832001 12-31-18

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Ī	A F	or the	2018 calendar year, or tax year beginning J	JL 1, 2018 and e	nding J	UN 30,	2019	
	B C	heck if oplicable	C Name of organization			D Employer	identific	ation number
		Addres	KAUFFMAN CENTER FOR THE	PERFORMING ARTS	3			
		Name change	Doing business as	43-18	366550			
		Initial return	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/suite			
		Final return/	1601 BROADWAY BLVD	<u> </u>			<u>816-9</u>	994-7200
		termin- ated]Amende	City or town, state or province, country, and 2	ZIP or foreign postal code		G Gross receipt		50,672,965.
	느	return Applica	KANSAS CITI, MO 04100	IODIGED GIONED		H(a) Is this a	•	
	Щ	tion pending	I F Name and address of principal difficer 110 11	OKIZED SIGNEK		for SUDO	rdinates?	
	ı T	24.640			1 527	1 ')'		ist (see instructions)
			WWW.KAUFFMANCENTER.ORG	1011/4/1/01	1	H(c) Group e		
				sociation Other	L Year			State of legal domicile: MO
	_		Summary					
	بو	1 6	Briefly describe the organization's mission or most s	significant activities SEE S	CHEDU	LE O		
	Governance	-			d of more	than OEO/ of the	- not coo	
	le.		Check this box Lightharpoonup if the organization discon the governing body (I)		ed of filore	UIAN 23% OF IC	3	8
	ő		Number of independent voting members of the governing body (•		-	4	6
1			Fotal number of individuals employed in calendar ye				5	71
2	Activities &		Total number of volunteers (estimate if necessary)	, , , ,			6	575
2	Ę	7 a 7	Total unrelated business revenue from Part VIII, colu	umn (C), line 12			7a	304,571.
5	^	1 d	Net unrelated business taxable income from Form 9	90-T, line 38			7ь	-8,326.
5				= 150 ()	Prior Year		Current Year
	e		Contributions and grants (Part VIII, line 1h)	01191	/ ⊢	13,285,		5,734,442.
	Revenue		Program service revenue (Part VIII, line 2g)		-	5,997, 2,514,		7,303,167.
	Rev		nvestment income (Part VIII, column (A), lines 3, 4,		<u> </u>	336,		59,563.
			Other revenue (Part VIII, column (A), lines 5, 6d, 8c, Fotal revenue - add lines 8 through 11 (must equal F			22,133,		17,682,105.
			Grants and similar amounts paid (Part IX, column (A				204.	137,135.
	ļ		Benefits paid to or for members (Part IX, column (A)	•		<u> </u>	0.	0.
	S		Salaries, other compensation, employee benefits (P			3,148,	644.	3,403,541.
	Expenses	16a F	Professional fundraising fees (Part IX, column (A), lir			43,	050.	43,370.
	ğ	b T	Fotal fundraising expenses (Part IX, column (D), line	25) ►947,80	<u>2. </u>	10 000		10.050.000
	쁴		Other expenses (Part IX, column (A), lines 11a-11d,	•	\vdash	18,888,		19,068,290.
			Total expenses Add lines 13-17 (must equal Part IX		\vdash	22,160, -26,	726	22,652,336. -4,970,231.
	- v		Revenue less expenses Subtract line 18 from line 1	2		ginning of Curre		End of Year
	ances ances		Fotal assets (Part X, line 16)			43,429,		434,524,524.
	Assets Baland		Fotal liabilities (Part X, line 16)			05,276,		105,370,919.
	到		Net assets or fund-balances Subtract line 21 from I	ine 20 .		38,153,		329,153,605.
- [Pa	rt II	Signature Block					
			ties of perjury, I declare that I have examined this return,					knowledge and belief, it is
	true,	correct	, and complete. Declaration of preparer (other than officer) is based on all information of which	ch preparer	has any knowled	ige.	
		ŀ	Signature of officer			 Date		
	Sıgr	- 1	• =	PENAN CENTED		Date		
	Here	e	AUTHORIZED SIGNER, KAUF Type or print name and title	FMAN CENTER				
•			Print/Type preparer's name	Preparer's signature	1	Date	Check	PTIN
	Paid	þ	LISA BURKE				it self-employe	P00220718
	Ргер	arer	Firm's name CBIZ MHM, LLC			Firm's	EIN 🕨	34-1874260
	Use	Only	Firm's address 700 WEST 47TH STF					
			KANSAS CITY, MO 6			Phone	e no. 816	5-945-5500
			S discuss this return with the preparer shown above					X Yes No Form 990 (2018)
	83200	11 12-21	-18 LHA For Paperwork Reduction Act Notice	e see me senarate instruction	15.			Form 330 (2018)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	rt III Statement of Program Service Accomplishments	.866550 Page 2
Fai	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's-mission	
•	SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the tot	al expenses, and
	revenue, if any, for each program service reported. (Code) (Expenses \$ 19,548,766. Including grants of \$137,135. (Revenue \$)	7 050 150 3
4a	(Code) (Expenses \$19,548,766. including grants of \$137,135.) (Revenue \$\$	7,058,159.
	SEE SCREDULE O	
		
		
		
4b	(Code) (Expenses \$) (Revenue \$)
		
		<u></u>
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
		
		
		
4d	Other program services (Describe in Schedule O)	
70	Expenses \$ including grents of \$) (Revenue \$)
4e	Total program service expenses ► 19,548,766.	
		Form 990 (2018)

SEE SCHEDULE O FOR CONTINUATION(S)

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Form 990 (2018) KAUFFMAN CENTER FOR THE PERFORMING ARTS 43-1

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			_
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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 98-197 If "Yes," complete Schedule C, Part III	5		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c		X.
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	-		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	<u> </u>
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	<u> </u>
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	ļ	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
	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,		i -	}
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	l		- -
	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	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			_v
	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,		₩	
40	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	4.0		x
40	1c and 8a? If "Yes," complete Schedule G, Part II	18_	 	┢┸
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"			x
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b	\vdash	
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21	x	-

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Form **990** (2018)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or-for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23	Х	
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? If "Yes," answer lines 24b-through 24d and complete			
	Schedule K If "No," go to line 25a	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	1		
	any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
- 26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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			
	instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	T.	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Х	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			х
00	director, trustee, or direct or indirect owner? If "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		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30	-	Х
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		- 22
31	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete			
02	Schedule N, Part II	32		х
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		х
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197			
[Dan	Note. All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			لل
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 44			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b. 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			٠ ــــــ ا
	(gambling) winnings to prize winners?	_1c_	990 ((2019)
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Form 990 (2018) KAUFFMAN CENTER FOR THE PERFORMING ARTS 43-1866550 Page 5

[Part V] Statements Regarding Other IRS Filings and Tax Compliance (continued)

				1	Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				1				
	filed for the calendar year ending with or within the year covered by this return	2a		1					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	•	2b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)	-	12	39%	企 机			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	X				
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	0		3b	Х				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthor	rty over, a	1	ŀ				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	4a		X			
b	b If "Yes,"-enter the name of the foreign country ▶								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	its (FBAR)						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	↓	X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b	ļ	X			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c	<u> </u>				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit		1				
	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 contribute	ons o	r gifts						
	were not tax deductible?	`		6b	£ 38 46	160527			
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 set	vices	provided to the payor	7 7a	X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	<u> </u>			
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired						
	to file Form 8282?	ı	ı	7c	49.50 50	X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u>7d</u>	<u></u>		38.2				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		:t?	7e	<u> </u>	X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f.		X			
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7 <u>g</u>	 				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h	50.4 5	#80° ()			
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
_	sponsoring organization have excess business holdings at any time during the year?			8		YEKA A			
9	Sponsoring organizations maintaining donor advised funds.				كثقلم	- 12.50 m			
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		┢──			
10 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	100 Sec. 1	(She)			
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12	10a	1						
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a							
11	Section 501(c)(12) organizations. Enter	[100	1		FE. 15				
''a	Gross income from members or shareholders	11a	1		THE STATE OF				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	· · · ·							
-	amounts due or received from them.)	11b			1984				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a	700				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1	12 × 1	美国特	77			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u>* </u>						
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			124	*****				
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c		7	2162	次製物			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b		L			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration	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	t incoi	ne ⁹	16	n, satis	X			
	If "Yes," complete Form 4720, Schedule O				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	1000 P			
				Forn	1 99U	(2018)			

Form 990 (2018) KAUFFMAN CENTER FOR THE PERFORMING ARTS 43-1866550 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI					X				
Sec	tion A. Governing Body and Management									
					Yes	No				
1a	Enter the number-of voting members of the governing body at the end of the tax year	1a	1	8	4 35.	12/3				
	If there are material differences in voting rights among members of the governing body, or if the governing	<u> </u>	Î.							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent 1b									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		anv other	\exists						
_	officer, director, trustee, or key employee?		,	2	eni betieta	X				
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t sunervision	_		 				
•	of officers, directors, or trustees, or key employees to a management company or other person?	u	t dapor violori	В		x				
4	Did the organization make any significant changes to its governing documents since the prior Form 99	an wa	e filad?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's asset		3 mea ·	5		X				
6	Did the organization have members or stockholders?	513'		6	\rightarrow	X				
	-	noint.	222	۲-	_	+				
14	Did the organization have members, stockholders, or other persons who had the power to elect or approximate members of the government body?	point	one or	ŀ.,		x				
	more members of the governing body? Are any government decisions of the graphization recognised to (or subject to encroved by) members at	aakba	ldoro or	78	<u> </u>	+^-				
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	OCKNO	iders, or		.]	x				
_	persons other than the governing body?		. fellaa.	71 (437)) (%)					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e following:		8 200	الأنشت				
	The governing body?		-	8	$\overline{}$	╁				
b	Each committee with authority to act on behalf of the governing body?			81	X	$+\!-\!\!-$				
9	Is there any officer, director, trustee, or key employee listed in Part-VII, Section A, who cannot be reach	hed a	t the		1	,,				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	i	X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue/	Code.)							
					Yes	-				
10a	Did the organization have local chapters, branches, or affiliates?			10	a	<u> </u>				
⁻b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.	apters	, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10	$\overline{}$					
11a	Has the organization provided a complete copy of this Form 990 to-all members of its governing body	befor	e filing the form?	11		ļ				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				£ 22	المُرْثِينَ الْمُ				
12a	a Did the organization have a written conflict of interest policy? If "No," go to line 13									
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12	ь Х	↓				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escnbe	-						
	ın Schedule O how this was done			12	c X	<u> </u>				
13	Did the organization have a written whistleblower policy?			_1;	X	<u> </u>				
14	Did the organization have a written document retention and destruction policy?			14	ı X					
15	Did the process for determining compensation of the following persons include a review and approval	by in	dependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official			15	a X					
b	Other officers or key employees of the organization		·	15	ьх	T				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			100	3 3.5	[* * 6]				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent w	ıth a							
	taxable entity during the year?			16	a	X				
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation			Takes I				
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi		•							
	exempt status with respect to such arrangements?		. •	16	h Marianta	1				
Sec	tion C. Disclosure				-,					
17	List the states with which a copy of this Form 990 is required to be filed ►MO									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and	4 990.	T (Section 501/c)(3)s onl	Λ availa	hle				
.0	for public inspection. Indicate how you made these available. Check all that apply	3 330	1 (00011011 00 1(0)(J/3 UIII	, avana	Die				
	Own website	in Co	hadula Ol							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con		,	nd fine	ocial					
13	statements available to the public during the tax year	mot O	interest policy, al	iu illid	icial					
20	· /	ke e-	d records							
20	State the name, address, and telephone number of the person who possesses the organization's boo COLBY T . JONES - $816-994-7225$	rs and	i records 🗩							
	1601 BROADWAY, KANSAS CITY, MO 64108									
					<u>000</u>	(2010)				
832006	. 12-31-18			F0	川 ュコト	(2018)				

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D); (E), and (F) if no-compensation was paid.
 - List all of the organization's current key employees, if any See 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

(A) Name and Title	(B) Average	(do	not c	Pos heck	more	than o	one	(D) Reportable	(E) ₋ Reportable	(F) Estimated
	hours per week	-box	, unle:	ss per	son ı	s both r/trus	าลก	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations - (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JULIA IRENE KAUFFMAN	1.00									
BOARD CHAIR		Х		X				0.	0.	0.
(2) DAVID LADY	1.00						1			
VICE CHAIR	·	Х		X	<u> </u>	<u> </u>	L	0.	0.	0.
(3) SHIRLEY BUSH HELZBERG	1.00									
TREASURER		X		X				0.	0.	0.
(4) SHARON-BLICKENSDERFER	1.00								_	_
BOARD MEMBER	<u> </u>	X	_		_		_	0	0.	0.
(5) LOUIS SMITH	1.00				ł					
BOARD MEMBER	1	Х			-		<u> </u>	0	0.	0.
(6) PEGGY DUNN	1.00	۱								
BOARD MEMBER	1 00	X		_	<u> </u>	_		0.	0.	0.
(7) JANICE KREAMER	1.00	. ,							_	
BOARD MEMBER	1 00	X	\vdash		├	-	-	0.	0.	0.
(8) KENNETH J. DWORAK	1.00	x	1					0.	0	^
BOARD MEMBER (9) PAUL SCHOFER	50.00	^	-	-	├		-	· ·	U.a	0.
CEO PRESIDENT	30.00	ł		х		l		303,721.	0.	24,295.
(10) PATRICK DONNELLY	50.00	┢	-	Α		\vdash		303,721.	<u></u>	24,233.
DIRECTOR OF THEATER OPERAT	30.00	1				x		146,661.	0.	7,342.
(11) WILLIAM MILLER	50.00	\vdash			\vdash	<u> </u>	 	110,0011	•	,,3120
VP OF OPERATIONS	30.00	1				x		150,615.	0.	7,531.
(12) LISA VOSS-	50.00	\vdash				Ë	-			
DIRECTOR OF SALES - SPECIAL EVENTS		1				Х		131,505.	0.	18,262.
(13) JANET MARK	50.00									
DIRECTOR OF DEVELOPMENT		1				X		158,923.	0.	16,572.
		1								
		$ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{L}}}}$	<u> </u>		L	<u> </u>	_			
		1								
		<u> </u>					<u> </u>			- 000 roots

Form 990 (2018)

week officer.and a director/trustee) from from related other	
hours per hours per week (list any - 5 list any -	(F)
Nours per box, unless person is both an officer.and a director/trustee) from from related other (list any - \frac{15}{15} \] the organizations compensation	Estimated
(list any - g the organizations compensations	amount of
	1
related organizations below line) li	compensation
organizations below line) Second S	·
below line) Sometime Properties Prope	1 -
line) holifica (anil) (
	3.5
<u> </u>	
	-
1b Sub-total 891,425. 0. 74,000	74,002.
· · · · · · · · · · · · · · · · · · ·	
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable	
compensation from the organization	5
	Yes No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on	
· · · · · · · · · · · · · · · · · · ·	3 X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization	
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4 X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services	
	5 X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MYRON GREEN CORPORATION, 8500 SHAWNEE		
MISSION PKWY, MERRIAM, KS 66202	CATERING	2,323,728.
HARVEST PRODUCTIONS, 1340 BURLINGTON,	PRODUCTION LABOR &	
NORTH KANSAS CITY, MO 64116	EQUIPMENT	890,475.
DSS, 11936 W 119TH ST, STE 305, OVERLAND	PRODUCTION LABOR &	
PARK, KS 66213	EQUIPMENT	407,411.
P1 GROUP		
16210 W 108TH STREET, LENEXA, KS 66219	ENGINEERING	387,459.
TITAN PROTECTION AND CONSULTING, 9350		
METCALF AVE, STE 210, OVERLAND PARK, KS	SECURITY	310,556.
2 Total number of independent contractors (including but not limited to those liste	ed above) who received more than	
\$100,000 of compensation from the organization > 29		

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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under (C) Unrelated Related or Total revenue exempt function business revenue revenue Federated campaigns Membership dues 1b c Fundraising events 1c 5,693,904 d Related organizations 1d 40,538 e Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above Q Noncash contributions included in lines 1a-1f \$ 5.,734,442 h Total. Add lines 1a-1f Business Code 2 a FACILITY RENTAL 711190 3,233,511 2,928,940 304.571. 711190 2,796,940. TICKET SALES 2,796,940. 711190 653,373. 653,373 SPONSORSHIP OTHER PRODUCTION REVENUE 711190 .584,048. 584,048. EQUIPMENT RENTAL 711190 35,295. 35,295 f All other program service revenue 7,303,167. Total. Add lines 2a-2f Investment income (including dividends, interest, and 2,138,454. 2,138,454. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 35,373,581. assets other than inventory b Less cost or other basis 32,927,102. and sales expenses 2,446,479. c Gain or (loss) 2,446,479 d Net gain or (loss) 2 446 479 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less-direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 123,321 and allowances 63,758 b Less cost of-goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a d All other revenue e Total. Add lines 11a-11d 17,682,105. 7.058.159 304 571. 4,584,933.

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Total revenue. See instructions

	Section \$ 100.1 and \$51.1(a)(4) argamentations must complete all columns. All other expansions must complete column (A)									
Secu	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX									
(A) (B) (C) (D)										
	Bb, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses					
1	Grants and other assistance to domestic organizations		Схропаса	Service Capenses	CAPCING SHOW					
•	and domestic governments. See Part IV, line 21	137,135.	137,1-35.	多 身多。						
2	Grants and other assistance to domestic	20,72000	201,/200	45.76.4E.20.77.53						
~	individuals See Part IV, line 22									
3	Grants and other assistance to foreign	1.411 12								
_	organizations, foreign governments, and foreign									
	individuals See Part IV, lines 15 and 16				(A)					
4	Benefits paid to or for members			CAN TO THE SAME OF						
5	Compensation of current officers, directors,									
	trustees, and key employees	348,966.	179,324.	106,160.	63,482.					
6	Compensation not included above, to disqualified	-								
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
· 7	Other salaries and wages	2,337,900.	1,201,381.	711,220.	425,299.					
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)	81,071.	41,660.	24,663.	14,748. 80,842.					
9	Other employee benefits	444,396.	228,363.	135,191.	80,842.					
10	Payroll taxes	191,208.	98,256.	58,168.	34,784.					
11	Fees for services (non-employees)	•		,						
а	Management									
b	Legal	5,128.	3,401.	1,116.	611.					
С	Accounting	42,549.	28,221.	9,257.	5,071.					
d	Lobbying		The state of the s	The same and the same						
е	Professional fundraising services. See Part IV, line 17				43,370.					
f	Investment management fees	172,450.	114,380.	37,519.	20,551.					
g	Other (If line 11g amount exceeds 10% of line 25, .	0.4.5.4.5.0	100 050	54 200						
	column (A) amount, list line 11g expenses on Sch O.)	246,458.	192,059.	54,399.	00 154					
12	Advertising and promotion	441,422.	419,268.	07.061	22,154.					
13	Office expenses	141,459.	85,469.	27,061.	28,929.					
14	Information technology	366,417.	21-9,850.	109,925.	36,642.					
15	Royalties	455 010	440 170	0.040	F 600					
16	Occupancy	455,910.	442,172.	8,040.	5,698.					
17	Travel	150,757.	42,939.	46,440.	61,378.					
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	2,233,968.	2,222,799.	6,701.	4,468.					
20	Interest	4,433,300.	4,444,133.	0,701.	4,400.					
21	Payments to affiliates	9,868,851.	9,819,506.	29,607.	19,738.					
22	Depreciation, depletion, and amortization	319,465.	253,680.	48,501.	17,284.					
23	Other expenses. Itemize expenses not covered	THE RESERVE AND THE PARTY OF TH	\$250,000.		17,201					
24	above. (List miscellaneous expenses in line 24e. If line									
	24e amount exceeds 10% of line 25, column (A)									
_	amount, list line 24e expenses on Schedule 0.) PROGRAMMING & PRODUCT.	1,643,259.	1,604,923.	Interview	38,336.					
a	REPAIRS & MAINTENANCE	1,523,227.	1,485,656.	21,916.	15,655.					
b c	BANK FEES	578,469.		578,469.						
d	SECURITY	512,137.	496,774.	8,962.	6,401.					
	All other expenses	366,364.	231,550.	132,453.	2,361.					
25_	Total functional expenses. Add lines 1 through 24e	22,652,336.	19,548,766.	2,155,768.	947,802.					
26	Joint costs. Complete this line only if the organization									
20	reported in column (B) joint costs from a combined				ł					
	educational campaign and fundraising solicitation.				}					
	Check here from if following SOP 98-2 (ASC 958-720)									
		·	<u> </u>		E1 000 (2010)					

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Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) End of year Beginning of year 3,185,384. 3,803,433. 1 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 2 79,615,082. 80,508,569. 3 3 Pledges and grants receivable, net 812,859. 833,838. 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L. 6 Notes and loans receivable, net 7 75,06367.847. 8 Inventories for sale or use 185.061. 168,678. Prepaid expenses and deferred charges ٩ 10a Land, buildings, and equipment cost or other 338,528,630. basis Complete Part VI of Schedule D 267,392,236. 79,844,862. 25<u>8,683,768.</u> 10b 10c b Less accumulated depreciation 84,938,188. 85,004,856. 11 11 Investments - publicly traded securities 6,067,831. 12 6,300,731. Investments - other securities See Part IV, line 11 12 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 205,107. 443,429,750. 105,743. Other assets See Part IV, line 11 15 15 4-34,524,524. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 1,859,711. 1,465,355. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 1,051,357. 1,409,383. 19 19 Deferred revenue 102,365,033. 102,496,181. 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 105,276,101. 105. 370.919 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 257,055,400. 249,004,529. 27 27 Unrestricted net assets 81,098,249. 80,149,076. 28 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 338,153,649. 33 329,153,605. 33 Total net assets or fund balances

Form 990 (2018)

434,524,524.

34

443,429,750.

Total liabilities and net assets/fund balances

Form	990 (2018) KAUFFMAN CENTER FOR THE PERFORMING ARTS	43-	1866550	Page 12
¿ P ai	Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,682	
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,652	
3	Revenue less expenses Subtract line 2 from line 1	3	-4,970	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	338,153	
5	Net unrealized gains (losses) on investments	5	<u>-</u> 3,596	<u>,715.</u>
6	Donated services and use of facilities	6		
7	Investment expenses	7	<u>.</u>	
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-433	<u>,098.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	329,153	<u>,605.</u>
Pai	Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>
	' _		Pot ve va	∕es No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		Kiri	
	If the organization changed its method of accounting from a prior year or checked-"Other," explain in Schedule C)		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis		عُلِينَا الْمُعْمَدُ الْمُعْمَدُ الْمُعْمَدُ الْمُعْمَدُ الْمُعْمَدُ الْمُعْمَدُ الْمُعْمَدُ الْمُعْمَدُ الْم	
b	Were the organization's financial statements audited by an independent accountant?		2b	X Service
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		
	consolidated basis, or both			
	X Separate-basis Consolidated basis Both consolidated and separate basis		الكَشَفُكُ اللَّهُ ا	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,		<u>.</u> -
	review, or compilation of its financial statements and selection of an independent accountant?			X
	If the organization changed either its oversight process or selection process during the tax year, explain in Scheo			* <u>*</u>
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Audi		
	Act and OMB Circular A-133?		3a	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		l:3th l	

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Form **990** (2018)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

Employer identification number

		KAUF.	FMAN CENTER	K FOR THE PER	KEOKMI	.NG AF	TS 4	3-1000000						
Pai	rt I	Reason for Public C												
The o	organi	zation is not a private founda												
1		A church, convention of chi		-)(A)(i).							
2	一	A school described in secti						1)						
3	Ħ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).												
4	H	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,												
4	ш		ation operated in cor	ijunction with a nospitar	described	iii secuo		and modphan o magno,						
_		city, and state An organization operated for		lana ar unuserarhi aumad	Lor operate	ad by a ga	vommontal unit describ	ad in						
5	لـــا			lege of university owned	or operate	ed by a go	venimental dini describi							
		section 170(b)(1)(A)(iv). (C												
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7	X	_												
		section 170(b)(1)(A)(vi). (Co	•											
8	\square	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)												
9		An agricultural research org												
		or university or a non-land-g	rant college of agnor	ulture (see instructions)	Enter the r	name, city	, and state of the college	e or						
		university												
10		An organization that normal	•											
		activities related to its exem	•	•										
		income and unrelated busin	iess taxable income	(less section 511 tax) fro	om busines	ses acquii	red by the organization a	after June 30, 1975						
		See section 509(a)(2). (Cor	•											
11		An organization organized a												
12		An organization organized a												
		more publicly supported org						Check the box in						
		lines 12a through 12d that o												
а	<u> </u>	Type I. A supporting orga												
		the supported organization	n(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustees of the s	upporting						
		organization You must c	-											
b		Type II. A supporting orga												
		control or management of	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the sup	ported						
		organization(s) You mus	t complete Part IV,	Sections A and C.										
С		Type III functionally inte	grated. A supporting	g organization operated	ın connect	ion with, a	and functionally integrate	ed with,						
		its supported organization	n(s) (see instructions)) You must complete I	Part IV, Se	ctions A,	D, and E.							
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in coi	nnection w	vith its supported organi	zation(s)						
		that is not functionally into	egrated The organiz	ation generally must sat	isfy a distr	ibution rec	juirement and an attenti	veness						
		requirement (see instructi	ons) You must con	nplete Part IV, Sections	A and D,	and Part	V.							
е		Check this box if the orga	nization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III							
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation								
f	Ente	er the number of supported o	organizations											
	Prov	ride the following information	about the supporte	d organization(s)										
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other						
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)						
				İ										
				<u> </u>										
						<u> </u>								
						ļ								
Tota		-		i — · — — —			1							

Schedule A (Form 990 or 990-EZ) 2018 KAUFFMAN CENTER FOR THE PERFORMING ARTS 43-1866550 Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and						_
	membership fees received (Do not				ŀ		
	ınclude any "unusual grants ")	3070924.	8951961.	17825119.	13285121.	5734442.	48867567.
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				i		
	the organization without charge						
4	Total. Add lines 1 through 3	3070924.	8951961.	17825119.	13285121.	5734442.	48867567.
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,	THE STATE OF					
	column (f)	DC 57 10 XX	建筑等产型,1000 00		No. Company and the	17 16 17 mag 14 0 11 ppm 4 ac.	22889884.
	Public support. Subtract line 5 from line 4		CARD KIND	i antiques den		CAR SE	<u>25977683.</u>
Sec	ction B. Total Support				T	·	T
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	3070924.	8951961.	17825119.	из285121.	5/34442.	48867567.
	Gross income from interest,	i i					
•	dividends, payments received on						
	securities loans, rents, royalties,		4400066		4.65.6500	0120454	1 7000040
	and income from similar sources	6831929.	1433066.	5149764.	1-656729.	2138454.	17209942.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						<u> </u>
10	Other income Do not include gain	1		-			
	or loss from the sale of capital	0.00 504	040 050	005 143	007 440		1100440
	assets (Explain in Part VI)	367,591.	5 / / As / 5/80/ YS. 5	285,143.	297,443.	KIN HOLD OF LOTE AND	1190449.
	Total support. Add lines 7 through 10			South the state of the			67267958.
	Gross receipts from related activities,		•				,236,,538.
13	First five years. If the Form 990 is for	•	first, second, thir	d, fourth, or fifth ta	ix year as a section	n 501(c)(3)	. —
Sec	organization, check this box and stop ction C. Computation of Publi	phere ic Support Per	centage				<u> </u>
	Public support percentage for 2018 (I			olumn (fl)		14	38.62 %
	Public support percentage from-2017			(7)		15	59.68 %
	33 1/3% support test - 2018. If the			n line 13, and line	14 is 33 1/3% or m		
	stop here. The organization qualifies						▶ X
ь	33 1/3% support test - 2017. If the		_		line 15 is 33 1/3%	or more, check th	
	and stop here. The organization qual	-			·		ightharpoons
17a	10% -facts-and-circumstances test		•		e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	_					•
	meets the "facts-and-circumstances"					_	ightharpoons
b	10% -facts-and-circumstances test	•	•			17a, and line 15 is	10% or
	more, and if the organization meets the	•					
	organization meets the "facts-and-circ				•		▶□
18	Private foundation. If the organization		·	•	-		s ▶
			,				or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 KAUFFMAN CENTER FOR THE PERFORMING ARTS 43-1866550 Page 3 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 to Section A. Public Support	selow, please comp	olete Part II)		 		
	T (=) 2014	/b) 2015	(=) 2016	(d) 2017	(e) 2018	(f) Total
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(0) 2017	(e) 2018	(i) 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	İ		}			
any activity that is related to the						ľ
organization's tax-exempt purpose					 	
3 Gross receipts from activities that		ľ				
are not an unrelated trade or bus-						
iness under section 513					 	-
4 Tax revenues levied for the organ-			ł			
ization's benefit and either paid to		İ			X	
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 disqualified persons		1	/	1		
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						ļ
c Add lines 7a and 7b			/		· · · · · · · · · · · · · · · · · · ·	
		-	1/			
8 Public support. (Subtract line 7c from line 6) Section B. Total Support	<u></u>	<u> </u>	// 	L	1	
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015/	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	(a) 2014	(6) 2013/	(6) 2010	(4) 2017	(e) 2010	III IOLAI
10a Gross income from interest,		/	-		+	
dividends, payments received on		/				
securities loans, rents, royalties,		/		-		
and income from similar sources	-	//			-	
b Unrelated business taxable income	1 /	Í		į		
(less section 511 taxes) from businesses						
acquired after June 30, 1975					 	
c Add lines 10a and 10b						
11 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	1					
assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)						<u></u>
14 First five years. If the Form 990 is for	or the organization's	s first, second, the	rd, fourth, or fifth ta	ax year as a section	on 501(c)(3) organiza	ation,
check this box and stop here	Ū		_	-		▶□
Section C. Computațión of Publ	ic Support Per	rcentage				
15 Public support percentage for 2018	fline 8. column (f), c	divided by line 13.	column (fl)		15	9
16 Public support percentage from 201		•			16	9
Section D. Computation of Inve					_ <u></u>	
17 Investment income percentage for 2			line 13 column (fi)		17	9
	-		10, 001011111 (1))		18	9
			on line 14 and line	a 15 is mara than		
19a 33 1/3% support tests - 2018. If the	•					, 19 HOL ►
more than 33 1/3%, check this box a						▶∟
b 33 1/3% support tests - 2017. If the						ina -
line 18 is not more than 33 1/3%, cho						P
26 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check the			P
832023 10-11-18				Sc	hedule A (Form 99	0 or 990-EZ) 201

Schedule A (Form 990 or 990-EZ) 2018 KAUFFMAN CENTER FOR THE PERFORMING ARTS 43-1866-550 Page 4

Part IV Supporting Organizations

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

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19	90 or 99	Ò-EZ)	2018

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Sche	dule A (Form 990 or 990 EZ) 2018 KAUFFMAN CENTER FOR THE PERFORMING ARTS 43-18	366550	0 P:	age 5
Pa	Supporting Organizations (continued)			
			Yes	Nc-
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 (b) and (c)			
	below, the governing body of a-supported organization?	11a		L
b	A family member of-a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	7000	5.2	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		Se 100	
	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 directors or trustees were allocated among the supported	1000000		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported		3.30	
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		W.	
			1 M	
	Part VI how providing such benefit-carried out the purposes of the supported organization(s) that operated,	2	287	WAS THE
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
-	tion of type in cupporting organizations		Yes	No
٠1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	使用数型	E WE	F-153
ı				
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	不能够		
	or management of the supporting organization was vested in the same persons that controlled or managed	7	20.C	
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
	tion britain typo in outporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	28.55	\$15. Yes	Karaba
•	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		No. 16	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	<u> چورسته بند</u>	2
_	Were:any_of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	40.20.45	12 1 0 T	(**.543)
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		air air	
	- ' ' '	2	X-22.55	37.55.22789
_	the organization maintained a close and continuous working relationship with the supported organization(s) By reason of the relationship described in (2), did the organization's supported organizations have a	22056	907.C	\$\$4.52d
3			**************************************	10 m
	significant voice in the organization's investment policies and in directing the use of the organization's			1.5
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3	in City	المكتكف
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	1 3 1		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions			
a '	The organization satisfied the Activities Test. Complete line 2 below	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see ins	tructions)		
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	N. Second	30 P v3	** 977G
•	the supported-organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
		2a	<u> </u>	2.2
	that these activities constituted substantially all of its activities Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		25.46	5 4
ь		17/4/201		3
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	 経験	1	
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b	12241 JE	<u>0-006666</u>
3	activities but for the organization's involvement Parent of Supported Organizations. Answer (a) and (b) helow	70 TO SEC.	68 20	SH 1988
3	Parent of Supported Organizations Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а		3a		
L	trustees of each of the supported organizations? Provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		1993y	
D		3b	eresii.	Sec.
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	000 or 00	N E7	1 2010

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	edule A (Form 990 or 990-EZ) 2018 KAUFFMAN CENTER FOR TH			3-1866550 Page 6
1-2, 5				nrt \/I \ Con instructions \/III
1	Check here if the organization satisfied the integral Part Test as a qualify	-		art vi.) See mstructions. Ai
Sect	other Type III non-functionally integrated supporting organizations must of a A - Adjusted Net Income	complete s	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred-for production or			
_	collection of gross income or for management, conservation, or	,		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets-(see			
	instructions for short tax year or assets held for part of year)	(*) (\$\frac{1}{2} \)		
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
_	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other	100		
	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 1-1/2% 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 035	6		
	.Recoveries of prior-year distributions	7		
, 8	*Minimum Asset Amount (add line 7 to line 6)	8		
Sect	າງ ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2	ACCEPTAGE TO THE PROPERTY OF T	•
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	STATE LANGUAGE	
4	Enter greater of line 2 or line 3	4	Esta da forma Singapa	,
5	Income tax imposed in prior year	5	MONTH AND AND AND AND AND AND AND AND AND AND	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		6,44° 2001 (4,800 (4,8))(4,800 (4,800 (4,800 (4,800 (4,8))(4,800 (4,8))(4,800 (4,800 (4,8))(4,800 (4,800 (4,8))(4,	
-	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-function	ally integra		nization (see

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 KAUFFMAN CENTER FOR THE PERFORMING ARTS 43-1866550 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Amounts paid to supported organizations to accomplish-exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required)-6 Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2018 from Section C, line 6 Line 8 amount divided by line 9 amount (ii) (iii) Distributable Underdistributions **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2018 Pre-2018 Distributable amount for 2018 from Section C, line 6 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI) See instructions Excess distributions carryover, if any, to 2018 a From 2013 **b** From 2014 c From 2015 d From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable-amount Carryover from 2013 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2018 from Section D. a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2019. Add lines 3 and 4c 8 Breakdown of line 7 a Excess from 2014 b Excess from 2015 c Excess from 2016 TOWNS IN d Excess from 2017

Schedule A (Form 990 or 990-EZ) 2018

e Excess from 2018

Schedule A	(Form 990 or 990-E	Z) 2018	KAUF	FMAN	CENTER	FOR	THE	PERF	ORMING	ARTS	43-1866	550 P	age 8
Part VI	Supplemental Part IV, Section A line 1, Part IV, Sec Section D, lines 5,	Inforr Ines 1, Ines D. I	nation. 2, 3b, 3c, ines 2 and	Provide 4b, 4c, 13. Part	the explanate 5a, 6, 9a, 9b, IV. Section E	ons requ 9c, 11a, lines 1c	ired by 1 11b, an . 2a. 2b.	Part II, line id 11c, Pa . 3a: and 3	e 10, Part II, irt IV, Sectio 3b, Part V, Ii	line 17a or in B, lines 1 ne 1, Part V	17b, Part III, lin and 2, Part IV, ', Section B, line	e 12, Section C,	
	(See instructions)		, and i a			, 0, 4, 0			mo part io.				
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Name of the organization

KAUFFMAN CENTER FOR THE PERFORMING ARTS

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or 43-18665-50

Pai			Accoun	S. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6 (a) Donor advised funds	(b) Fund	Is and other accounts
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 advised	funds	
	are the organization's property, subject to the organization's			Yes No
6	Did the organization inform all grantees, donors, and donor a		ed only	
Ŭ	for chantable purposes and not for the benefit of the donor of			
	impermissible private benefit?	donor advisor, or for any other purpose our		Yes No
Pai		nanization answered "Yes" on Form 990. Par	t IV. line 7	103100
1			,	· ····
	Preservation of land for public use (e.g., recreation or e	The state of the s	cally import	ant land area
	Protection of natural habitat	Preservation of a certifie	•	
	Preservation of open space	Preservation of a certific	d Historic s	iractare
^		field concernation contribution in the form of		on accoment on the last
2	Complete lines 2a through 2d if the organization held a qualif	ned conservation contribution in the form of a		
	day of the tax year			Held at the End of the Tax Year
a	Total number of conservation easements		2a	
Ь	Total acreage restricted by conservation easements	A	2b	
С.	Number of conservation easements on a certified historic stru		2c	
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure		
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the org	ganization o	luring the tax
	year >			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per			О. О.
	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv	ation easer	nents during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easements	during the year
	\$			
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4	I)(B)(i)	m m
	and section 170(h)(4)(B)(ii)?	-		Yes No
9	In Part XIII, describe how the organization reports conservation			
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes the	organizatio	n's accounting for
D -	conservation easements	And Michaeland Transcures or Othe	- Cimilar	Acceto
Pa	T III Organizations Maintaining Collections of		r Sillillai	Assets.
	Complete if the organization answered "Yes" on Form		 	
1a	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public exh		of public s	ervice, provide, in Part XIII,
	the text of the footnote to its financial statements that describ			
b	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public	service, pre	ovide the following amounts
	relating to these items			
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$	S
	(ii) Assets included in Form 990, Part X		▶ \$	·
2	If the organization received or held works of art, historical treatment	asures, or other similar assets for financial ga	aın, provide	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items		
а	Revenue included on Form 990, Part VIII, line 1		▶ \$	
Ь	Assets included in Form 990, Part X		▶ \$	<u> </u>
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2018

Sche		N CENTER FO				-1866550 Page 2				
Par	tilli Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or Oth	er Similar As	ssets (continued)				
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that are a	significant use o	of its collection items				
	(check all that apply)									
а	Public exhibition	d	Loan or exc	hange programs						
b	Scholarly research	е	Other							
c	Preservation for future generations									
4	Provide a description of the organization's co	illections and explain	how they further th	e organization's ex	empt purpose ir	ı Part XIII				
5	During the year, did the organization solicit or	r receive donations o	of art, historical treas	sures, or₋other simi	lar assets					
	to be sold to raise funds rather than to be ma	untained as part of th	ne organization's col	llection?		Yes No				
Par	PartiVi Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or									
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia	an or other intermed	ary for contributions	s or other assets no	ot included					
	on Form 990, Part X?					Yes No				
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table							
						Amount				
С	Beginning balance				1c					
d	Additions during the year			~	1d					
e	Distributions during the year				1e					
f	Ending balance				1f					
	Did the organization include an amount on Fo					└── Yes └── No				
	If-"Yes," explain the arrangement in Part XIII.									
∣ Par	tiV Endowment Funds. Complete	f the organization an	swered "Yes" on Fo	rm 990, Part IV, Iin						
		(a) Current year	(b) Prior year	(c) Two years back						
1a	Beginning of year balance	65,924,602.	56,162,875.	40,208,005						
b	Contributions	194,956.	6,537,386.	10,491,883						
c	Net investment earnings, gains, and losses	454,043.	3,518,222.	6,000,068	-1,811,	6191,508,423.				
d	Grants or scholarships				_					
е	Other expenditures for facilities									
	and programs	1,889.	199,256.	382,674						
f	Administrative expenses	167,452.	94,625.	154,407		384. 149,983.				
g	End of year balance	66,404,260.	65,924,602.	56,162,875	40,208,	005. 40,912,868.				
2	Provide the estimated percentage of the curr	· · · · · · · · · · · · · · · · · · ·	e (line 1g, column (a)) held₋as						
а	Board designated or quasi-endowment	100.00	_%							
b	Permanent endowment	%								
c	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c show	•								
3a	Are there endowment funds not in the posse	ssion of the organiza	ition that are held ar	nd administered for	the organization					
	by					Yes No				
	(i) unrelated organizations		-			3a(i) X				
	(ii) related organizations			÷		3a(ii) X				
b	If "Yes" on line 3a(ii), are the related organiza					3b				
4	Describe in Part XIII the intended uses of the		wment funds			 				
Rai	t _t VI I Land, Buildings, and Equipm									
	Complete if the organization answered		·			T				
	Description of property	(a) Cost or o	1 ' '	-) Accumulated	(d) Book value				
		basis (investr		<u>` </u>	depreciation	F20 001				
	Land			9,801.	241 050	<u>539,801.</u>				
	Buildings		327,52	5,450. 13	,241,936	. 254,283,300.				
	Leasehold improvements	<u> </u>	0.70	7 072 5	045 400	3 951 575				
	Equipment				,945,498					
	Other			6,500.	657,408	050 600 560				
<u>Total</u>	. Add lines 1a through 1e (Column (d) must e	qual Form 990. Part	X. column (B), line 1	0c.)		· 1400,000,100.				

Schedule D (Form 990) 2018

Part X

'1	(a) Description of liability	(b) Book value	
(1) Federal income ta	xes		
(2)			
(3)			
(4)	·····		
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must ed	gual Form 990, Part X, col. (B) line 25.)	>	

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2018

Sche	iule D (Form 990) 2018 KAUFFMAN CENTER FOR THE PER	REORN	IING ARTS	43-	<u> 1866550</u>	Page 4
Par	XI' Reconciliation of Revenue per Audited Financial Statemer	nts Wit	th Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1	Total revenue, gains, and other support per audited financial statements		-	1	14,418,	782.
2	Amounts included on-line 1 but not on Form 990, Part VIII, line 12		2 506 545	2		
а	Net unrealized gains (losses) on investments	2a	-3,596,715.	-		
þ	Donated services and use of facilities	2b	137,515.	- -		
C	Recoveres of prior year grants	2c		╁⋰│		
d	Other (Describe in Part XIII)	2d			-3,459,	200
	Add lines 2a through 2d			2e 3	17,877,	
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1			۳	17,077,	702.
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	172,450.	_ =		
b	Other (Describe in Part XIII)	4b	-368,327.	1		
	Add lines 4a and 4b			4c	-195,	877.
_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	17,682,	105.
Par	t XII. Reconciliation of Expenses per Audited Financial Stateme	nts W	ith Expenses per f	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1	Total expenses and losses per audited financial statements			1	22,985,	728.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					
а	Donated services and use of facilities	2a	137, 515.			
b	Prior year adjustments	2b				
c	Other losses	2c	262 225	<u> </u> '		
d	Other (Describe in Part XIII)	2d	368,327.	 	505	0.4.0
e	Add lines 2a through 2d			2e		842.
3	Subtract line 2e from line 1			3	22,479,	886.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 .	172 450	4		
_	Investment expenses not included on Form 990, Part VIII, line 7b	4a	172,450.	┨		
b	Other (Describe in Part XIII)	4b		40	172	450.
	Add lines 4a and 4b	-		4c 5	22,652	
.Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) t XIII Supplemental Information.			<u> </u>	22,032,	330.
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part I	IV lines	1h and 2h Part V line 4	l Part	X line 2 Part X	1.
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addit			, , , ,	7, III 0 2, 1 G. 1 7	•,
	and to part of provide any con-					
		•			-	
PAR	T V, LINE 4:					
THE	KAUFFMAN CENTER'S BOARD OF DIRECTORS HAS	INVE	STED FUNDS I	OE	STABLISH	[A
QUA	SI-ENDOWMENT TO PROVIDE A STREAM OF INCOME	TO	SUPPORT OPER	ITA	ons.	
INV	ESTMENT AND SPENDING POLICIES HAVE BEEN AD	OPTE	D IN ORDER T	O P	ROVIDE A	<u> </u>
				, T)T		
PRE	DICTABLE STREAM OF FUNDING TO PROGRAMS WHI	TR S	EEKING TO MA	TNT.	AIN THE	
70 T	NOTES OF MUR ACCOMA MUTA INCOME TO HORD	шо з	HOMENIM EXPNIE	יד חי	NCOME	
PRI	NCIPAL OF THE ASSETS. THIS INCOME IS USED	TO A	UGMENT EARNE	ד עי	NCOME.	
						
ם גם	T X, LINE 2:					
IA	I A, DING 2.					
<u>ACC</u>	OUNTING STANDARDS CODIFICATION ("ASC") TOP	IC 7	40, INCOME I	AXE	s,	
DDE	SCRIBES A RECOGNITION THRESHOLD AND MEASUR	RMRN	ሚጥነጸፒያጥጥል ጥ	₽∩₽	ጥዘጽ	
FKE	SCRIBB A RECOGNITION INRESHOLD AND MEASUR	Taran	I AIIKIDUIB	I OIL	11111	
FIN	ANCIAL STATEMENT RECOGNITION AND MEASUREME	NT C	F A TAX POSI	TIO	N TAKEN	OR
EXF	ECTED TO BE TAKEN IN A TAX RETURN, AND PRO	VIDE	S GUIDANCE C	N		
	10-29-18				dule D (Form 9	90) 2018

Schedule D (Form 990) 2018 KAUFFMAN CENTER FOR THE PERFORMING ARTS 43-1866550 Page 5 [Part XIII Supplemental Information (continued)
DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, DISCLOSURE, AND
TRANSITION. MANAGEMENT BELIEVES THAT NO MATERIAL UNCERTAIN TAX POSITIONS
EXIST FOR THE CENTER AS OF JUNE 30, 2019.
PART XI, LINE 4B - OTHER ADJUSTMENTS:
COST OF SALES INCLUDED WITH EXPENSES ON AUDITED FINANCIALS -368,327.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
COST OF SALES INCLUDED WITH REVENUES ON FORM 990 368,327.
•

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Inspection

Open to Public

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Employer identification number Name of the organization KAUFFMAN CENTER FOR THE PERFORMING ARTS 43-1866550 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply a X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations f X Solicitation of government grants X Phone solicitations Special fundraising events d X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (iv) Gross receipts (i) Name and address of individual to (or retained by) to (or retained by) (ii) Activity from-activity fundraiser or entity (fundraiser) organization listed in col (i) JOAN ISRAELITE - 1601 Yes No 7,630. 43,370. BROADWAY BLVD, KANSAS CITY Х 51,000. FUNDRAISING 51,000. 43,370. 7,630. Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration MO

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2018

832081 10-03-18

		e G (Form 990 or 990-EZ) 2018 KAUFFMA						
Pa	rt,Ī							
	_~	of fundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events			
			(4) 20011111	(2) 210/11	(2) 0210. 010.110	(d) Total events		
	ŀ		,			(add col (a) through		
Φ.			(event type)	(event type)	(total number)	col (c))		
Revenue								
Pe.	1	Gross receipts		-				
	2	Less Contributions						
	3	Gross income (fine 1 minus line 2)						
					_			
	4	Cash prizes						
•	<u> </u>							
s	5	Noncash prizes						
Direct Expenses	6	Rent/facility costs			-			
ž								
ts Sc	7	Food and beverages						
ے								
	8	Entertainment						
	9	Other direct expenses Direct expense summary Add lines 4 through	Our column (d)	<u> </u>				
i	,	Net income summary. Subtract line 10 from lin						
Pa	rt I	II Gaming. Complete if the organization a		990, Part IV, line 19, or r	reported more than			
		\$15,000 on Form 990-EZ, line 6a						
Ф			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other-gaming	(d) Total gaming (add col (a) through col (c))		
Revenue				biligo/progressive biligo		cor (a) though cor (c))		
æ	1	Gross revenue		l				
	Ė	G.000 161600						
Š	2	Cash prizes	<u>-</u>					
Sus								
Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs						
۵	-	Thermal activity costs	····					
	5	Other direct expenses						
			Yes %	Yes %	Yes %	RIVER STATE		
	6	Volunteer labor	No	No No	No	13.4867		
	_	Durant aurana aurana Add Inaa Othurush	E a l (-1)		_			
	7	Direct expense.summary Add lines 2 through	5 in column (a)	-	_			
	8	Net gaming income summary Subtract line 7	from line 1, column (d)					
		ter the state(s) in which the organization condu	_					
		he organization licensed to conduct gaming ac	tivities in each of these	states?		Yes No		
b If "No," explain								
10a	We	re any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	/ear?	Yes No		
b	lf "	Yes," explain		<u> </u>				
			<u></u>					
8320	32 10	-03-18			Schedule G (For	m 990 or 990-EZ) 2018		

Schedule G (Form 990 or 990-EZ) 2018 KAUFFMAN CENTER FOR THE PERFORMING ARTS 43-	<u> 1866550</u>	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	No No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	☐ No
13 Indicate the percentage of gaming activity conducted in		
a The organization's facility	13a	%
b An outside facility	13b.	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name		
Address		
		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	∟ No
b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
of gaming revenue retained by the third party > \$		
c If "Yes," enter name and address of the third party		
Name		
Address		
46. Coming manager information		
16 Gaming manager information		
Name		
Name >		
Gaming manager compensation > \$		
Carring manager compensation > 4		
Description of services provided		
Director/öfficer Employee Independent contractor		
17- Mandatory distributions		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	Yes	No No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year \$\blue{\black}\$\$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Pa	art III, lines 9, 1	9b. 10b.
15b, 15c, 16, and 17b, as applicable Also provide any additional information. See instructions	,	,,
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER	S:	
(I) NAME OF FUNDRAISER: JOAN ISRAELITE		
(I) ADDRESS OF FUNDRAISER: 1601 BROADWAY BLVD, KANSAS CITY, MO	64108	

Schedule 6	3 (Form 990 or 990-EZ)	KAUFFMAN CE	INTER	FOR	THE	PERFORMING	ARTS	43-1866550	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)						,	
7.2.7.1	Copplemental	(continued)	_						
		·						·	
	-								
								-	
									
	·								
								,	
									
	-								

SCHEDULE

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

► Attach to Form 990.

OMB No 1545-0047

Employer Identification number

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

å 43-1866550 (h) Purpose of grant or assistance COMMUNITY TICKETS COMMUNITY TICKETS X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) ٥. Ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed THE PERFORMING ARTS 8,731, 6,330, (d) Amount of cash graht (c) IRC section (if applicable) 59-2617151 501(C)3 43-1689138 501(C)3 KAUFFMAN CENTER FOR General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government KANSAS CITY, MO 64111 CORNERSTONES OF CARE 300 EAST 36TH STREET IMMOKALEE, FL 34142 GUADALUPE CENTERS 509 HOPE CIRCLE Part I Part II

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

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

832101 11-02-18

LHA

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

Schedule I (Form 990) (2018)

Page 2 . Schedule I (Form 990) (2018) (f) Description of noncash assistance 43-1866550 (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance KAUFFMAN CENTER FOR THE PERFORMING ARTS (c) Amount of cash grant 36 (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2018) 832102 11-02-18 Part III

SCHEDULE J (Form 990)

Department of the Treasury

Name of the organization

Compensation Information

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

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

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

OMB No 1545-0047

2018

Open to Public

KAUFFMAN CENTER FOR THE PERFORMING ARTS

Employer identification number

43-1866550

Questions Regarding Compensation 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items 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? 3 Indicate which, if any, of the following the filing 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 X Compensation committee Written employment contract X Independent compensation consultant X Compensation-survey or study X Form-990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance-payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nongualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? b -Any related organization? If "Yes" on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII; Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed-payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the 8 initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

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Schedule J (Form 990) 2018

Page 2

Schedule J (Form 990) 2018 KAUF

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

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

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

			-					
		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	C 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		(c)/i)(c)	reported as deferred on prior Form 990
(1) PAUL SCHOFER	E	278,721.	25,000.	0	0	24,295.	328,016.	0.
CEO, PRESIDENT	<u> </u>		0	0.	0	0	0	0
(2) PATRICK DONNELLY	Ξ	141,661.	5,000.	0	0.	7,342.	154,003.	0
DIRECTOR OF THEATER OPERAT	(E)		• 0	0.	0.	0.	0	0.
(3) WILLIAM MILLER	Ξ	146,	4,000.	0	• 0	7,531.	158,146.	0
VP OF OPERATIONS	: 🗉		0.	0.	0.	0.	4	0.
(4) JANET MARK	Ξ	147,	11,000.	0.	0	16,572.	175,495.	0
DIRECTOR OF DEVELOPMENT	Œ		0.	0.	0	0	0.	0
	€							
	(ii)			1 .	1			
	Θ					,		
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	Ξ				D.			
	Ξ			i				
	(i)				,			
	Ξ)						
	Ξ		-					
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Schedule J (Form 990) 2018

Schedule K (Form 990) 2018 Yes No (ı) Pooled financing × × 2018 Open to Public Inspection Employer identification number OMB No 1545-0047 ŝ 43-1866550 (g) Defeased (h) On behalf å × × ۵ of Issuer Yes Yes N × Yes × ŝ 2007B BONDS ISSUE O (f) Description of purpose CONSTRUCTION OF 159998870. KAUFFMAN CENTER REFUND SERIES Yes Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,
 explanations, and any additional information in Part VI.
 It to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. 167,694,314. 38,715. 1,091,826. 2,484,075. 164,079,699. 131,935,000 × × ŝ 2012 Supplemental Information on Tax-Exempt Bonds 77000000. Yes × (e) Issue price SEE PART VI FOR COLUMN (F) CONTINUATIONS 78,129,899. 678,210. 77,451,689. × ŝ 2012 (d) Date issued 03/26/15 06/27/07 CENTER FOR THE PERFORMING ARTS Yes $\times \times$ × 43-1387649|606037AW9| (c) CUSIP# NONE For Paperwork Reduction Act Notice, see the Instructions for Form 990. Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, Does the organization maintain adequate books and records to support the Were the bonds issued as part of a refunding issue of taxable bonds (or, if 43-1387649 (b) Issuer EIN ► Attach to Form 990. issued prior to 2018, an advance refunding issue)? if issued prior to 2018, a current refunding issue)? Has the final allocation of proceeds been made? Working capital expenditures from proceeds KAUFFMAN MISSOURI DEVELOPMENT MISSOURI DEVELOPMENT Credit enhancement from proceeds Capital expenditures from proceeds Amount of bonds legally defeased Capitalized interest from proceeds Gross proceeds in reserve funds Proceeds in refunding escrows Issuance costs from proceeds Year of substantial completion final allocation of proceeds? (a) Issuer name Amount of bonds retired Other unspent proceeds A FINANCE BOARD B FINANCE BOARD Total proceeds of issue Other spent proceeds Name of the organization |Part | Bond Issues Part II | Proceeds Department of the Treasury Internal Revenue Service SCHEDULE K (Form 990) H ဖ œ 4 5 9 6 9 7 42 티 ပ

Schedule K (Form 990) 2018 KAUFFMAN CENTER FOR THE PERFOR	PERFORMING ARTS	RTS	43-	43-1866550				Page 2
	A			В	S		٥	
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	N _O	Yes	N _o	Yes	No	Yes	No
- which owned property financed by tax-exempt bonds?		×		×				
2 Are there any lease arrangements that may result in private business use of	•	>		>	-			
bond-financed property?		4		4				
3a Are there any management or service contracts that may result in private				>	-			
- 1		4		4				-
b if "Yes" to line 3a, does the organization routinely engage bond counsel or other outside		 -						
counsel to review any management of service contracts relating to the infanced property of								
c Are there any research agreements that may result in private business use of		>		>		•		
- 1		4		4				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by						;		i
entities other than a section 501(c)(3) organization or a state or local government		% 00.		% 00.		%		%
5 Enter the percentage of financed property used in a private business use as a result of								
unrelated trade or business activity carried on by your organization, another								
section 501(c)(3) organization, or a state or local government		00.		% 00.		%		%
6 Total of lines 4 and 5		% 00.		% 00.		%	٠	%
7 Does the bond issue meet the private security or payment test?		×		×				
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		×	-	×		-		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
of		%		%		%	•	%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified				-			•	
bonds of the issue are remediated in accordance with the requirements under								
Regulations sections 1 141-12 and 1 145-27	×		×					
Part IV Arbitrage								
				. 63				
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No.	Yes	S.	Yes	Ñ	Yes	No No
Penalty in Lieu of Arbitrage Rebate?		×		×				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X			X				
b Exception to rebate?		X	×					
c No rebate due?		×		×				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was		-						İ
performed								
3 Is the bond issue a variable rate issue?	×		×		-			
832122 11-01-18		-		-		Sch	Schedule K (Form 990) 2018	n 990) 2018

Page 3	
43-1866550	-
THE PERFORMING ARTS	
24	
KAUFFMAN CENTER FO	
Schedule K (Form 990) 2018	Part IV Arbitrage (Continued)

	4		8		S		D	
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	N _o
hedge with respect to the bond issue?		X		×				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		×	×					
b Name of provider			SEE PART IV	V				
c Term of GIC			1.6	.6000000	-			
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?			X					
6 Were any gross proceeds invested beyond an available temporary period?	×			×		-		
7 Has the organization established written procedures to monitor the requirements of section 148?	×		X					
Part V Procedures To Undertake Corrective Action								-
	٧		8		S	,	٥	
Has the organization established written procedures to ensure that violations of	Yes	No	Yes	No	Yes	No	Yes	No
federal tax requirements are timely identified and corrected through the voluntary							-	
closing agreement program if self-remediation isn't available under applicable								
regulations?	×		×					
	on Schedule	K See instru	ıctions				,	
: MISSOURI DEVELOPMENT FINA								
(F) DESCRIPTION OF PURPOSE: REFUND SERIES 2007B B	BONDS IS	ISSUED ON		06/27/2007	-			
		_						
COLUMN A:	- 1	- 1	- 1	:				
UE TO		EARNINGS O	ON BOND					
			 - -					:
OFG NOT F		RARNINGS ON	N ROND					
21 122 12111								
PART II. LINE 11. COLUMN A:								
INT OF \$77,	POSITED	OINI	THE					
OW FUND AND USED TO REFUND THE	SONDS.	IN ADDITION	ITION,					
\$24,814 OF REMAINING BOND PROCEEDS WAS USED TO PAY		INTEREST ON	THE	-				
А:								
ROCEEDS WERE HELD IN A YIELD-RESTRICTED	ADVANCE R	REFUNDING	NG		-			
r iv, line 5A, column B	- 1							
THE PROJECT FUND WAS INVESTED IN A MASTER REPURCHASE	- 1	AGREEMENT WITH	WITH					
832123 11-01-18						Sch	Schedule K (Form 990) 2018	m 990) 2018

Schedule K (Form 990) 2018 KAUFFMAN CENTER FOR THE PERFORMING ARTS 43-1866550	Page 4
ormation. Provide additional information fo	
HYPO PUBLIC FINANCE BANK, WHICH AGREEMENT MATURED ON FEBRUARY 2, 2009.	
	-
	}-
832124 11-01-18 Schedule K (Form 990) 2018	rm 990) 2018

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Mattach to Form 990 or Form 990-EZ.

Department of the Treasury
Internal Revenue Service

Name of the organization

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

OMB No 1545-0047

2018

Open To Public Inspection =

Employer identification number

					PERFORMING				665	50		
Part I Excess Benefit												
Complete if the organ						, or Form 990-EZ, P	art V, I	ne 40	b	1		
1 (a) Name of disqualified person	n (b) F	elationship beto person and or			fied (c) Description of tran	rsactio	n			Corre	
		person and or			<u> </u>				-	Y	es	No
					<u> </u>					+	1	
										1	1	
2 Enter the amount of tax incur	red by the or	ganization man	agers	or disq	ualified persons dur	ng the year under						
section 4958 3 Enter the amount of tax, if any	v on tine 2	ahova raimhiirs	ed by	the ord	ianization			• s				_
S Litter the amount of tax, if any	y, On line 2, a	above, reimbora	ica by	and Org	a neation			_				
Part II Loans to and/or	From Inte	erested Pers	sons.					-				
Complete if the organ	nization ansv	vered "Yes" on	Form 9	90-EZ,	Part V, line 38a or F	form 990, Part IV, Im	ie 26, d	or if th	e orga	nızatıc	n	
reported an amount of									Vh) An	nrovad	T :.	
	Relationship organization	(c) Purpose of loan	- from	an to or	(e) Original principal amount	(f) Balance due	(g)) In ault?	by bo	proved ard or nittee?	(i) W agree	/ritten ment?
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, v. g		<u> </u>	zation? From			Yes	No	Yes		Yes	Υ
							ļ <u> </u>	<u> </u>	ļ	ļ		<u> </u>
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otal Part III │ Grants or Assist	ance Bon	efiting Inter	ecter	l Dor	▶ \$		<u> </u>		l			
Complete if the organ		_										
(a) Name of interested person		(b) Relationship			(c) Amount of	(d) Type	of	Т	(e	e) Purp	ose of	f

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

interested person and

the organization

Schedule L (Form 990 or 990-EZ) 2018

assistance

assistance

assistance

Schedule L (Form 990 or 990-EZ) 2018 KAUFFMAN CENTER FOR THE PERFORMING ARTS 43-1866550 Page 2 Part IV Business Transactions-Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (c) Amount of (a) Name of interested person (b) Relationship between interested (d) Description of organization's transaction person and the organization transaction revenues? Yes Νo 73,393. GENERAL CON PEGGY DUNN FAMILY Х Part V Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions) SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: PEGGY DUNN (D) DESCRIPTION OF TRANSACTION: GENERAL CONTRACTOR SCHEDULE L PART V THE CENTER HAS CONDUCTED TRANSACTIONS DURING THE YEAR ENDED JUNE 30, 2019 WITH CERTAIN ENTITIES THAT ARE EITHER DIRECTLY CONTROLLED OR MANAGED BY MEMBERS OF THE BOARD-OR WHOSE MANAGEMENT IS RELATED TO-MEMBERS OF ITS BOARD. INCLUDED IN THESE TRANSACTIONS WERE PAYMENTS TO A BOARD MEMBER WITH A FAMILIAL RELATIONSHIP WITH THE PROJECT GENERAL CONTRACTOR. MRS. DUNN RECUSES HERSELF FROM ALL BOARD VOTES RELATED TO JE DUNN CONSTRUCTION COMPANY.

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

8 Open to Public Inspection

OMB No. 1545-0047

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

Employer identification number

Name of the organization KAUFFMAN CENTER FOR THE PERFORMING ARTS 43-1866550 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE KAUFFMAN CENTER FOR THE PERFORMING ARTS WILL PROVIDE EXTRAORDINARY EXPERIENCES THROUGH: * PROGRAMS - SHOWCASE A VARIETY OF HIGH QUALITY PROGRAMS THROUGH RESIDENT COMPANIES AND COMMUNITY PARTNERSHIPS, AS WELL AS NATIONAL AND INTERNATIONAL ARTISTS AND PRODUCTIONS. * CUSTOMER SERVICE - CREATE DEVOTED CONSTITUENTS AND ENHANCE THE SATISFACTION FOR ALL WHO COME INTO THE VENUE. EDUCATION - NURTURE LOVE OF THE ARTS FOR PRESENT AND FUTURE GENERATIONS. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SEE MISSION STATEMENT ABOVE. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: SINCE THE OPENING, THE KAUFFMAN CENTER, IN COLLABORATION WITH ITS RESIDENT COMPANIES: THE KANSAS CITY BALLET, KANSAS CITY SYMPHONY, AND LYRIC OPERA OF KANSAS CITY, ALONG WITH NUMEROUS OTHER COMMUNITY ARTS ORGANIZATIONS, HAVE CONTINUED TO EXPERIENCE STRONG ATTENDANCE FOR THEIR PERFORMANCES HELD AT THE KAUFFMAN CENTER. ITS DIVERSE PROGRAMMING HAS SHINED A SPOTLIGHT ON KANSAS CITY'S OWN VIBRANT ARTS COMMUNITY AND ATTRACTED NATIONAL TALENT FROM ALL GENRES. OUR 2019 PROGRAMMING MAY HAVE BEEN THE MOST WIDE-RANGED AND DIVERSE LINE-UP OF ARTISTS SINCE THE CENTER'S DOORS WERE OPENED IN 2011. WITH LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization KAUFFMAN CENTER FOR THE PERFORMING ARTS	43-1866550						
NEW AUDIENCES BROUGHT TO OUR VENUE BY PERFORMING ARTS EXPE	RIENCES						
RANGING FROM THE R&B SUPERGROUP BOYZ II MEN TO JUNGLE JACK	HANNA, IT						
WAS ANOTHER SUCCESSFUL YEAR FOR THE KAUFFMAN CENTER, INCLU	DING:						
-484 ON-STAGE PERFORMANCES AND SPECIAL EVENTS IN FISCAL 20	19, AN						
ALL-TIME HIGH!							
-530,934 PATRONS ATTENDED PERFORMANCES AND EVENTS IN FISCA	L 2019!						
OUR OPEN DOORS COMMUNITY OUTREACH PROGRAMMING ALSO HAD GREAT SUCCESS							
INCLUDING:							
-53,021 YOUTH & CHAPERONES ATTENDED STUDENT MATINEES IN FISCAL 2019, AN							
ALL-TIME HIGH! THE TOTAL SINCE GRAND OPENING IS NOW MORE THAN 340,000,							
OVER HALF OF WHICH WERE BROUGHT TO THE CENTER WITH FINANCIAL SUPPORT							
FROM OUR OPEN DOORS TRANSPORTATION FUND.							
-OVER 700 YOUTH FROM NEARLY 19 COMMUNITY ARTS ORGANIZATION	S PERFORMED						
ON STAGE DURING THE 6TH ANNUAL FUTURE STAGES FESTIVAL FOR	OVER 4,500						
FRIENDS, FAMILY AND SUPPORTERS IN ATTENDANCE.							
-OVER 1,000 COMMUNITY TICKETS WERE PROVIDED TO NON-PROFIT	ORGANIZATIONS						
IN OUR COMMUNITY FOR DISTRIBUTION TO YOUTH AND FAMILIES TH	AT MIGHT NOT						
OTHERWISE HAVE AN OPPORTUNITY TO EXPERIENCE WORLD-CLASS PE	RFORMING						
ARTS.							
KAUFFMAN CENTER'S COMMITMENT TO SERVING EVERYONE IN THE CO	MMUNITY IS						
EVIDENT FROM THE WIDE RANGE OF FREE OR LOW-COST PROGRAMMIN	G. INCLUDING						
OFFERING LOW-COST SCHOOL MATINEES AND THE POPULAR NATIONAL	GEOGRAPHIC						
SERIES-PART OF KAUFFMAN CENTER PRESENTS.							

Schedule O (Form 990 or 990-EZ) (2018) Page 2 **Employer identification number** Name of the-organization KAUFFMAN CENTER FOR THE PERFORMING ARTS 43-1866550 FORM 990, PART VI, SECTION B, LINE 11B: THE 990 RETURN IS PREPARED BY AN INDEPENDENT CPA FIRM AND PROVIDED TO THE MEMBERS OF THE FINANCE COMMITTEE VIA EMAIL FOR COMMENTS PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY BY MANAGEMENT, AND ANY CHANGES MUST BE APPROVED BY THE BOARD OF DIRECTORS. THE FINAL VERSION OF THE POLICY IS GIVEN TO EACH EMPLOYEE AND MEMBERS OF THE GOVERNING BOARD, AND ALL ARE REQUIRED TO SIGN A COMPLIANCE FORM ANNUALLY. FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION COMMITTEE MEETS AS NEEDED TO REVIEW ALL COMPENSATION AND BENEFITS FOR ALL EMPLOYEES, INCLUDING THE CEO AND CFO. THE COMMITTEE UTILIZES BENCHMARKING THROUGH COMPENSATION SURVEYS, STUDIES AND PEER AND REGIONAL ORGANIZATION INFORMATION IN ORDER TO DETERMINE THAT COMPENSATION AND BENEFITS ARE FAIR AND REASONABLE. ANNUAL REVIEWS ARE CONDUCTED BY SUPERVISORS FOR ALL STAFF AND COMPENSATION IS APPROVED BY MANAGEMENT, WITH DIRECTION FROM THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS REVIEW AND SET MERIT INCREASES FOR THE FISCAL PERIOD DURING THE BUDGET APPROVAL PROCESS. COMPENSATION FOR THE CEO AND ANY BONUSES ARE APPROVED BY THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION C, LINE 19: THE ALL GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. IN ADDITION, THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE THROUGH THE GREATER KANSAS CITY

832212 10-10-18

COMMUNITY FOUNDATION WEBSITE, AND GOVERNING DOCUMENTS ARE AVAILABLE ON THE

MISSOURI SECRETARY OF STATE WEBSITE.

Employer identification number Name of the organization KAUFFMAN CENTER FOR THE PERFORMING ARTS 43-1866550 FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: AUDIT ADJUSTMENT FOR REVENUE RECOGNITION -433,098.FORM 990, PART XII, LINE 1 ON JULY 1, 2018, THE CENTER ADOPTED FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS UPDATE (ASU) 2014-09, REVENUE FROM CONTRACTS WITH CUSTOMERS (TOPIC 606) AND FASB ASU 2018-08, NOT-FOR-PROFIT ENTITIES (TOPIC 958): CLARIFYING THE SCOPE AND THE ACCOUNTING GUIDANCE FOR CONTRIBUTIONS RECEIVED AND CONTRIBUTIONS MADE. THESE TWO ASUS WERE ADOPTED TOGETHER AS OF JULY 1, 2018, BECAUSE THEY BOTH ESTABLISH STANDARDS FOR CHARACTERIZING SUPPORT AND REVENUE AS EITHER EXCHANGE TRANSACTIONS OR CONTRIBUTIONS. ADOPTING ONE ASU WITHOUT THE OTHER WOULD LEAVE THE ACCOUNTING FOR SOME ONGOING GRANTS AND CONTRACTS UNRESOLVED. ASU 2014-09 WAS ADOPTED RETROSPECTIVELY ONLY TO SPONSORSHIP AGREEMENTS AND SPOTLIGHT MEMBERSHIPS THAT WERE NOT COMPLETED AT JULY 1, 2018. THE ADJUSTMENT RELATED TO ALL OTHER REVENUE STREAMS WAS DEEMED IMMATERIAL TO THE FINANCIAL STATEMENTS TAKEN AS A WHOLE. ASU 2018-08 AND ASU 2014-09 WERE APPLIED ON A MODIFIED PROSPECTIVE BASIS TO AGREEMENTS THAT WERE NOT COMPLETED AT JULY 1, 2018, OR THAT WERE ENTERED INTO AFTER THAT DATE. THE REVENUE STREAMS PRIMARILY IMPACTED BY ADOPTING THE NEW STANDARD ARE CONTRIBUTIONS REVENUE AND OTHER INCOME. THE EXCHANGE TRANSACTION PORTION OF THESE REVENUES ARE NOW BEING RECOGNIZED ON A TWELVE MONTH AVERAGE, WITH MONTHLY AMOUNTS, NOT YET INCURRED AT JUNE 30, 2019 INCLUDED WITHIN DEFERRED REVENUE. AS A RESULT, THE CENTER RECORDED A CUMULATIVE ADJUSTMENT TO NET ASSETS AS OF JULY 1, 2018, TO 832212 10-10-18 Schedule O (Form 990 or 990-EZ) (2018)

2018.06000 KAUFFMAN CENTER FOR THE P 112471_1

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