26 MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES 123,26 | PROGRAM SERVICE EXPENSES | 41,553. |
| TOTAL EXPENSES 41,55 FOOD SERVICE: 123,26 PROGRAM SERVICE EXPENSES 123,26 MANAGEMENT AND GENERAL EXPENSES 123,26 FUNDRAISING EXPENSES 123,26 TOTAL EXPENSES 123,26 | MANAGEMENT AND GENERAL EXPENSES | 0. |
| FOOD SERVICE: PROGRAM SERVICE EXPENSES 123,26 MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES 123,26 | FUNDRAISING EXPENSES | 0. |
| PROGRAM SERVICE EXPENSES 123,26 MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES 123,26 | TOTAL EXPENSES | 41,553. |
| MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES 123,26 | FOOD SERVICE: | |
| FUNDRAISING EXPENSES TOTAL EXPENSES 123,26 | PROGRAM SERVICE EXPENSES | 123,262. |
| TOTAL EXPENSES 123,26 | MANAGEMENT AND GENERAL EXPENSES | 0. |
| | FUNDRAISING EXPENSES | 0. |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 630,00 | TOTAL EXPENSES | 123,262. |
| | TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 630,008. |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 032212 11-20-20 Schedule O (Form 990 or 990-EZ | | chedule O (Form 990 or 990-EZ) 202 |

| SCHEDULE R (Form 990) Department of the Ti Internal Revenue Sei | easury | Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▲ Attach to Form 990. ▲ Go to www.irs.gov/Form990 for instructions and the latest information. | anizations and Unrelated Partnerships ion answered "Yes" on Form 990, Part IV, line 33, 34, 35k ▶ Attach to Form 990. gov/Form990 for instructions and the latest information. | tnerships ine 33, 34, 35b, 36 t information. | 3, or 37. | | OMB No. 1545-0047 2020 Open to Public Inspection |
|--|---|--|---|---|---|-------------------------------------|--|
| Name of | Name of the organization KANSAS CITY GII | GIRLS PREPARATORY ACADEMY | АДЕМҮ | | | Employer identi * * _ * * 1 | Employer identification number * * _ * * * 1824 |
| Part I | Identification of Disregarded Entities. Complete if the organization | e if the organization answered "Yes" of | answered "Yes" on Form 990, Part IV, line 33. | | | | |
| | (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | me End-of-year assets | | (f) Direct controlling entity |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Part II | dentification of Related Tax-Exempt Organizations. | ions. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax exempt | nswered "Yes" on Form 990 | , Part IV, line 34, b | ecause it had one | or more related tax-ex | empt |
| | (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? Yes No |
| KANSAS CITY FOUNDATION 227, KANSAS | GIRLS PREPATORY ACADEMY - 83-2089744, 4550 MAIN ST, STE CITY, MO 64108 | TO SUPPORT | MISSOURI | 501(C)(3) | LINE 12A, I | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| For Pap | For Paperwork Reduction Act Notice, see the Instructions for Form 990. | for Form 990. | | | | Schedule I | Schedule R (Form 990) 2020 |

032161 10-28-20 LHA

41

| Schedule R (Form 990) 2020 KANSAS | AS CITY GIRLS | | PREPARATORY | ACADEMY | Z | | | | * * * | **1824 | E Pade 2 |
|---|--------------------------------|--|--|---|---|--|---|---|---|--|---|
| ted | ganizations Taxable a | as a Partne IX year. | | the organiza | Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related | es" on Form 990 | Part IV, line | 34, becaus | se it had one or | more relate | |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | | (f) Share of total sincome er | (g) Share of end-of-year assets | (h) Disproportionate allocations? | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) I General or F DX managing JIE partner? 55) Yes No | (k) r Percentage ownership |
| | | 16 | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Part IV Identification of Related Organizations Taxable as a Corporation or an organizations treated as a corporation or trust during the tax year. | ganizations Taxable a | as a Corpo ng the tax y | or Trust. | omplete if the | Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related | wered "Yes" on I | ⁻ orm 990, Pa | urt IV, line 3 | 4, because it ha | id one or m | ore related |
| (a) Name, address, and EIN of related organization | Zg | Prime | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | f total me | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? Yes No |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 032162 10-28-20 | | | | | | | - | - | Sche | dule R (Fo | Schedule R (Form 990) 2020 |

42

| ACADEMY | |
|----------------------------|--|
| PREPARATORY | |
| GIRLS | |
| CITY | |
| KANSAS | |
| Schedule R (Form 990) 2020 | |

| or 36. |
|--------------------|
| 35b, |
| 34, (|
| line |
| art IV, |
| Ū, |
| 1 990 |
| Form |
| uo ' |
| 'Yes' |
| /ered ⁻ |
| ISWe |
| on ar |
| izatic |
| rgan |
| the o |
| te if t |
| mplete |
| Cor |
| ons. |
| izati |
| rgan |
| Ю ро |
| elate |
| th |
| s Wi |
| tion |
| nsac |
| Tra |
| > |
| Part |
| |

| dule. | |
|----------|--|
| sched | |
| of this | |
| , or IV | |
| II, III, | |
| Parts I | |
| .⊑ | |
| listed | |
| '. | |
| entity | |
| if any | |
| line 1 | |
| omplete | |
| te: O | |
| | |

| | | | | - | - | |
|--|---|--|--|------------|-------|---|
| Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | | Yes 1 | Ŷ |
| 1 During the tax year, did the organization engage in any of the following transactions | with one or more rel | transactions with one or more related organizations listed in Parts II-IV? | n Parts II-IV? | | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | | | 1 a | | × |
| b Gift, grant, or capital contribution to related organization(s) | | | | 1b | - | Х |
| c Gift, grant, or capital contribution from related organization(s) | | | | 1c | | X |
| d Loans or loan guarantees to or for related organization(s) | | | | 1d | | X |
| e Loans or loan guarantees by related organization(s) | | | | 1e | X | |
| | | | | | | |
| f Dividends from related organization(s) | | | | 1f | | X |
| g Sale of assets to related organization(s) | | | | 1 g | _ | × |
| h Purchase of assets from related organization(s) | | | | 1h | | Х |
| i Exchange of assets with related organization(s) | | | | 1i | | × |
| j Lease of facilities, equipment, or other assets to related organization(s) | | | | 1 | | × |
| | | | | | | |
| k Lease of facilities, equipment, or other assets from related organization(s) | | | | ţ | Х | |
| I Performance of services or membership or fundraising solicitations for related organization(s) | iization(s) | | | 1 | | Х |
| m Performance of services or membership or fundraising solicitations by related organization(s) | ization(s) | | | 1 T | Х | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | n(s) | | | 1n | | X |
| Sharing of paid employees with related organization(s) | | | | 10 | X | |
| | | | | | | |
| p Reimbursement paid to related organization(s) for expenses | | | | 1p | | X |
| q Reimbursement paid by related organization(s) for expenses | | | | 1q | | X |
| | | | | | | |
| r Other transfer of cash or property to related organization(s) | | | | + | | × |
| s Other transfer of cash or property from related organization(s) | | | | 1s | _ | Х |
| s for infor | to must complete thi | s 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 | olved | | |
| (1) KANSAS CITY GIRLS PREP ACADEMY FOUNDATION | К | 108,000. | CASH TRANSACTION | | | |
| (2) KANSAS CITY GIRLS PREP ACADEMY FOUNDATION | 0 | 210,167. | CASH TRANSACTION | | | |
| (3) KANSAS CITY GIRLS PREP ACADEMY FOUNDATION | ы | 125,000. | CASH TRANSACTION | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| | | | | | | |

43

(6) 032163 10-28-20

Schedule R (Form 990) 2020

| Page 4 | | (ənus | (k) Percentage ownership | | | | | 990) 2020 |
|-----------------------------------|---|---|---|---|--|--|------|----------------------------|
| 1824 | | gross revenue) | (j) General or F managing partner? Yes NO | 2 | | | | (Form |
| **_**1{ | | otal assets or gro | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Ye | | | | | Schedule R (Form 990) 2020 |
| | | red by t | (h) Dispropor- tionate allocations? Yes No | | | | | |
| | 37. | of its activities (measu | (g) Share of end-of-year assets Y | | | | | |
| | 990, Part IV, line : | than five percent | (f) Share of total income | | | | | |
| | on Form | ed more | er orgs.? | | | | | |
| XY ACADEMY | ization answered "Yes" | which the organization conducted more than five percent of its activities (measured by total assets or ain investment partnerships. | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | | | | | |
| PREPARATORY | nplete if the organ | p through which tl ion for certain inve | (c) Legal domicile (state or foreign country) | | | | | |
| CITY GIRLS | o le as a Partnership. Cor | ntity taxed as a partnershi tructions regarding exclus | (b) Primary activity | | | | | |
| Schedule R (Form 990) 2020 KANSAS | 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 cond that was not a related organization. See instructions regarding exclusion for certain investment partnerships. | (a) Name, address, and EIN of entity | | | | | |

032164 10-28-20

44

| Schedule R | (Form 990 |) 2020 |
|------------|-----------|--------|
|------------|-----------|--------|

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

Schedule R (Form 990) 2020

032165 10-28-20