EXTENDED TO MAY 15, 2020 **Exempt Organization Business Income Tax Return**

(and proxy tax under section 6033(e))

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019 ► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Name of organization (Check box if name changed and see instructions.)

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|-------------------|----|
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31

| Lipi Deductions Not Taken Elsewhere (See instructions for limitations on deductions) | | |
|--|-----|--------------------------|
| (Except for contributions, deductions must be directly connected with the unrelated business income) | | |
| Compensation of officers, directors, and trustees (Schedula ECEIVED | 14 | |
| Salaries and wages RECEIVED | 15 | 184,441. |
| Repairs and maintenance | 16 | 687. |
| Bad debts | 17 | |
| Interest (attach schedule) (see instructions) | 18 | |
| Tayer and licences | 19 | 12,089. |
| Charitable contributions (See instructions for Himitation (INC.) | 20 | |
| Depreciation (attach Form 4562) | | |
| Less depreciation claimed on Schedule A and elsewhere on return | 22b | 30,010. |
| Depletion | 23 | |
| Contributions to deferred compensation plans | 24 | |
| Employee benefit programs | 25 | |
| Excess exempt expenses (Schedule I) | 26 | |
| Excess readership costs (Schedule J) | 27 | |
| Other deductions (attach schedule) SEE STATEMENT 1 | 28 | 85,670. |
| Total deductions. Add lines 14 through 28 | 29 | 312,897. |
| Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | 30 | 8,326. |
| Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) | 31 | |
| Unrelated business taxable income. Subtract line 31 from line 30 | 32 | -8,326. |
| 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions. | 1 | Form 990-T (2018) |
| 14 143399 112471 2018 06000 KAUPEMAN CENTER I | 7∩R | THE P 11247 |

2939306518835

OMB No 1545-0687

2018

D Employer identification number

43-1866550

X No

(C) Net

304.573

304,571

Other trust

(Employe

instructions)

Department of the Treasury Internal Revenue Service

Check box if

address changed

| F | orm 990-T | (\$18) KAUFFMAN CENTER FOR THE PERFORMING ARTS | <u>s</u> | 43 | -186 | 6550 | Page 2 | | | |
|----|-----------|--|-------------|--------------------|-------------|--------------------|--|--|--|--|
| | Part I | ∬ Total Unrelated Business Taxable Income | | | | | | | | |
| \ | 33 / | Total of unrelated business taxable income computed from all unrelated trades or businesses (se | e instru | ctions) | | 33 | -8,326. | | | |
| \ | 34 | Amounts paid for disallowed fringes | | · | | 34 | | | | |
| | 35 | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru | uctions) | STMT | 2 | 35 | 0. | | | |
| | 36 | Total of unrelated business taxable income before specific deduction. Subtract line 35 from the si | | | | | | | | |
| | 30 | lines 33 and 34 | 1 | \ | | 36 | -8,326. | | | |
| | | 1217 | 7 | 1 | a | | 1,000. | | | |
| | 37 | , , , | | | | | | | | |
| | 38 | Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line | <i>3</i> 6, | | 11 | | 0 226 | | | |
| _ | | eater the smaller of zero or line 36 | | | -+ | 38 | -8,326. | | | |
| -L | Part / | | | | | 1 1 1 1 | | | | |
| | 39 | Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21) | | | \ ▶ | 39 | 0. | | | |
| | 40 | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount | on line 3 | 38 from: | • | | | | | |
| | | Tax rate schedule or Schedule D (Form 1041) | <u> </u> | | | 40 | | | | |
| | 41 | Tax rate schedule or Schedule D (Form 1041) Proxy tax. See instructions Alternative minimum tax (trusts only) Tax on Noncompliant Facility Income. See instructions | ノ | | | 41 | | | | |
| | 42 | Alternative minimum tax (trusts only) | | | | 42 | | | | |
| | 43 | Tax on Noncompliant Facility Income. See instructions | | | | 43 | | | | |
| | 44 | Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies | | | 1 | 44 | 0. | | | |
| 니 | Part) | | | | , | - 1 | | | | |
| 广 | | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 45a | | | | | | | |
| / | | Other credits (see instructions) | 45b | | | 1 | | | | |
| | | General business credit. Attach Form 3800 | 45c | | | 1 | | | | |
| | C | | 45d | | - | 1 · | | | | |
| | | Credit for prior year minimum tax (attach Form 8801 or 8827) | 430 | L | | 1-7-1 | | | | |
| | | Total credits. Add lines 45a through 45d | | | | 45e | 0. | | | |
| | 46. | Subtract line 45e from line 44 | — | 7 | | 46 | 0. | | | |
| | 47 | Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88 | 66 | Other (attach s | chedule) | 17 | | | | |
| | 48 | Total tax. Add lines 46 and 47 (see instructions) | | | 4 | 48 | 0. | | | |
| | 49- | 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line-2 | | , | 5 | 49 | 0. | | | |
| | 50 a | Payments: A 2017 overpayment credited to 2018 | 50a | | |] J .[| | | | |
| | b | 2018 estimated tax payments | - 50b | | |]] | | | | |
| | c | Tax deposited with Form 8868 | - 50c | | |] [| | | | |
| | d | Foreign organizations: Tax paid or withheld at source (see instructions) | 50d | _ | |] 1 | | | | |
| | | Backup withholding (see instructions) | 50e | | | 1 | | | | |
| | | Credit for small employer health insurance premiums (attach Form 8941) | 50f | | | 7 | | | | |
| | | Other credits, adjustments, and payments: Form 2439 | | | | 1. | | | | |
| | 9 | Form 4136 Other Total | 50g | | | | | | | |
| | | | 309 | | | 51 | | | | |
| | 51 | Total payments. Add lines 50a through 50g | | | | | | | | |
| | 52 | Estimated tax penalty (see instructions). Check if Form 2220 is attached | | | | 52 | | | | |
| | 53 | Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed | | | | 53 | | | | |
| | 54 | Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid | | 1 | | 54 | | | | |
| г | 55 D | Enter the amount of line 54 you want. Credited to 2019 estimated tax | | Refunded | | 55 | | | | |
| L | Part \ | | | e instructions | <u> </u> | | | | | |
| | 56 | At any time during the 2018 calendar year, did the organization have an interest in or a signature | | | | | Yes No | | | |
| | | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization | | | | | | | | |
| | | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the | foreign | country | | | | | | |
| | | here > | | | | | X | | | |
| | 57 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or tr | ansfero | r-to, a foreign tr | ust? | | X | | | |
| | | If "Yes," see instructions for other forms the organization may have to file. | | | | | , <u> </u> | | | |
| | 58 | Enter the amount of tax-exempt interest received or accrued during the tax year >\$ | | | | | | | | |
| - | | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and sta | | | my knowle | dge and be | elief, it is true, | | | |
| ; | Sign | correct, and complete Declaration of preparer (other than taxpayer) is based on all-information of which preparer | r has any | knowledge | _ | | | | | |
| | Here | (color), mes (7/5/20 KAUFFMA | או כיו | ENTER | | - | discuss this return with shown below (see | | | |
| | | Signature of officer Date Title | | | | | ? X Yes No | | | |
| - | | | ıtα | Check | _ | if PTIN | | | | |
| | _ | Print/Type preparer's name Preparer's signature Da | 1 1 | | | 4 | | | | |
| | Paid | TICA DIDUCT | ו עון | ع <i>ن</i> ا ا | mployed | 1 | 00220718 | | | |
| | Prepa | Le . COTTO MOM TIO | <u> </u> | | . ru. b | | | | | |
| | Use C | Only Firm's name ► CBIZ MHM, LLC | 00 | Firm' | s EIN 🕨 | 34 | 1-1874260 | | | |
| | | 700 WEST 47TH STREET, SUITE 11 | UU | | | 11. | .AE | | | |
| _ | | Firm's address ► KANSAS CITY, MO 64112 | | Phon | e no. E | <u> 179-8</u> | 45-5500 | | | |
| , | 323711 01 | _na_10 | | | | | Form 990-T (2018) | | | |

| Schedule A - Cost of Goods | Sold. Ente | r method of invent | ory v | raluation N/A | | · · · · · · · · · · · · · · · · · · · | | |
|---|--------------------|--|--|--|------------------------------|---|-----------------------|--|
| 1 Inventory at beginning of year | 1 | 0. | 6 | | | | 6 | 0. |
| 2 Purchases | 2 | | | Cost of goods sold. St | | ine 6 | | |
| 3 Cost of labor | 3 | | · | from line 5. Enter here | | | | |
| 4a Additional section 263A costs | | | | line 2 | si nore and in raici, | | | 232,887. |
| (attach schedule) | 4a | | ۱ ۾ | Do the rules of section | 263A (| with respect to | 7_ | Yes No |
| b Other costs (attach schedule) | | 232,887. | ľ | property produced or a | • | • | | |
| 5 Total. Add lines 1 through 4b | 5 | 232,887. | l | the organization? | To Tosaio, apply to | | - X | |
| Schedule C - Rent Income (| | | Per | | ease | d With Real Prop | erty) | |
| (see instructions) | | | | | | | | |
| 1. Description of property | | | | | | | | |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| | 2. Rent receiv | ved or accrued | | | | 0(0) Dadiet desemb | | |
| (a) From personal property (if the perconent for personal property is more 10% but not more than 50%) | centage of than | of rent for pe | rsonal | onal property (if the percented property exceeds 50% or if ed on profit or income) | je | 3(a) Deductions directly columns 2(a) ar | connect nd 2(b) (a | ttach schedule) |
| (1) | | | | | | | | |
| (2) | | | | | | | , | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| Total | 0. | Total | | | 0. | | | |
| (c) Total income. Add totals of columns | | nter | | | _ | (b) Total deductions. Enter here and on page 1, | | _ |
| here and on page 1, Part I, line 6, column Schedule E - Unrelated Deb | | Unaama | | | 0. | Part I, line 6, column (B) | <u> </u> | 0. |
| Schedule E - Ohrelated Deb | t-rinanced | illicome (see il | nstru | ctions) | | 3. Deductions directly con- | nostad u | uth or allegable |
| | | ĺ | 2 | . Gross income from | | to debt-finance | | |
| 1. Description of debt-fin | anced property | | or allocable to debt- financed property | | (a) | Straight line depreciation (attach schedule) | | (b) Other deductions (attach schedule) |
| | | | | | (attach schedule) (attach sc | | | (attach schools) |
| (1) | | | | | | | +- | |
| (2) | | | | | | | | |
| (3) | | | | | - | | | |
| (4) | | | | | | | 1 | |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or debt-fina | e adjusted basis allocable to anced property th schedule) | 6 | Column 4 divided by column 5 | | 7. Gross income reportable (column 2 x column 6) | (< | 8. Allocable deductions column 6 x total of columns 3(a) and 3(b)) |
| (1) | | | | % | | | | |
| (2) | - | | | % | | | | |
| (3) | - | | | % | | | | |
| (4) | | | | % | | | 1 | |
| | | | | | | nter here and on page 1, Part I, line 7, column (A). | | nter here and on page 1, Part I, line 7, column (B) |
| Totals | | | | . | | 0 | | .0. |
| Total dividends-received deductions in | cluded in columi | n 8 | | - 1 | | b | | 0. |
| | | | | | | | | Form 990-T (2018) |

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** SEE STATEMENT 3

| Schedule F - Interest, | Annuities | Rovalties | and Rents | From Co | ntrolle | d Organiza | tions 4.3 | | ructions | |
|-------------------------------------|---|------------------------------------|--|---|---|--|--|----------------------------------|-----------------------------|---|
| Gonedaic 1 - Interest, 7 | 111111111111111111111111111111111111111 | Tioyanics | | Controlled O | | | 10113 | see msi | ructions |) |
| 1. Name of controlled organizat | Name of controlled organization 2. Employer identification number | | 3. Net unr | 3. Net unrelated income 4. | | tal of specified ments made | 5. Part of column 4 that included in the controlli organization's gross inco | | olling connected with incom | |
| <u></u> | | | | | | | | | | |
| (1) | | | | | | | - | | \rightarrow | |
| (3) | | | <u> </u> | ., | | | | | | |
| (4) | | | | | | • | | | | |
| Nonexempt Controlled Organi | zations | | | | · | | | | | |
| 7. Taxable Income | | lated income (los instructions) | s) 9. Total | of specified payn made | nents | 10. Part of colum in the controllin gross | nn 9 that is in ng organizatio income | cluded on's | | uctions directly connected noome in column 10 |
| (1) | | | | | | | | | | . |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| | | | | | | Enter here and | ns 5 and 10 on page 1, Pa olumn (A). | - | Enter her | columns 6 and 11 e and on page 1, Part I, ne 8, column (B) |
| Totals | | | | | ▶ | | | 0. | | 0. |
| Schedule G - Investme | | of a Sect | tion 501(c)(7 | '), (9), or (⁻ | 17) Org | ganization | | | | |
| (see-instr | ructions) | | | T | | | | | | T |
| 1. Desc | ription of income | | | 2. Amount of | ncome | Deduction directly connect (attach schedu | ted | 4. Set-as (attach sch | | 5. Total deductions and set-asides (col 3 plus col 4) |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | - |
| (3) | | | | | | | | | | |
| _(4) | | | | | | State of the state | 301 . 400 d 50 200 | Clar w W A | 3 \$ 000 /12 - 15 | |
| , | | | | Enter here and o Part I, line 9, col | umn (A) | | | 5 | | Enter here and on page 1, Part I, line 9, column (B) |
| Totals | | | | <u> </u> | 0.] | 27 / 1000 / 1000 | | | | 0. |
| Schedule I - Exploited I | • | ctivity Inc | ome, Other | Than Adv | ertisin | g Income | | | | |
| Description of exploited activity | 2. Gros unrelated bu sncome fr trade or bus | siness om | 3. Expenses rectly connected with production of unrelated usiness income | 4. Net incom from unrelated business (col minus column gain, compute through | trade or umn 2 3). If a cols 5 | 5. Gross incor from activity the is not unrelate business incor | nat ad | 6. Exper attributab column | ole to | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
| (1) | | | | | | | | | | |
| (2) | | | | | | - | | | | |
| (3) | | | | | | | | | | |
| (4) | Enter here a | ırti, | nter here and on page 1, Part I, | | | | | | | Enter here and on page 1, |
| Tatala | line 10, col | 0. | ine 10, col (B). | | | | | | | Part II, line 26 |
| Tetals Schedule J Advertisir | na Income | | 0 . | de esta de solo de | | Bir Andrew Periodici (1984) | 851 1 160 fd. | Marie Santa | a delaction | . 0. |
| 'Part' Income From F | | | | solidated | Basis | | | | | |
| <u></u> | | | | | | | | | | |
| 1. Name of periodical | ac | . Gross dvertising income | 3. Direct advertising costs | 4. Adverti or (loss) (co col ⁻ 3) If a ga cols 5 thr | l 2 minus in, comput | 5. Circulate income | on | 6. Readers costs | ship | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
| (1) | | | | | 13. X | ř | | | | TOWNS, AND |
| (2) | | | | | | § | | | | |
| (3) | | | | | | § | | | | |
| (4) | | | | 13.64.38g | | <u> </u> | | | | 题[位象的]研查系数 |
| Totals (carry to Part II, line (5)) | > | 0. | 0 | • | | | | | | 0. |
| | | | | | | | | | | Form 990-T (2018) |

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Form 990-T (2018) KAUFFMAN CENTER FOR THE PERFORMING ARTS 43-18665
Partil Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis) 4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7 7. Excess readership costs (column 6 minus column 5, but not more than column 4) 3. Direct 5. Circulation 6. Readership 1. Name of periodical income costs (1) (2) (3) (4) 0. ، 0-Ô. Totals from Part I Enter here and Enter here and on Enter here and on page 1, Part I, line 11, col (A) page 1, Part I, line 11, col (B) on page 1, Part II, line 27 0. 0. Totals, Part II (lines 1-5)

| 1. Name | 2. Title | 3. Percent of time devoted to business | Compensation attributable to unrelated business |
|--|----------|--|---|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| otal. Enter here and on page 1, Part II, line 14 | | , <u> </u> | |

Form 990-T (2018)

| FORM 990-T | OTHER DEDUCTIONS | STATEMENT 1 |
|---|------------------|---|
| DESCRIPTION | | AMOUNT |
| ADVERTISMENT FACILITY RENTALS MISCELLANEOUS OCCUPANCY PROFESSIONAL SERVICES SOFTWARE AND EQUIPMENT SUPPLIES | | 6,633. 33,135. 456. 22,482. 4,394. 13,600. 4,970. |
| TOTAL TO FORM 990-T, PAGE 1-, LI | NE 28 | 85,670. |

| FORM 990-T | | NET | OPERATING LOSS | DEDUCTION | STATEMENT 2 |
|------------|--------|--------------|-------------------------------|-------------------|------------------------|
| TAX YEAR | LOSS | SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
| 06/30/12 | | 86,859. | 41,308. | 45,551. | 45,551. |
| 06/30/14 | | 49,488. | 0. | 49,488. | 49,488. |
| 06/30/15 | | 86,159. | 0. | 86,159. | 86,159. |
| 06/30/16 | | 36,093. | 0. | 36,093. | 36,093. |
| NOL CARRYO | VER AV | AILABLE THIS | YEAR | 217,291. | 217, 291. |

| FORM 990-T | COST OF | GOODS | SOLD | - OTHER | COSTS | STATEMENT 3 |
|------------------------|-----------|--------|------|---------|-------|-------------|
| DESCRIPTION | | | | | | AMOUNT |
| DIRECT CATERING COSTS | | | | | | 232,887. |
| TOTAL TO FORM 990-T, S | CHEDULE A | A, LIN | E 4B | | | 232,887. |