

Form **990**

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

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning **APR 1, 2021** and ending **MAR 31, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization STARLIGHT THEATRE ASSOCIATION OF KANSAS CITY, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4600 STARLIGHT ROAD City or town, state or province, country, and ZIP or foreign postal code KANSAS CITY, MO 64132 F Name and address of principal officer: RICHARD BAKER SAME AS C ABOVE	D Employer identification number 44-0552079 E Telephone number 816-363-7827 G Gross receipts \$ 29,133,927. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.KCSTARLIGHT.COM		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1951 M State of legal domicile: MO

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: STARLIGHT THEATRE IS DEDICATED TO PRODUCING, PRESENTING AND PROMOTING AN EXCEPTIONAL ARTS		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	56
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	55
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	325
	6	Total number of volunteers (estimate if necessary)	6	110
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 2,711,727.
9		Program service revenue (Part VIII, line 2g)	122,092.	9,174,038.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	184,309.	369,934.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,285.	-69,281.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,026,413.	27,963,583.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,088,847.	4,797,446.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	125,667.	118,450.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 725,660.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,185,248.	10,260,739.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,399,762.	15,199,333.
	19	Revenue less expenses. Subtract line 18 from line 12	-3,373,349.	12,764,250.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 23,183,770.	End of Year 43,695,119.
	21	Total liabilities (Part X, line 26)	4,564,562.	12,348,639.
	22	Net assets or fund balances. Subtract line 21 from line 20	18,619,208.	31,346,480.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer MANDI WRIGHT, VP OF FINANCE/CFO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name KEVIN ENSMINGER	Preparer's signature KEVIN ENSMINGER
	Date 09/29/22	Check if self-employed <input type="checkbox"/> PTIN P01310558
	Firm's name ▶ RSM US LLP	Firm's EIN ▶ 42-0714325
	Firm's address ▶ 4622 PENNSYLVANIA AVE, STE 1100 KANSAS CITY, MO 64112	Phone no. 816-753-3000

May the IRS discuss this return with the preparer shown above? See instructions Yes No

STARLIGHT THEATRE ASSOCIATION OF KANSAS
CITY, INC.

Form 990 (2021)

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
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 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 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 by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 5,183,819. including grants of \$ _____) (Revenue \$ 3,114,059.)
SEE SCHEDULE O

4b (Code: _____) (Expenses \$ 3,423,741. including grants of \$ _____) (Revenue \$ 2,833,251.)
SEE SCHEDULE O

4c (Code: _____) (Expenses \$ 3,139,547. including grants of \$ _____) (Revenue \$ 2,924,839.)
SEE SCHEDULE O

4d Other program services (Describe on Schedule O.)
(Expenses \$ 816,493. including grants of \$ 22,698.) (Revenue \$ 308,169.)

4e Total program service expenses **▶ 12,563,600.**

**STARLIGHT THEATRE ASSOCIATION OF KANSAS
CITY, INC.**

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

**STARLIGHT THEATRE ASSOCIATION OF KANSAS
CITY, INC.**

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	46
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

**STARLIGHT THEATRE ASSOCIATION OF KANSAS
CITY, INC.**

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 325		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ...		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?		
	Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
	If "Yes," see the instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
	If "Yes," complete Form 4720, Schedule O.		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		
	If "Yes," complete Form 6069.		

**STARLIGHT THEATRE ASSOCIATION OF KANSAS
CITY, INC.**

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

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

Section 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	56		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent	1b	55		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9			X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a			X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b			
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c		X	
13 Did the organization have a written whistleblower policy?	13		X	
14 Did the organization have a written document retention and destruction policy?	14		X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a The organization's CEO, Executive Director, or top management official	15a		X	
b Other officers or key employees of the organization	15b		X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a			X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶
MANDI WRIGHT - 816-363-7827
4600 STARLIGHT ROAD, KANSAS CITY, MO 64132

**STARLIGHT THEATRE ASSOCIATION OF KANSAS
CITY, INC.**

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RICHARD BAKER PRESIDENT & CEO	40.00	X		X				395,435.	0.	83,775.
(2) CYNTHIA JEFFRIES VP OF MARKETING & SALES	40.00			X				172,030.	0.	27,593.
(3) DEBRA CHURCHILL VP OF OPERATIONS	40.00			X				143,210.	0.	19,793.
(4) WILLIAM WAUGH VP OF CONCERTS & IT	40.00			X				128,193.	0.	18,442.
(5) MANDI WRIGHT VP OF FINANCE & CFO	40.00			X				119,061.	0.	27,440.
(6) ALEXANDER JONES VP OF COMMUNITY ENGAGEMENT	40.00			X				110,289.	0.	30,144.
(7) LINDSEY ROOD-CLIFFORD VP OF PHILANTHROPY	40.00			X				111,139.	0.	23,478.
(8) KENT ANDEL VP OF PRODUCTION	40.00			X				100,445.	0.	25,701.
(9) MARK FORTINO CHAIR	1.00	X		X				0.	0.	0.
(10) ORA REYNOLDS FORMER CHAIR	1.00	X		X				0.	0.	0.
(11) MICHAEL NGUYEN SECRETARY	1.00	X		X				0.	0.	0.
(12) ROBERT BARNES VICE CHAIR - FINANCE	1.00	X		X				0.	0.	0.
(13) HOWARD COHEN VICE CHAIR - PHILANTHROPY	1.00	X		X				0.	0.	0.
(14) LESLEY ELWELL VICE CHAIR - EMPLOYEE EXPERIENCE	1.00	X		X				0.	0.	0.
(15) AUGIE HUBER VICE CHAIR - FACILITIES	1.00	X		X				0.	0.	0.
(16) ELISE JONES VICE CHAIR - YOUNG FRIENDS OF STARLI	1.00	X		X				0.	0.	0.
(17) CHARLIE SHIELDS VICE CHAIR - GOVERNMENT AFFAIRS	1.00	X		X				0.	0.	0.

**STARLIGHT THEATRE ASSOCIATION OF KANSAS
CITY, INC.**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) NANCY WHITWORTH VICE CHAIR - COMMUNITY ENGAGEMENT	1.00	X		X				0.	0.	0.
(19) SABRINA WIEWEL VICE CHAIR - MARKETING	1.00	X		X				0.	0.	0.
(20) CHELSEY CHANEY FORMER VICE CHAIR - YOUNG FRIENDS OF	1.00	X		X				0.	0.	0.
(21) AVIVA AJMERA DIRECTOR	1.00	X						0.	0.	0.
(22) DENISE BADE DIRECTOR	1.00	X						0.	0.	0.
(23) KEVIN BARTH DIRECTOR	1.00	X						0.	0.	0.
(24) CHARLES BATTEY DIRECTOR	1.00	X						0.	0.	0.
(25) ROBERT BERNSTEIN DIRECTOR	1.00	X						0.	0.	0.
(26) BECKY BLADES DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								1,279,802.	0.	256,366.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,279,802.	0.	256,366.

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 8

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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
LIVE NATION WORLDWIDE - MUSIC, 9348 CIVIC CENTRE DRIVE, BEVERLY HILLS, CA 90210	CONCERT PROMOTER	1,742,965.
GRANDE EXPERIENCES PTY, LTD. BERTIE STREET, PORT MELBOURNE, AUSTRALIA	TOURING EXHIBIT	1,134,022.
INQUEST MARKETING 9100 WARD PKWY, KANSAS CITY, MO 64114	MARKETING	693,685.
LEGENDS MUSIC LLC 61 BROADWAY, STE. 2400, NEW YORK, NY 10006	CONCESSIONS	451,738.
MUNY-MUNICIPAL THEATRE ASSOCIATION 1 THEATRE DRIVE, ST. LOUIS, MO 63112	PRODUCTION	418,097.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 12

SEE PART VII, SECTION A CONTINUATION SHEETS

**STARLIGHT THEATRE ASSOCIATION OF KANSAS
CITY, INC.**

Form 990

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Part VII Section A. **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) WENDY BURGESS DIRECTOR	1.00	X						0.	0.	0.
(28) SHIRLEY BUSH HELZBERG DIRECTOR	1.00	X						0.	0.	0.
(29) JEFF CARSON DIRECTOR	1.00	X						0.	0.	0.
(30) CINDY CIRCO DIRECTOR	1.00	X						0.	0.	0.
(31) DIANNE CLEAVER DIRECTOR	1.00	X						0.	0.	0.
(32) MICHAEL CONDON DIRECTOR	1.00	X						0.	0.	0.
(33) JAMES DAWSON DIRECTOR	1.00	X						0.	0.	0.
(34) STEVE DOYAL DIRECTOR	1.00	X						0.	0.	0.
(35) PEGGY DUNN DIRECTOR	1.00	X						0.	0.	0.
(36) NIKKI EMISON DIRECTOR	1.00	X						0.	0.	0.
(37) ED ENYEART DIRECTOR	1.00	X						0.	0.	0.
(38) ANITA GORMAN DIRECTOR	1.00	X						0.	0.	0.
(39) GREG GRAVES DIRECTOR	1.00	X						0.	0.	0.
(40) AMY GUERICH DIRECTOR	1.00	X						0.	0.	0.
(41) HEATHER HALL DIRECTOR	1.00	X						0.	0.	0.
(42) JACQUES HASSEN DIRECTOR	1.00	X						0.	0.	0.
(43) KARA HENDON DIRECTOR	1.00	X						0.	0.	0.
(44) ROBERT HINGULA DIRECTOR	1.00	X						0.	0.	0.
(45) JENNY HOUSLEY DIRECTOR	1.00	X						0.	0.	0.
(46) MARY JORGENSEN DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**STARLIGHT THEATRE ASSOCIATION OF KANSAS
CITY, INC.**

Form 990

44-0552079

Part VII Section A. **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) JACK KENNEDY DIRECTOR	1.00	X						0.	0.	0.
(48) MICHAEL KNECHT DIRECTOR	1.00	X						0.	0.	0.
(49) MIKE LANNING DIRECTOR	1.00	X						0.	0.	0.
(50) ROOSEVELT LYONS DIRECTOR	1.00	X						0.	0.	0.
(51) MICHAEL MORRISSEY DIRECTOR	1.00	X						0.	0.	0.
(52) JOHN MURPHY DIRECTOR	1.00	X						0.	0.	0.
(53) DEAN NEWTON DIRECTOR	1.00	X						0.	0.	0.
(54) TERRY O'TOOLE DIRECTOR	1.00	X						0.	0.	0.
(55) GREG REID DIRECTOR	1.00	X						0.	0.	0.
(56) TERRY RYNARD DIRECTOR	1.00	X						0.	0.	0.
(57) DANIEL SCHULTE DIRECTOR	1.00	X						0.	0.	0.
(58) CHRIS STINE DIRECTOR	1.00	X						0.	0.	0.
(59) ANGELO TROZZOLO DIRECTOR	1.00	X						0.	0.	0.
(60) MARK VAN DYNE DIRECTOR	1.00	X						0.	0.	0.
(61) VENESSA VAUGHN WEST DIRECTOR	1.00	X						0.	0.	0.
(62) SCOTT WAGNER DIRECTOR	1.00	X						0.	0.	0.
(63) CAROLYN WATLEY DIRECTOR	1.00	X						0.	0.	0.
(64) RUSS WELSH DIRECTOR	1.00	X						0.	0.	0.
(65) EDY WHITLEY DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**STARLIGHT THEATRE ASSOCIATION OF KANSAS
CITY, INC.**

Form 990 (2021)

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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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	562,158.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	11,296,400.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,630,334.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			18,488,892.			
Program Service Revenue	2 a TICKET SALES	Business Code					
		711110	7,370,963.	7,370,963.			
	b PARKING/CONCESSIONS	711110	1,135,058.	1,135,058.			
	c SPONSORSHIPS	711110	434,438.	434,438.			
	d PRODUCTION REVENUE	711110	225,154.	225,154.			
	e EDUCATION REVENUE	711110	8,425.	8,425.			
	f All other program service revenue						
g Total. Add lines 2a-2f			9,174,038.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			196,275.		196,275.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				1,225,002.			
	b Less: cost or other basis and sales expenses	7b	1,051,343.				
	c Gain or (loss)	7c	173,659.				
	d Net gain or (loss)			173,659.		173,659.	
8 a Gross income from fundraising events (not including \$ 562,158. of contributions reported on line 1c). See Part IV, line 18	8a						
			43,440.				
			119,001.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			-75,561.		-75,561.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a MISCELLANEOUS REVENUE	Business Code					
		711110	6,280.	6,280.			
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d			6,280.				
12 Total revenue. See instructions			27,963,583.	9,180,318.	0.	294,373.	

**STARLIGHT THEATRE ASSOCIATION OF KANSAS
CITY, INC.**

Form 990 (2021)

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Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	22,698.	22,698.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,165,788.	590,369.	400,234.	175,185.
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	2,645,221.	1,975,922.	460,870.	208,429.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	397,227.	69,280.	327,947.	
9 Other employee benefits	314,767.	200,612.	79,034.	35,121.
10 Payroll taxes	274,443.	193,734.	54,133.	26,576.
11 Fees for services (nonemployees):				
a Management				
b Legal	504.			504.
c Accounting	39,298.		39,298.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	118,450.			118,450.
f Investment management fees	27,428.		27,428.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	555,962.	536,932.	19,030.	
12 Advertising and promotion	1,062,272.	1,058,526.	758.	2,988.
13 Office expenses	56,740.	40,147.	13,400.	3,193.
14 Information technology				
15 Royalties	134,933.	134,933.		
16 Occupancy	365,726.	326,789.	38,537.	400.
17 Travel	163,881.	119,875.	28,007.	15,999.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,386,355.	1,170,222.	216,133.	
23 Insurance	102,127.		102,127.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SHOW COSTS	4,425,290.	4,425,290.		
b COST OF GOODS SOLD	778,697.	778,697.		
c SUPPLIES	322,896.	303,824.	5,561.	13,511.
d REPAIRS & MAINTENANCE	267,064.	234,034.	33,030.	
e All other expenses	571,566.	381,716.	64,546.	125,304.
25 Total functional expenses. Add lines 1 through 24e	15,199,333.	12,563,600.	1,910,073.	725,660.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

**STARLIGHT THEATRE ASSOCIATION OF KANSAS
CITY, INC.**

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	262,058.	1	370,542.	
	2 Savings and temporary cash investments	60,419.	2	14,966,070.	
	3 Pledges and grants receivable, net	1,900.	3	5,209,123.	
	4 Accounts receivable, net	663,089.	4	557,412.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	39,800.	8	49,321.	
	9 Prepaid expenses and deferred charges	387,480.	9	624,392.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 36,523,833.			
	b Less: accumulated depreciation	10b 24,290,170.	12,973,133.	10c	12,233,663.
	11 Investments - publicly traded securities	8,481,458.	11	8,755,047.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11	108,125.	13	700,000.	
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	206,308.	15	229,549.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	23,183,770.	16	43,695,119.		
Liabilities	17 Accounts payable and accrued expenses	788,188.	17	884,962.	
	18 Grants payable		18		
	19 Deferred revenue	3,776,374.	19	11,463,677.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 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		25		
	26 Total liabilities. Add lines 17 through 25	4,564,562.	26	12,348,639.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	15,943,937.	27	23,339,530.	
	28 Net assets with donor restrictions	2,675,271.	28	8,006,950.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	18,619,208.	32	31,346,480.	
	33 Total liabilities and net assets/fund balances	23,183,770.	33	43,695,119.	

**STARLIGHT THEATRE ASSOCIATION OF KANSAS
CITY, INC.**

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	27,963,583.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,199,333.
3	Revenue less expenses. Subtract line 2 from line 1	3	12,764,250.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18,619,208.
5	Net unrealized gains (losses) on investments	5	-36,978.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	31,346,480.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

**STARLIGHT THEATRE ASSOCIATION OF KANSAS
CITY, INC.**

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		► <input type="checkbox"/>

**STARLIGHT THEATRE ASSOCIATION OF KANSAS
CITY, INC.**

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1268795.	505,307.	1484739.	2711727.	18488892.	24459460.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	19382615.	861,907.	17227788.	122,092.	9174038.	46768440.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	20651410.	1367214.	18712527.	2833819.	27662930.	71227900.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons			88,054.	80,039.	601,759.	769,852.
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						0.
c Add lines 7a and 7b			88,054.	80,039.	601,759.	769,852.
8 Public support. (Subtract line 7c from line 6.)						70458048.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	20651410.	1367214.	18712527.	2833819.	27662930.	71227900.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	222,311.	636,636.	257,593.	162,534.	196,275.	1475349.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	222,311.	636,636.	257,593.	162,534.	196,275.	1475349.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	91,655.	24,116.	54,697.	8,285.	6,280.	185,033.
13 Total support. (Add lines 9, 10c, 11, and 12.)	20965376.	2027966.	19024817.	3004638.	27865485.	72888282.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	96.67 %
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	96.97 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	2.02 %
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	2.28 %

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>	<input type="checkbox"/>	<input type="checkbox"/>
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<input type="checkbox"/>	<input type="checkbox"/>
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	<input type="checkbox"/>	<input type="checkbox"/>
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	<input type="checkbox"/>	<input type="checkbox"/>
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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)? <i>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.</i>	<input type="checkbox"/>	<input type="checkbox"/>
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	<input type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>	<input type="checkbox"/>	<input type="checkbox"/>
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>	<input type="checkbox"/>	<input type="checkbox"/>
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))? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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)? <i>If "Yes," answer line 10b below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

**STARLIGHT THEATRE ASSOCIATION OF KANSAS
CITY, INC.**

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income	(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	

Section 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):		
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2 Acquisition indebtedness applicable to non-exempt-use assets	2	
3 Subtract line 2 from line 1d.	3	
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by 0.035.	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount	(A) Prior Year	(B) Current Year (optional)
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	Current Year
2 Enter 0.85 of line 1.	2	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4 Enter greater of line 2 or line 3.	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**STARLIGHT THEATRE ASSOCIATION OF KANSAS
CITY, INC.**

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2021 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

STARLIGHT THEATRE ASSOCIATION OF KANSAS
CITY, INC.

Employer identification number

44-0552079

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization STARLIGHT THEATRE ASSOCIATION OF KANSAS CITY, INC.	Employer identification number 44-0552079
-----------------------------------------------------------------------------------	-----------------------------------------------------

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>10,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>3,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>878,082.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>400,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>394,419.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization STARLIGHT THEATRE ASSOCIATION OF KANSAS CITY, INC.	Employer identification number 44-0552079
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ <u>260,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ <u>135,010.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ <u>125,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____ _____ _____	\$ <u>115,900.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	_____ _____ _____	\$ <u>106,110.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization STARLIGHT THEATRE ASSOCIATION OF KANSAS CITY, INC.	Employer identification number 44-0552079
-----------------------------------------------------------------------------------	-----------------------------------------------------

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ <u>97,263.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ <u>75,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ <u>56,213.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ <u>55,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ <u>55,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization STARLIGHT THEATRE ASSOCIATION OF KANSAS CITY, INC.	Employer identification number 44-0552079
-----------------------------------------------------------------------------------	-----------------------------------------------------

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	<hr/> <hr/> <hr/>	\$ <u>53,450.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ <u>52,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/>	\$ <u>51,236.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/>	\$ <u>34,940.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<hr/> <hr/> <hr/>	\$ <u>34,735.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization STARLIGHT THEATRE ASSOCIATION OF KANSAS CITY, INC.	Employer identification number 44-0552079
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	<hr/> <hr/> <hr/>	\$ <u>31,350.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<hr/> <hr/> <hr/>	\$ <u>31,613.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<hr/> <hr/> <hr/>	\$ <u>31,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	<hr/> <hr/> <hr/>	\$ <u>29,713.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	<hr/> <hr/> <hr/>	\$ <u>27,280.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	<hr/> <hr/> <hr/>	\$ <u>25,628.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization STARLIGHT THEATRE ASSOCIATION OF KANSAS CITY, INC.	Employer identification number 44-0552079
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	<hr/> <hr/> <hr/>	\$ <u>25,618.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	<hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	<hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	<hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	<hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization STARLIGHT THEATRE ASSOCIATION OF KANSAS CITY, INC.	Employer identification number 44-0552079
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ <u>23,899.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ <u>23,852.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39		\$ <u>22,025.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40		\$ <u>20,620.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41		\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42		\$ <u>19,029.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization STARLIGHT THEATRE ASSOCIATION OF KANSAS CITY, INC.	Employer identification number 44-0552079
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	<hr/> <hr/> <hr/>	\$ <u>18,275.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	<hr/> <hr/> <hr/>	\$ <u>17,755.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	<hr/> <hr/> <hr/>	\$ <u>17,711.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	<hr/> <hr/> <hr/>	\$ <u>17,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	<hr/> <hr/> <hr/>	\$ <u>17,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	<hr/> <hr/> <hr/>	\$ <u>16,138.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization STARLIGHT THEATRE ASSOCIATION OF KANSAS CITY, INC.	Employer identification number 44-0552079
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$ 15,775.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50		\$ 15,426.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51		\$ 15,035.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53		\$ 14,735.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54		\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization STARLIGHT THEATRE ASSOCIATION OF KANSAS CITY, INC.	Employer identification number 44-0552079
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$ <u>14,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56		\$ <u>13,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57		\$ <u>13,421.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58		\$ <u>13,029.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59		\$ <u>12,080.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60		\$ <u>12,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization STARLIGHT THEATRE ASSOCIATION OF KANSAS CITY, INC.	Employer identification number 44-0552079
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62		\$ 11,985.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63		\$ 12,590.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64		\$ 11,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65		\$ 11,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66		\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization STARLIGHT THEATRE ASSOCIATION OF KANSAS CITY, INC.	Employer identification number 44-0552079
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	<hr/> <hr/> <hr/>	\$ <u>10,985.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	<hr/> <hr/> <hr/>	\$ <u>10,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization STARLIGHT THEATRE ASSOCIATION OF KANSAS CITY, INC.	Employer identification number 44-0552079
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	<hr/> <hr/> <hr/>	\$ <u>9,620.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization STARLIGHT THEATRE ASSOCIATION OF KANSAS CITY, INC.	Employer identification number 44-0552079
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$ <u>9,125.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80		\$ <u>9,103.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81		\$ <u>9,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82		\$ <u>9,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83		\$ <u>8,779.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84		\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization STARLIGHT THEATRE ASSOCIATION OF KANSAS CITY, INC.	Employer identification number 44-0552079
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86		\$ <u>7,623.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87		\$ <u>7,387.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88		\$ <u>7,029.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89		\$ <u>7,029.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90		\$ <u>6,830.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization STARLIGHT THEATRE ASSOCIATION OF KANSAS CITY, INC.	Employer identification number 44-0552079
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		\$ <u>6,275.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92		\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93		\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94		\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95		\$ <u>5,978.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96		\$ <u>5,870.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization STARLIGHT THEATRE ASSOCIATION OF KANSAS CITY, INC.	Employer identification number 44-0552079
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	_____ _____ _____	\$ <u>5,870.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	_____ _____ _____	\$ <u>5,785.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	_____ _____ _____	\$ <u>5,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	_____ _____ _____	\$ <u>5,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	_____ _____ _____	\$ <u>5,735.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	_____ _____ _____	\$ <u>5,590.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization STARLIGHT THEATRE ASSOCIATION OF KANSAS CITY, INC.	Employer identification number 44-0552079
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	_____ _____ _____	\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	_____ _____ _____	\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	_____ _____ _____	\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	_____ _____ _____	\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107	_____ _____ _____	\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108	_____ _____ _____	\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization STARLIGHT THEATRE ASSOCIATION OF KANSAS CITY, INC.	Employer identification number 44-0552079
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109		\$ <u>5,235.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110		\$ <u>5,205.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111		\$ <u>5,181.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization STARLIGHT THEATRE ASSOCIATION OF KANSAS CITY, INC.	Employer identification number 44-0552079
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization STARLIGHT THEATRE ASSOCIATION OF KANSAS CITY, INC.	Employer identification number 44-0552079
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization STARLIGHT THEATRE ASSOCIATION OF KANSAS CITY, INC.	Employer identification number 44-0552079
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization STARLIGHT THEATRE ASSOCIATION OF KANSAS CITY, INC.

Employer identification number 44-0552079

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and acquired after 7/25/06), and questions 3-9 regarding modifications, states, monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a, 1b, and 2 regarding reporting of art and historical treasures.

**STARLIGHT THEATRE ASSOCIATION OF KANSAS
CITY, INC.**

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

**STARLIGHT THEATRE ASSOCIATION OF KANSAS
CITY, INC.**

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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	28,037,817.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a	-36,978.	
b Donated services and use of facilities	2b	43,397.	
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d	95,243.	
e Add lines 2a through 2d	2e		101,662.
3 Subtract line 2e from line 1			3 27,936,155.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	27,428.	
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b	4c		27,428.
5 Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5 27,963,583.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total expenses and losses per audited financial statements		1	15,310,545.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a	43,397.	
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2d	95,243.	
e Add lines 2a through 2d	2e		138,640.
3 Subtract line 2e from line 1			3 15,171,905.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	27,428.	
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b	4c		27,428.
5 Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5 15,199,333.

Part XIII Supplemental Information.

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

PART V, LINE 4:

ENDOWMENT FUNDS - THE FUNDS SET UP BY STARLIGHT THEATRE ASSOCIATION OF KANSAS CITY ARE FROM INVESTED CAPITAL WITH PROCEEDS USED FOR ONGOING OPERATIONS OR OTHER SPECIFIED PURPOSES, SUCH AS EDUCATION PROGRAMS AS DESIGNATED BY DONORS

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE	102,661.
SPECIAL EVENTS EXPENSE-STARRY NIGHT	-7,418.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	95,243.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **STARLIGHT THEATRE ASSOCIATION OF KANSAS CITY, INC.** Employer identification number **44-0552079**

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 Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
HARTSOOK COMPANIES, INC. - 1100 WALNUT ST., STE. 2935, DEVELOPMENT STRATEGIES - 10 S. BROADWAY, ST. LOUIS, MO	CAMPAIGN COUNSEL		X	0.	104,900.	0.
	ECONOMIC IMPACT STUDY		X	0.	13,550.	0.
Total					118,450.	

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**STARLIGHT THEATRE ASSOCIATION OF KANSAS
CITY, INC.**

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA (event type)	STARRY NIGHT (event type)	NONE (total number)	
Revenue	1	525,366.	80,232.		605,598.
	2	491,366.	70,792.		562,158.
	3	34,000.	9,440.		43,440.
Direct Expenses	4				
	5				
	6				
	7	32,045.	151.		32,196.
	8	10,400.			10,400.
	9	60,217.	16,188.		76,405.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				-75,561.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1				
Direct Expenses	2				
	3				
	4				
	5				
	6	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶			

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

STARLIGHT THEATRE ASSOCIATION OF KANSAS
CITY, INC.

- 11 Does the organization conduct gaming activities with nonmembers? Yes 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 ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- 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
- 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 ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 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 FUNDRAISERS:

(I) NAME OF FUNDRAISER: HARTSOOK COMPANIES, INC.

(I) ADDRESS OF FUNDRAISER:

1100 WALNUT ST., STE. 2935, KANSAS CITY, MO 64106

(I) NAME OF FUNDRAISER: DEVELOPMENT STRATEGIES

(I) ADDRESS OF FUNDRAISER: 10 S. BROADWAY, ST. LOUIS, MO 63102

Part IV Supplemental Information *(continued)*

PART I, LINE 2B, COLUMN (V):

PAYMENTS WERE MADE TO PROFESSIONAL FUNDRAISERS FOR CAMPAIGN COUNSEL AND
AN ECONOMIC IMPACT STUDY.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **STARLIGHT THEATRE ASSOCIATION OF KANSAS
CITY, INC.**

**Employer identification number
44-0552079**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

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

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

Schedule I (Form 990) 2021

STARLIGHT THEATRE ASSOCIATION OF KANSAS
CITY, INC.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	26	22,698.	0.		

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

PART I, LINE 2:

STARLIGHT ISSUES SCHOLARSHIPS TO BE USED FOR ARTISTIC ENDEAVORS. THE AWARDS
AND SCHOLARSHIPS ARE MERIT BASED THROUGH AN APPLICATION PROCESS. FOR
VINCENT LEGACY SCHOLARSHIPS STARLIGHT PROVIDES SCHOLARSHIPS AND INITIATES
ARTISTIC CLASSES ON THE STUDENTS BEHALF.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization **STARLIGHT THEATRE ASSOCIATION OF KANSAS CITY, INC.** Employer identification number **44-0552079**

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- 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? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? **6a**
- b** Any related organization? **6b**
- 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 **7**

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

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

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

**STARLIGHT THEATRE ASSOCIATION OF KANSAS
CITY, INC.**

44-0552079

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RICHARD BAKER PRESIDENT & CEO	(i)	307,387.	85,000.	3,048.	63,000.	20,775.	479,210.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CYNTHIA JEFFRIES VP OF MARKETING & SALES	(i)	168,580.	0.	3,450.	12,036.	15,557.	199,623.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DEBRA CHURCHILL VP OF OPERATIONS	(i)	135,366.	6,150.	1,694.	9,718.	10,075.	163,003.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 3:

STARLIGHT THEATRE ASSOCIATION OF KANSAS CITY SEEKS TO PROVIDE A REASONABLE
AND COMPETITIVE EXECUTIVE TOTAL COMPENSATION OPPORTUNITY CONSISTENT WITH
MARKET-BASED COMPENSATION PRACTICES FOR INDIVIDUALS POSSESSING THE
EXPERIENCE AND SKILLS NEEDED TO IMPROVE THE OVERALL PERFORMANCE OF
STARLIGHT AND ACCOMPLISH ITS EXEMPT PURPOSE AND MISSION. THE BOARD OF
DIRECTORS OF STARLIGHT REVIEWS COMPENSATION STUDY AND OTHER PUBLIC
NONPROFIT DATA FOR CEO COMPENSATION.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

STARLIGHT THEATRE ASSOCIATION OF KANSAS
CITY, INC.

Employer identification number
44-0552079

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

EXPERIENCE BY DELIVERING ACCESSIBLE LIVE ENTERTAINMENT FOR ALL
AUDIENCES, SUPERIOR THEATRE ARTS EDUCATION, AND COMMUNITY OUTREACH
PROGRAMS.

FORM 990, PART III, LINE 1:

STARLIGHT THEATRE ASSOCIATION OF KANSAS CITY, INC., A NONPROFIT
ORGANIZATION, IS DEDICATED TO PRODUCING, PRESENTING, AND PROMOTING
EXCELLENCE IN MUSICAL THEATRE AND THE PERFORMING ARTS FOR DIVERSE
AUDIENCES OF ALL AGES, WITH AN EMPHASIS ON CONTINUED PROGRAMMING FOR
FAMILIES AND CHILDREN. STARLIGHT STRIVES TO ENRICH THE KANSAS CITY
REGION FOR ALL RESIDENTS AND VISITORS BY BUILDING APPRECIATION FOR THE
PERFORMING ARTS, MAKING LIVE THEATRE AND MUSIC AFFORDABLE AND
ACCESSIBLE, PROVIDING SUPERIOR ARTS EDUCATION AND COMMUNITY ENGAGEMENT
PROGRAMS, AND DELIVERING EXCEPTIONAL CUSTOMER SERVICE. A BELOVED KANSAS
CITY CULTURAL TRADITION, STARLIGHT DEVOTES SIGNIFICANT RESOURCES TO
PRESERVING AND ENHANCING ITS HOME VENUE IN SWOPE PARK AND CREATING NEW
MEMORIES FOR GENERATIONS TO COME.

PRESENTING LIVE BROADWAY THEATRE SINCE 1951, THE NONPROFIT STARLIGHT
THEATRE ASSOCIATION IS KANSAS CITY'S OLDEST AND LARGEST PERFORMING ARTS
ORGANIZATION. THE ASSOCIATION OPERATES, PROGRAMS AND MAINTAINS THE
LARGEST OUTDOOR STAGE IN THE UNITED STATES, AS WELL AS THE 16-ACRE
STARLIGHT THEATRE COMPLEX. THE THEATRE SEATS APPROXIMATELY 8,000 AND IS
LOCATED IN SWOPE PARK, THE LARGEST PARK IN KANSAS CITY. WHILE FUNDING
ANNUAL OPERATING COSTS OF \$1,203,453 FOR THE STARLIGHT VENUE, THE

Name of the organization	STARLIGHT THEATRE ASSOCIATION OF KANSAS CITY, INC.	Employer identification number	44-0552079
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ASSOCIATION ALSO RAISES FUNDS FOR CAPITAL IMPROVEMENTS AND A VARIETY OF PROGRAMS, INCLUDING BROADWAY MUSICALS, CONCERTS, AND COMMUNITY ENGAGEMENT.

SINCE 2000, THE ASSOCIATION HAS CONTRIBUTED MORE THAN \$31 MILLION OF PRIVATELY FUNDED IMPROVEMENTS TO THE KANSAS CITY, MO.-OWNED STARLIGHT THEATRE, OFFSETTING LOCAL GOVERNMENT FINANCIAL LOADS. IN FISCAL YEAR 2022, STARLIGHT RECORDED MORE THAN \$1.3 MILLION OF DEPRECIATION EXPENSES RELATED TO THE THEATRE FACILITY, EQUIPMENT, AND OFFICES.

STARLIGHT IS A FREQUENT RECIPIENT OF LOCAL, NATIONAL AND EVEN INTERNATIONAL AWARDS AND RECOGNITION. IN 2013, STARLIGHT WON THE PRESTIGIOUS VENUE EXCELLENCE AWARD FROM THE INTERNATIONAL ASSOCIATION OF VENUE MANAGERS. HONORS IN 2021 INCLUDED: BEST LIVE MUSIC VENUE (OVER 1,000) -THE PITCH BEST OF KC AWARDS; BEST LIVE THEATER -THE PITCH BEST OF KC AWARDS; BEST OUTDOOR VENUE -THE PITCH BEST OF KC AWARDS; BEST LIVE THEATER VENUE -KANSAS CITY MAGAZINE'S BEST OF KC; BEST OUTDOOR MUSIC VENUE -KANSAS CITY MAGAZINE'S BEST OF KC; AND BEST MUSIC VENUE -KANSAS CITY MAGAZINE'S BEST OF KC.

STARLIGHT TYPICALLY BENEFITS FROM STRONG TICKET SALES AND ANCILLARY REVENUE FROM PARKING AND CONCESSIONS AND HAS NOT RELIED HEAVILY ON CHARITABLE CONTRIBUTIONS OR GOVERNMENT SUPPORT. IN 2020 AND 2021, THE PRIMARY SOURCE OF STARLIGHT'S ANNUAL REVENUE WAS SIGNIFICANTLY REDUCED. BROADWAY TOURING PRODUCTIONS WERE STILL SUBJECT TO STRICT PANDEMIC RULES, AND MANY CONCERT TOURS OPTED TO CANCEL OR ONCE AGAIN POSTPONE TO SUMMER 2022. WITHOUT REGULAR PROGRAMMING, STARLIGHT'S REMAINING EXPENSES INCLUDED THE CORE OF WHAT SETS STARLIGHT APART: A HISTORIC

Name of the organization	STARLIGHT THEATRE ASSOCIATION OF KANSAS CITY, INC.	Employer identification number	44-0552079
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LANDMARK AND ITS 16-ACRE CAMPUS; COMMUNITY ENGAGEMENT PROGRAMMING THAT PIVOTED TIME AND AGAIN TO CONTINUE TO SERVE KANSAS CITY; AND THE YEAR-ROUND FULL-TIME STAFF WHO ADJUSTED THEIR WORK TO SERVE NEW INITIATIVES AND PROJECTS, AND PREPARED FOR A FUTURE THAT REQUIRED MULTIPLE SCENARIO CONSIDERATIONS.

STARLIGHT LOOKS FORWARD TO THE RETURN OF A FULL SCHEDULE OF LIVE PERFORMANCES ON ITS STAGE IN THE SUMMER OF 2022. HOWEVER, STARLIGHT WILL CONTINUE TO NAVIGATE SIGNIFICANT FINANCIAL CHALLENGES AND UNPREDICTABLE ATTENDANCE AS IT RECOVERS FROM TWO TRULY HISTORIC YEARS. IN A NORMAL YEAR, NEARLY 90% OF STARLIGHT'S OPERATING BUDGET IS SUPPORTED BY EARNED REVENUE RELATED TO SUMMER BROADWAY SERIES AND CONCERTS. STARLIGHT PLANS TO LEVERAGE ITS UNIQUE OUTDOOR THEATRE SETTING TO FOSTER A SAFE ENVIRONMENT FOR NOT ONLY THE RETURN TO NORMAL STARLIGHT PROGRAMMING BUT PRESENT NEW PROGRAMMING IN PARTNERSHIP WITH OTHER ARTS AND CULTURAL INSTITUTIONS THAT SHARE SIMILAR CHALLENGING CIRCUMSTANCES.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

DUE TO CONTINUED PRODUCTION TOURING RESTRICTIONS FROM THE COVID-19 PANDEMIC, STARLIGHT WAS UNABLE TO PRESENT A 2022 INDOOR SERIES. THIS ALLOWED THE ORGANIZATION TO PIVOT ONCE AGAIN AND UTILIZE THE THEATRE SPACE IN A NEW WAY INSTEAD OF BEING DARK THROUGHOUT THE WINTER, AND ALSO INTRODUCE NEW AUDIENCES TO THE STARLIGHT EXPERIENCE. FOR THE FIRST TIME, STARLIGHT EXPANDED ITS CREATIVE PROGRAMMING TO INCLUDE THE IMMERSIVE ART EXHIBIT, VAN GOGH ALIVE. PARTNERING WITH THE NELSON-ATKINS MUSEUM OF ART, VAN GOGH ALIVE FEATURED A CAFE,

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INFORMATIONAL EXHIBIT, AND TWO PHOTO OPPORTUNITIES, IN ADDITION TO THE IMMERSIVE SPACE FEATURING FLOOR-TO-CEILING PROJECTIONS OF VAN GOGH'S WORK SET TO CLASSICAL MUSIC. IN ALL, VAN GOGH ALIVE DREW MORE THAN 56,000 ATTENDEES TO STARLIGHT'S COHEN COMMUNITY STAGE HOUSE, SEVERAL WHO HAD NEVER BEEN TO STARLIGHT BEFORE.

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

PRESENTING LIVE BROADWAY THEATRE SINCE 1951, THE NONPROFIT STARLIGHT THEATRE ASSOCIATION IS KANSAS CITY'S OLDEST AND LARGEST PERFORMING ARTS ORGANIZATION. STARLIGHT'S ANNUAL BROADWAY SERIES FEATURES NATIONAL BROADWAY TOURS, CO-PRODUCTIONS WITH OTHER REGIONAL AND NATIONAL THEATRES, AND ITS OWN LOCALLY PRODUCED SHOWS. THE LANDMARK OUTDOOR THEATRE, ONE OF ONLY THREE OF ITS KIND REMAINING IN THE UNITED STATES, DRAWS THEATRE FANS IN THE SUMMER FROM THROUGHOUT THE KANSAS CITY AREA, AS WELL AS SURROUNDING CITIES AND STATES. IN FACT, NEARLY EVERY SUMMER STARLIGHT WELCOMES VISITORS FROM ALL 50 STATES AND SEVERAL NATIONS.

THE 2021 ADVENTHEALTH BROADWAY SERIES MARKED STARLIGHT'S 71ST YEAR OF LIVE BROADWAY ENTERTAINMENT UNDER THE STARS. STILL REBUILDING FROM THE COVID-19 PANDEMIC IN SUMMER 2021, STARLIGHT PRESENTED A TRUNCATED BROADWAY SEASON. THE HISTORIC VENUE PRODUCED A CONCERT-STYLE VERSION OF GODSPELL AND WELCOMED TWO NATIONAL BROADWAY TOURING MUSICALS THE ILLUSIONISTS AND ESCAPE TO MARGARITAVILLE. STARLIGHT ALSO PARTNERED WITH THE MUNY RIGHT DOWN THE ROAD IN ST. LOUIS FOR A CO-PRODUCTION OF ON YOUR FEET! THE GLORIA AND EMILIO ESTEFAN MUSICAL.

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

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IN ADDITION TO OFFERING AWARD-WINNING BROADWAY THEATRE, STARLIGHT IS A FAVORED PERFORMANCE VENUE FOR CONCERT ARTISTS. STARLIGHT'S CLIMATE-CONTROLLED STAGE, REHEARSAL SPACES, DRESSING ROOMS AND MANY AMENITIES ARE STATE-OF-THE-ART IN THE OUTDOOR CONCERT INDUSTRY. AMPLE SEATING CAPACITY IS ANOTHER MAJOR PLUS IN ATTRACTING PERFORMANCE ARTISTS.

DUE TO THE IMPACT OF COVID-19, STARLIGHT ALSO PRESENTED A SHORTENED CONCERT SEASON IN 2021. THE LINEUP INCLUDED LINDSEY STIRLING WITH KESHA, JASON MRAZ WITH SOUTHERN AVENUE, JOAN JETT AND THE BLACKHEARTS WITH CHEAP TRICK, THE DOOBIE BROTHERS, BILL BURR, AND PITBULL WITH IGGY AZALEA.

STARLIGHT SEEKS TO ATTRACT A YOUNGER CUSTOMER DEMOGRAPHIC BY OFFERING A WIDE RANGE OF CONCERT EVENTS. BY FIRST INTRODUCING NEW GENERATIONS TO STARLIGHT'S TIME-HONORED TRADITION THROUGH ITS CONCERT OFFERINGS, THE THEATRE IS WORKING HARD TO BUILD AN EXPANDED AUDIENCE BASE FOR ALL OF ITS PERFORMANCES INCLUDING BROADWAY AND EDUCATION OPPORTUNITIES FOR YOUTH.

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

DUE TO CONTINUED PRODUCTION TOURING RESTRICTIONS FROM THE COVID-19 PANDEMIC, STARLIGHT WAS UNABLE TO PRESENT A 2022 INDOOR SERIES. THIS ALLOWED THE ORGANIZATION TO PIVOT ONCE AGAIN AND UTILIZE THE THEATRE SPACE IN A NEW WAY INSTEAD OF BEING DARK THROUGHOUT THE WINTER, AND ALSO INTRODUCE NEW AUDIENCES TO THE STARLIGHT EXPERIENCE. FOR THE FIRST TIME, STARLIGHT EXPANDED ITS CREATIVE PROGRAMMING TO INCLUDE THE

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IMMERSIVE ART EXHIBIT, VAN GOGH ALIVE. PARTNERING WITH THE NELSON-ATKINS MUSEUM OF ART, VAN GOGH ALIVE FEATURED A CAFE, INFORMATIONAL EXHIBIT, AND TWO PHOTO OPPORTUNITIES, IN ADDITION TO THE IMMERSIVE SPACE FEATURING FLOOR-TO-CEILING PROJECTIONS OF VAN GOGH'S WORK SET TO CLASSICAL MUSIC. IN ALL, VAN GOGH ALIVE DREW MORE THAN 56,000 ATTENDEES TO STARLIGHT'S COHEN COMMUNITY STAGE HOUSE, SEVERAL WHO HAD NEVER BEEN TO STARLIGHT BEFORE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE MOMENTUM FOR PERFORMING ARTS EDUCATION, TRAINING AND COMMUNITY ACCESS IS STRONG AT STARLIGHT. A COMMITMENT TO COMMUNITY ENGAGEMENT IS DEEPLY HELD AT STARLIGHT AS EVIDENCED IN THE THEATRE'S VISION STATEMENT: ENRICHING OUR REGION BY PRESENTING OUTSTANDING LIVE PERFORMANCES IN KANSAS CITY'S PREMIER ENTERTAINMENT LANDMARK, WHERE PERFORMING ARTS SHARE CENTER STAGE WITH EDUCATION.

IN KEEPING WITH ITS NONPROFIT MISSION AND IN RESPONSE TO GROWING COMMUNITY INTEREST, STARLIGHT CONTINUES TO REFINE AND ENHANCE ITS PORTFOLIO OF COMMUNITY ENGAGEMENT PROGRAMS. AS EXPENSES SIGNIFICANTLY EXCEED REVENUES FOR THESE OFFERINGS, MANY OF WHICH ARE OFFERED AT LITTLE OR NO COST TO PARTICIPANTS, STARLIGHT FUNDS THIS IMPORTANT INITIATIVE WITH OPERATING FUNDS AND PRIVATE DONATIONS. THE THEATRE'S COMMUNITY ENGAGEMENT PROGRAMS IN 2021 REACHED MORE THAN 13,000 INDIVIDUALS.

COMMUNITY ENGAGEMENT PROGRAMMING INCLUDES:

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- PAID COLLEGE INTERNSHIPS IN MULTIPLE THEATRE PRODUCTION AND ADMINISTRATION ROLES THROUGH THE BOB ROHLF INTERNSHIP PROGRAM
- STARLIGHT'S BLUE STAR AWARDS ONE OF THE LARGEST HIGH SCHOOL MUSICAL THEATRE AWARDS PROGRAM IN THE COUNTRY. DURING THE 2021-22 SCHOOL YEAR, 49 KANSAS CITY AREA SCHOOLS PARTICIPATED IN THE PROGRAM, INVOLVING MORE THAN 3,700 HIGH SCHOOL STUDENTS
- RISING STAR SCHOLARSHIPS FOR BLUE STAR AWARDS' PARTICIPATING HIGH SCHOOL SENIORS AND VINCENT LEGACY SCHOLARSHIPS FOR KANSAS CITY MIDDLE-SCHOOL STUDENTS
- THE STARLIGHT STARS AND STARLIGHT STARS OF TOMORROW MUSICAL THEATRE TRAINING AND PERFORMANCE TROUPES FOR 6TH THROUGH 12TH-GRADE STUDENTS
- JUST IMAGINE, AN INTERACTIVE THEATRICAL PERFORMANCE PROGRAM FOR CHILDREN RECEIVING SERVICES FROM HOSPITALS, DOMESTIC SHELTERS AND CHILD SERVICE ORGANIZATIONS
- FREE COMMUNITY TICKETS PROVIDED TO MORE THAN 90 KANSAS CITY AREA NONPROFIT ORGANIZATIONS THAT SERVE UNDERPRIVILEGED AND AT-RISK YOUTH, THE MEDICALLY DEPENDENT OR DISABLED, AND LOW-INCOME SENIOR CITIZENS

RECENT HIGHLIGHTS OF STARLIGHT'S COMMUNITY ENGAGEMENT PROGRAMS INCLUDED THE CELEBRATION OF THE 20TH ANNIVERSARY OF STARLIGHT'S BLUE STAR AWARDS AND THE ADDITION OF FOUR NEW SCHOLARS TO THE VINCENT LEGACY SCHOLARSHIP PROGRAM EXPANDING THE TOTAL TO 49 RECIPIENTS AND MORE THAN \$100,000 IN SCHOLARSHIPS FUNDED SINCE THE PROGRAM'S INCEPTION IN 2006. EXPENSES \$ 616,925. INCLUDING GRANTS OF \$ 22,698. REVENUE \$ 13,584.

COORDINATED BY ITS EVENTS DIVISION, STARLIGHT MAKES SPACE AVAILABLE FOR COMMUNITY USE. FURTHERING ITS OUTREACH TO THE GREATER KANSAS CITY

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COMMUNITY, STARLIGHT ACCOMMODATES ON-SITE RENTALS OF THE VENUE WHEN NOT STAGING ITS OWN THEATRICAL OR FUNDRAISING EVENTS. OUTSIDE EVENT RENTALS, MOSTLY TO FELLOW NONPROFITS, ALLOW STARLIGHT TO BE UTILIZED AT TIMES WHEN THE FACILITY WOULD OTHERWISE SIT EMPTY. STARLIGHT DOES NOT ACTIVELY MARKET OR OTHERWISE SOLICIT RENTAL BUSINESS, AND STARLIGHT EVENTS BROADWAY, CONCERT, INDOOR, EDUCATIONAL AND PHILANTHROPIC ALWAYS TAKE PRIORITY ON THE ANNUAL BOOKING CALENDAR.

EXPENSES \$ 199,568. INCLUDING GRANTS OF \$ 0. REVENUE \$ 294,585.

FORM 990, PART VI, SECTION A, LINE 7A:

GOVERNING BODY AND MANAGEMENT - THE BOARD OF STARLIGHT THEATRE ASSOCIATION OF KANSAS CITY PUTS TOGETHER A NOMINATING COMMITTEE THAT IDENTIFIES POTENTIAL BOARD CANDIDATES. ONCE THE POTENTIAL CANDIDATES ARE IDENTIFIED, THE COMMITTEE PRESENTS NOMINATIONS AT A BOARD MEETING. A FULL VOTE IS REQUIRED TO APPROVE A POTENTIAL CANDIDATE AS A NEW MEMBER OF THE BOARD. ALL DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO APPROVAL, HOWEVER, IF A BOARD MEMBER IS IDENTIFIED AS HAVING A PERSONAL INTEREST IN THE DECISION THE BOARD MEMBER WILL RECUSE THEMSELVES FROM THE VOTE.

FORM 990, PART VI, SECTION A, LINE 7B:

GOVERNING BODY AND MANAGEMENT - THE BOARD OF STARLIGHT THEATRE ASSOCIATION OF KANSAS CITY PUTS TOGETHER A NOMINATING COMMITTEE THAT IDENTIFIES POTENTIAL BOARD CANDIDATES. ONCE THE POTENTIAL CANDIDATES ARE IDENTIFIED, THE COMMITTEE PRESENTS NOMINATIONS AT A BOARD MEETING. A FULL VOTE IS REQUIRED TO APPROVE A POTENTIAL CANDIDATE AS A NEW MEMBER OF THE BOARD. ALL DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO APPROVAL, HOWEVER, IF A BOARD MEMBER IS IDENTIFIED AS HAVING A PERSONAL INTEREST IN THE DECISION THE BOARD MEMBER WILL EXCUSE THEMSELVES FROM THE VOTE.

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

FORM 990 REVIEW PROCESS - THE FINANCE COMMITTEE CHARTER GRANTS THE FINANCE COMMITTEE THE RIGHT TO FUNCTION AS THE GOVERNING BODY WITH MATTERS RELATED TO FINANCE. THE FINANCE COMMITTEE REVIEWS A DRAFT OF THE FORM 990 IN FULL DETAIL. THE DRAFT IS PROVIDED TO THE ENTIRE BOARD PRIOR TO FILING. THE FINANCE COMMITTEE ANNUALLY REVIEWS AND UPDATES THE CHARTER AS DEEMED NECESSARY.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST POLICY - STARLIGHT THEATRE ASSOCIATION OF KANSAS CITY STRIVES, AT ALL TIMES, TO CONDUCT ITS RELATIONSHIPS IN TRANSACTIONS WITH INDIVIDUALS AND OTHER BUSINESS CONCERNS ON A HIGHLY ETHICAL BASIS. TO THIS END, THE PRIMARY CONSIDERATION OF ANY STARLIGHT DIRECTOR, OFFICER, COMMITTEE MEMBER, EMPLOYEE, ASSOCIATE, OR VOLUNTEER IN ALL TRANSACTIONS ARISING OR RELATED TO SUCH PERSON'S DUTIES TO STARLIGHT MUST BE IN THE BEST INTERESTS OF STARLIGHT. CONSEQUENTLY, IN ALL DEALINGS WITH AND ON BEHALF OF STARLIGHT, THESE PERSONS WILL BE HELD TO A STRICT RULE OF HONEST AND FAIR DEALING BETWEEN THEMSELVES AND STARLIGHT. THE PURPOSE OF THIS POLICY IS TO PROTECT THE INTERESTS OF STARLIGHT WHEN IT IS CONTEMPLATING ENTERING INTO A TRANSACTION OF ANY OTHER ARRANGEMENT THAT MIGHT BENEFIT THE PRIVATE INTEREST OF A DIRECTOR, OFFICER, COMMITTEE MEMBER, OR EMPLOYEE, OR MIGHT RESULT IN A POSSIBLE EXCESS-BENEFIT TRANSACTION TO SUCH PERSON. THE POLICY IS INTENDED TO SUPPLEMENT BUT NOT REPLACE ANY APPLICABLE STATE AND FEDERAL LAWS GOVERNING CONFLICT OF INTERESTS APPLICABLE TO STARLIGHT. DUTY TO DISCLOSE - IN CONNECTION WITH ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST, AN INTEREST PERSON MUST DISCLOSE PROMPTLY THE EXISTENCE OF HIS/HER FINANCIAL INTEREST AND ALL MATERIAL FACTS TO THE BOARD AND MEMBERS OF THE

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COMMITTEE WITH BOARD-DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS - AFTER DISCLOSURE OF A FINANCIAL INTEREST AND ALL MATERIAL FACTS RELATED THERETO, AND AFTER ANY DISCUSSION WITH THE INTEREST PERSON, THE INTERESTED PERSON SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED. THE FULL POLICY IS AVAILABLE UPON REQUEST.

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

COMPENSATION POLICY - STARLIGHT THEATRE ASSOCIATION OF KANSAS CITY SEEKS TO PROVIDE A REASONABLE AND COMPETITIVE EXECUTIVE TOTAL COMPENSATION OPPORTUNITY CONSISTENT WITH MARKET-BASED COMPENSATION PRACTICES FOR INDIVIDUALS POSSESSING THE EXPERIENCE AND SKILLS NEEDED TO IMPROVE THE OVERALL PERFORMANCE OF STARLIGHT AND ACCOMPLISH ITS EXEMPT PURPOSE AND MISSION. THE BOARD OF DIRECTORS OF STARLIGHT HAS THE AUTHORITY TO ESTABLISH, REVIEW AND APPROVE COMPENSATION POLICIES, PROGRAMS, AND GUIDELINES TO ENSURE THAT THEY SUPPORT STARLIGHT'S MISSION, ATTRACT, AND RETAIN HIGH-CALIBER EXECUTIVES, BALANCE THE NEED TO BE COMPETITIVE WITH THE LIMITS OF AVAILABLE FINANCIAL RESOURCES, AND COMPLY WITH STARLIGHT'S TAX-EXEMPT STATUS AND APPLICABLE STATE AND FEDERAL LAW. STARLIGHT'S EXECUTIVE COMPENSATION PROGRAM IS ADMINISTERED BY THE EXECUTIVE COMMITTEE OF THE BOARD. THE FULL POLICY IS AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

DISCLOSURE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND/OR FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C:

