

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2022

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning **APR 1, 2022** and ending **MAR 31, 2023**

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		D Employer identification number 44-0552079
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4600 STARLIGHT RD.		E Telephone number 816-363-7827
	City or town, state or province, country, and ZIP or foreign postal code KANSAS CITY, MO 64132		G Gross receipts \$ 40,678,158.
	F Name and address of principal officer: LINDSEY ROOD-CLIFFORD SAME AS C ABOVE		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
	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		H(c) Group exemption number

J Website: WWW.KCSTARLIGHT.COM

K Form of organization: Corporation Trust Association Other **L** Year of formation: 1951 **M** State of legal domicile: MO

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: STARLIGHT IS DEDICATED TO CONNECTING OUR COMMUNITY THROUGH LIVE ARTS EXPERIENCES THAT		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	53
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	51
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	275
	6 Total number of volunteers (estimate if necessary)	6	152
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	3,139.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	18,488,892.	7,421,106.
	9 Program service revenue (Part VIII, line 2g)	9,174,038.	19,688,105.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	369,934.	750,285.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-69,281.	31,772.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	27,963,583.	27,891,268.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	22,698.	18,085.
	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)	4,797,446.	4,804,668.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	118,450.	122,873.
	b Total fundraising expenses (Part IX, column (D), line 25)	904,460.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,260,739.	19,549,782.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,199,333.	24,495,408.	
19 Revenue less expenses. Subtract line 18 from line 12	12,764,250.	3,395,860.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 43,695,119.	End of Year 44,756,852.
	21 Total liabilities (Part X, line 26)	12,348,639.	10,782,392.
	22 Net assets or fund balances. Subtract line 21 from line 20	31,346,480.	33,974,460.

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		Date	
	MANDI WRIGHT, VP OF FINANCE/CFO Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN
	KEVIN ENSMINGER	KEVIN ENSMINGER	09/27/23	<input type="checkbox"/> P01310558
Preparer Use Only	Firm's name	Firm's EIN		
	RSM US LLP 4622 PENNSYLVANIA AVE, STE 1100 KANSAS CITY, MO 64112	42-0714325		Phone no. 816-753-3000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 11,773,281. including grants of \$) (Revenue \$ 12,562,775.) SEE SCHEDULE O

4b (Code:) (Expenses \$ 7,698,198. including grants of \$) (Revenue \$ 6,154,972.) SEE SCHEDULE O

4c (Code:) (Expenses \$ 1,296,707. including grants of \$) (Revenue \$ 810,533.) SEE SCHEDULE O

4d Other program services (Describe on Schedule O.) (Expenses \$ 908,094. including grants of \$ 18,085.) (Revenue \$ 205,508.)

4e Total program service expenses 21,676,280.

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

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>	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>	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>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		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>		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>		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>		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>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		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>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		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>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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>		
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>		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>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	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		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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 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.		
	1a	53	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	51	
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?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?	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?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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		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?		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?	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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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	X	
b	Other officers or key employees of the organization	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?		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 RD., KANSAS CITY, MO 64132

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, box 6 of 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 0.00	X		X				373,370.	0.	90,220.
(2) BESS WALLERSTEIN-HUFF VP OF MARKETING & SALES	40.00 0.00			X				160,763.	0.	20,590.
(3) LINDSEY ROOD-CLIFFORD VP OF PHILANTHROPY/COO	40.00 0.00			X				137,578.	0.	27,269.
(4) DEBRA CHURCHILL VP OF OPERATIONS	40.00 0.00			X				141,755.	0.	20,628.
(5) MANDI WRIGHT VP OF FINANCE & CFO/ TREASURER	40.00 0.00	X		X				121,329.	0.	28,609.
(6) WILLIAM WAUGH VP OF CONCERTS & IT	40.00 0.00			X				126,738.	0.	18,863.
(7) ALEXANDER JONES VP OF COMMUNITY ENGAGEMENT	40.00 0.00			X				113,313.	0.	32,288.
(8) JEFFREY MILLER SPONSORSHIP & PREMIUM SALES MANAGER	40.00 0.00					X		104,262.	0.	28,554.
(9) KENT ANDEL VP OF PRODUCTION	40.00 0.00			X				103,162.	0.	27,164.
(10) MARK FORTINO CHAIR	1.00 0.00	X		X				0.	0.	0.
(11) HOWARD COHEN CHAIR ELECT	1.00 0.00	X		X				0.	0.	0.
(12) ORA REYNOLDS IMMEDIATE PAST CHAIR	1.00 0.00	X		X				0.	0.	0.
(13) TERRY O'TOOLE SECRETARY	1.00 0.00	X		X				0.	0.	0.
(14) LESLEY ELWELL VICE CHAIR, EMPLOYEE EXPERIENCE	1.00 0.00	X		X				0.	0.	0.
(15) AMY GUERICH VICE CHAIR, PHILANTHROPY	1.00 0.00	X		X				0.	0.	0.
(16) AUGIE HUBER VICE CHAIR, FACILITIES	1.00 0.00	X		X				0.	0.	0.
(17) DEAN NEWTON VICE CHAIR, GOVERNMENT AFFAIRS	1.00 0.00	X		X				0.	0.	0.

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 0.00	X		X				0.	0.	0.
(19) SABRINA WIEWEL VICE CHAIR, MARKETING & SALES	1.00 0.00	X		X				0.	0.	0.
(20) ROBERT K. WOLF VICE CHAIR, FINANCE	1.00 0.00	X		X				0.	0.	0.
(21) AVIVA AJMERA DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) DENISE BADE DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) ROBERT BARNES DIRECTOR	1.00 0.00	X						0.	0.	0.
(24) CHARLES W. BATTEY EX-OFFICIO	1.00 0.00	X						0.	0.	0.
(25) ROBERT A. BERSTEIN EX-OFFICIO	1.00 0.00	X						0.	0.	0.
(26) BECKY BLADES DIRECTOR	1.00 0.00	X						0.	0.	0.
1b Subtotal								1,382,270.	0.	294,185.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,382,270.	0.	294,185.

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 9

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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	7,065,806.
GASTINGERWALKER& 817 WYANDOTTE ST, KANSAS CITY, MO 64105	ARCHITECTURE	1,303,375.
INQUEST MARKETING 9100 WARD PKWY, KANSAS CITY, MO 64114	MARKETING	845,128.
LEGENDS MUSIC LLC 61 BROADWAY, STE. 2400, NEW YORK, NY 10006	CONCESSIONS	691,592.
LIVE NATION WORLDWIDE - HOUSTON, 888 WESTHEIMER RD SUITE 120, HOUSTON, TX 77006	CONCERT PROMOTER	637,680.

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 27

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>										
(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 0.00	X						0.	0.	0.
(28) JEFF CARSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(29) DIANNA CLEAVER EX-OFFICIO	1.00 0.00	X						0.	0.	0.
(30) MICHAEL COLLINS DIRECTOR	1.00 0.00	X						0.	0.	0.
(31) MICHAEL CONDON DIRECTOR	1.00 0.00	X						0.	0.	0.
(32) JAMES D. DAWSON EX-OFFICIO	1.00 0.00	X						0.	0.	0.
(33) STEVE DOYAL EX-OFFICIO	1.00 0.00	X						0.	0.	0.
(34) PEGGY J. DUNN EX-OFFICIO	1.00 0.00	X						0.	0.	0.
(35) NIKKI EMISON DIRECTOR	1.00 0.00	X						0.	0.	0.
(36) ED ENYEART DIRECTOR	1.00 0.00	X						0.	0.	0.
(37) JILL FARRELL DIRECTOR	1.00 0.00	X						0.	0.	0.
(38) ANITA B. GORMAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(39) GREG M. GRAVES EX-OFFICIO	1.00 0.00	X						0.	0.	0.
(40) RICHARD HEISE DIRECTOR	1.00 0.00	X						0.	0.	0.
(41) SHIRLEY BUSH HELZBERG EX-OFFICIO	1.00 0.00	X						0.	0.	0.
(42) ROBERT HINGULA DIRECTOR	1.00 0.00	X						0.	0.	0.
(43) JENNY HOUSLEY DIRECTOR	1.00 0.00	X						0.	0.	0.
(44) ELISE JONES EX-OFFICIO	1.00 0.00	X						0.	0.	0.
(45) HEATHER JONES DIRECTOR	1.00 0.00	X						0.	0.	0.
(46) KEVIN KELLY DIRECTOR	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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 W. KENNEDY EX-OFFICIO	1.00 0.00	X						0.	0.	0.
(48) MICHAEL KNECHT DIRECTOR	1.00 0.00	X						0.	0.	0.
(49) MICHAEL T. LANNING DIRECTOR	1.00 0.00	X						0.	0.	0.
(50) MICHAEL F. MORRISSEY EX-OFFICIO	1.00 0.00	X						0.	0.	0.
(51) JOHN MURPHY EX-OFFICIO	1.00 0.00	X						0.	0.	0.
(52) DR. TROY NASH DIRECTOR	1.00 0.00	X						0.	0.	0.
(53) GREG A. REID DIRECTOR	1.00 0.00	X						0.	0.	0.
(54) DANIEL C. SCHULTE DIRECTOR	1.00 0.00	X						0.	0.	0.
(55) CHRIS STINE DIRECTOR	1.00 1.00	X						0.	0.	0.
(56) ANGELO TROZZOLO DIRECTOR	1.00 1.00	X						0.	0.	0.
(57) MARK VAN DYNE DIRECTOR	1.00 0.00	X						0.	0.	0.
(58) VANESSA VAUGHN-WEST DIRECTOR	1.00 0.00	X						0.	0.	0.
(59) CAROLYN WATLEY EX-OFFICIO	1.00 0.00	X						0.	0.	0.
(60) W. RUSSELL WELSH EX-OFFICIO	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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	618,947.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	271,166.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	6,530,993.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			7,421,106.			
Program Service Revenue	2 a TICKET SALES	Business Code					
		711110	15,253,699.	15,253,699.			
	b PARKING/CONCESSIONS	711110	3,486,650.	3,486,650.			
	c SPONSORSHIPS	711110	613,901.	613,901.			
	d PRODUCTION REVENUE	711110	321,585.	321,585.			
	e EDUCATION REVENUE	711110	12,270.	12,270.			
	f All other program service revenue						
g Total. Add lines 2a-2f			19,688,105.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		504,568.		3,139.	501,429.	
	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	12,885,498.	14,085.		
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	12,653,866.	0.			
	c Gain or (loss)	7c	231,632.	14,085.			
	d Net gain or (loss)			245,717.		245,717.	
8 a Gross income from fundraising events (not including \$ 618,947. of contributions reported on line 1c). See Part IV, line 18	8a		72,008.				
b Less: direct expenses	8b		132,049.				
c Net income or (loss) from fundraising events			-60,041.		-60,041.		
9 a Gross income from gaming activities. See Part IV, line 19	9a		2,050.				
b Less: direct expenses	9b		975.				
c Net income or (loss) from gaming activities			1,075.		1,075.		
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 NY BOARD TRIP REIMBURS	Business Code					
		711110	44,837.	44,837.			
	b UNREDEEMED GIFT CERTIF	711110	31,309.			31,309.	
	c CORPORATE CARD REBATES	711110	7,297.			7,297.	
	d All other revenue	711110	7,295.	846.		6,449.	
e Total. Add lines 11a-11d			90,738.				
12 Total revenue. See instructions			27,891,268.	19,733,788.	3,139.	733,235.	

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	18,085.	18,085.		
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	1,543,641.	664,238.	563,703.	315,700.
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	2,616,806.	1,957,004.	356,326.	303,476.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	129,323.	6,525.	122,798.	
9 Other employee benefits	233,046.	178,049.	32,213.	22,784.
10 Payroll taxes	281,852.	193,461.	48,279.	40,112.
11 Fees for services (nonemployees):				
a Management				
b Legal	30,561.		21,615.	8,946.
c Accounting	33,300.		33,300.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	122,873.			122,873.
f Investment management fees	34,733.		34,733.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,650,324.	1,554,811.	94,973.	540.
12 Advertising and promotion	1,318,594.	1,313,599.	252.	4,743.
13 Office expenses	117,195.	47,879.	64,401.	4,915.
14 Information technology				
15 Royalties	394,734.	394,734.		
16 Occupancy	403,643.	403,643.		
17 Travel	292,989.	194,281.	75,066.	23,642.
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	1,384,093.	1,156,424.	227,669.	
23 Insurance	120,764.		120,764.	
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	10,359,338.	10,359,338.		
b COST OF GOODS SOLD	1,847,513.	1,847,513.		
c REPAIRS & MAINTENANCE	282,848.	257,705.	25,143.	
d SUPPLIES	261,664.	244,488.	4,880.	12,296.
e All other expenses	1,017,489.	884,503.	88,553.	44,433.
25 Total functional expenses. Add lines 1 through 24e	24,495,408.	21,676,280.	1,914,668.	904,460.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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	370,542.	1	356,961.
	2 Savings and temporary cash investments	14,966,070.	2	15,189,498.
	3 Pledges and grants receivable, net	5,209,123.	3	3,532,547.
	4 Accounts receivable, net	557,412.	4	701,691.
	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	49,321.	8	63,618.
	9 Prepaid expenses and deferred charges	624,392.	9	602,100.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 38,594,642.		
	b Less: accumulated depreciation	10b 25,636,969.		
	11 Investments - publicly traded securities	8,755,047.	11c	12,957,673.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	700,000.	13	725,000.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	229,549.	15	235,177.
16 Total assets. Add lines 1 through 15 (must equal line 33)	43,695,119.	16	44,756,852.	
Liabilities	17 Accounts payable and accrued expenses	884,962.	17	1,543,252.
	18 Grants payable		18	
	19 Deferred revenue	11,463,677.	19	9,239,140.
	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	12,348,639.	26	10,782,392.
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	23,339,530.	27	22,365,779.
	28 Net assets with donor restrictions	8,006,950.	28	11,608,681.
	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	31,346,480.	32	33,974,460.
33 Total liabilities and net assets/fund balances	43,695,119.	33	44,756,852.	

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	27,891,268.
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,495,408.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,395,860.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	31,346,480.
5	Net unrealized gains (losses) on investments	5	-767,880.
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	33,974,460.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
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 _____		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

Employer identification number
44-0552079

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 2022 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2022. 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 - 2021. 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 - 2022. 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 - 2021. 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"/>

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	505,307.	1,484,739.	2,711,727.	18,488,892.	7,421,106.	30,611,771.
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	861,907.	17,227,788.	122,092.	9,174,038.	19,688,105.	47,073,930.
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	1,367,214.	18,712,527.	2,833,819.	27,662,930.	27,109,211.	77,685,701.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons		88,054.	80,039.	601,759.	767,582.	1,537,434.
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.	767,582.	1,537,434.
8 Public support. (Subtract line 7c from line 6.)						76,148,267.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	1,367,214.	18,712,527.	2,833,819.	27,662,930.	27,109,211.	77,685,701.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	636,636.	257,593.	162,534.	196,275.	504,568.	1,757,606.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	636,636.	257,593.	162,534.	196,275.	504,568.	1,757,606.
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.)	24,116.	54,697.	8,285.	6,280.	90,738.	184,116.
13 Total support. (Add lines 9, 10c, 11, and 12.)	2,027,966.	19,024,817.	3,004,638.	27,865,485.	27,704,517.	79,627,423.

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 2022 (line 8, column (f), divided by line 13, column (f))	15	95.63 %
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	96.67 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	2.21 %
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	2.02 %

19a 33 1/3% support tests - 2022. 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 - 2021. 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 on line 12 of 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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		

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.		Yes	No
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			

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			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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).		

Schedule A (Form 990) 2022

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 - provide details in Part VI)	5
6	Other distributions (describe in Part VI). 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 (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 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-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Horizontal lines for supplemental information input.

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

2022

Name of the organization STARLIGHT THEATRE ASSOCIATION OF KANSAS CITY, INC.	Employer identification number 44-0552079
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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
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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
1		\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 501,520.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 285,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 271,166.	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	_____ _____ _____	\$ _____ 253,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ _____ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ _____ 160,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ _____ 113,552.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____ _____ _____	\$ _____ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	_____ _____ _____	\$ _____ 100,000.	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
13		\$ 75,002.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 69,970.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 51,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 44,100.	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
19		\$ 31,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 29,735.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 29,105.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 27,274.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 26,500.	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	_____ _____ _____	\$ _____ 26,240.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	_____ _____ _____	\$ _____ 25,775.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	_____ _____ _____	\$ _____ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	_____ _____ _____	\$ _____ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	_____ _____ _____	\$ _____ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	_____ _____ _____	\$ _____ 20,014.	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	_____ _____ _____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	_____ _____ _____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	_____ _____ _____	\$ 18,164.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	_____ _____ _____	\$ 17,029.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	_____ _____ _____	\$ 14,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	_____ _____ _____	\$ 12,856.	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		\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ 12,335.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39		\$ 11,930.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40		\$ 10,002.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42		\$ 10,000.	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
43		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48		\$ 10,000.	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
49		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51		\$ 9,630.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52		\$ 9,440.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53		\$ 9,070.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54		\$ 8,965.	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		\$ 8,520.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56		\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57		\$ 7,990.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58		\$ 7,780.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59		\$ 7,780.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60		\$ 7,780.	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		\$ <u>7,780.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62		\$ <u>7,780.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63		\$ <u>7,780.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64		\$ <u>7,780.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65		\$ <u>7,780.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66		\$ <u>7,735.</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
67		\$ 7,355.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68		\$ 7,220.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69		\$ 6,660.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70		\$ 6,310.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72		\$ 6,000.	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
73		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74		\$ 5,953.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75		\$ 5,950.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76		\$ 5,785.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77		\$ 5,775.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78		\$ 5,720.	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		\$ 5,713.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80		\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81		\$ 5,495.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82		\$ 5,492.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83		\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84		\$ 5,220.	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		\$ 5,220.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86		\$ 5,220.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87		\$ 5,220.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88		\$ 5,013.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90		\$ 5,000.	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
91		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93		\$ 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.)
		\$ _____	Person <input 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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(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

2022

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, acquired after 2006), and questions 3-9 regarding 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, 2, and 3 regarding reporting of art and historical treasures.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange program
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,809,607.	6,457,647.	4,875,663.	5,200,432.	5,246,521.
b Contributions					
c Net investment earnings, gains, and losses	-331,586.	379,307.	1,603,977.	-303,114.	-35,230.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	23,191.	27,347.	21,993.	21,655.	10,859.
g End of year balance	6,454,830.	6,809,607.	6,457,647.	4,875,663.	5,200,432.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 59.5200 %
- b Permanent endowment 38.8400 %
- c Term endowment 1.6360 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
- (ii) Related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		30,668,218.	20,981,384.	9,686,834.
d Equipment		5,619,590.	4,655,585.	964,005.
e Other		2,306,834.		2,306,834.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				12,957,673.

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other, and sub-rows (A) through (H). Total row at the bottom.

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9). Total row at the bottom.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9). Total row at the bottom.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Section 1 includes rows (1) Federal income taxes, (2) through (9). Total row at the bottom.

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

Part 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	27,296,342.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-767,880.	
b	Donated services and use of facilities	2b	114,078.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	93,609.	
e	Add lines 2a through 2d	2e		-560,193.
3	Subtract line 2e from line 1		3	27,856,535.
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	34,733.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		34,733.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	27,891,268.

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	24,668,362.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	114,078.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	93,609.	
e	Add lines 2a through 2d	2e		207,687.
3	Subtract line 2e from line 1		3	24,460,675.
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	34,733.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		34,733.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	24,495,408.

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 106,719.

GAIN ON FIXED ASSETS -14,085.

CASH PRIZES 975.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 93,609.

Part XIII Supplemental Information *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE 106,719.

GAIN ON FIXED ASSETS -14,085.

CASH PRIZES 975.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 93,609.

**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

2022

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			
KINETIC FUNDRAISING, INC. - PO BOX 410046, KANSAS CITY,	CAPITAL CAMPAIGN CONSULTING		X	0.	120,864.	0.
Total					120,864.	

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.

MO

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	Gross receipts	603,568.	87,387.	690,955.
	2	Less: Contributions	542,865.	76,082.	618,947.
	3	Gross income (line 1 minus line 2)	60,703.	11,305.	72,008.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	16,691.	8,472.	25,163.
	7	Food and beverages	46,781.	1,239.	48,020.
	8	Entertainment	8,975.	4,200.	13,175.
	9	Other direct expenses	40,482.	5,209.	45,691.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			132,049.
11	Net income summary. Subtract line 10 from line 3, column (d)			-60,041.	

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))
		1	Gross revenue		
Direct Expenses	2	Cash prizes		975.	975.
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				975.
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				1,075.

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: _____

- 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: KINETIC FUNDRAISING, INC.

(I) ADDRESS OF FUNDRAISER: PO BOX 410046, KANSAS CITY, MO 64141

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

PAYMENTS WERE MADE TO PROFESSIONAL FUNDRAISERS FOR CAMPAIGN COUNSEL.

**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

2022

**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) 2022

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	19	18,085.	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)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public
Inspection

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2022

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)	305,322.	65,000.	3,048.	66,100.	24,120.	463,590.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BESS WALLERSTEIN-HUFF VP OF MARKETING & SALES	(i)	155,596.	5,000.	167.	10,965.	9,625.	181,353.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LINDSEY ROOD-CLIFFORD VP OF PHILANTHROPY/COO	(i)	127,220.	10,000.	358.	9,664.	17,605.	164,847.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DEBRA CHURCHILL VP OF OPERATIONS	(i)	134,051.	5,000.	2,704.	9,603.	11,025.	162,383.	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)							

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

2022

Open to Public
Inspection

Name of the organization	STARLIGHT THEATRE ASSOCIATION OF KANSAS CITY, INC.	Employer identification number	44-0552079
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ENTERTAIN, INSPIRE, AND ENGAGE.

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

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 ACCESSIBLE PROGRAMMING.

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 \$1,432,016 FOR THE STARLIGHT VENUE, THE

ASSOCIATION ALSO RAISES FUNDS FOR CAPITAL IMPROVEMENTS AND A VARIETY OF

PROGRAMS, INCLUDING BROADWAY MUSICALS, CONCERTS, AND COMMUNITY

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

Schedule O (Form 990) 2022

Name of the organization STARLIGHT THEATRE ASSOCIATION OF KANSAS CITY, INC.	Employer identification number 44-0552079
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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 2023, 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 2022 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; AND BEST MUSIC VENUE -KANSAS CITY MAGAZINE'S BEST OF KC.

STARLIGHT TYPICALLY BENEFITS FROM EARNED REVENUE THROUGH TICKET SALES AND ANCILLARY REVENUE FROM PARKING AND CONCESSIONS WITH LESS THAN 10% OF ITS ANNUAL OPERATING BUDGET SUPPORTED BY CHARITABLE CONTRIBUTIONS AND PUBLIC FUNDING. IN THE BEGINNING OF 2022, THE PRIMARY SOURCE OF STARLIGHT'S ANNUAL REVENUE WAS SIGNIFICANTLY REDUCED DUE TO THE IMPACTS OF THE GLOBAL PANDEMIC THE CANCELED OR POSTPONED PERFORMANCES. WITHOUT REGULAR PROGRAMMING, STARLIGHT'S REMAINING EXPENSES INCLUDED: THE HISTORIC LANDMARK AND ITS 16-ACRE CAMPUS; COMMUNITY ENGAGEMENT PROGRAMMING; AND ITS YEAR-ROUND FULL-TIME STAFF.

THE NUMBER OF LIVE PERFORMANCES AND CONCERTS ATTENDANCE RETURNED TO

Name of the organization	STARLIGHT THEATRE ASSOCIATION OF KANSAS CITY, INC.	Employer identification number	44-0552079
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PRE-PANDEMIC LEVELS IN THE SUMMER OF 2022. BROADWAY THEATRE AUDIENCES,

HOWEVER, LAGGED IN LINE WITH NATIONAL BROADWAY AND REGIONAL TOURING

TRENDS, AND ARE ANTICIPATED TO BE SLOWER TO RECOVER. ADDITIONALLY,

EXPENSES INCREASED SIGNIFICANTLY AGAINST PRE-PANDEMIC LEVELS IN ALMOST

ALL CATEGORIES, MOST NOTABLY IN LABOR. AS A RESULT OF POST-PANDEMIC

REALITIES, STARLIGHT IS EVALUATING ITS TRADITIONAL BUSINESS MODEL TO

EVOLVE TO MEET THE FUTURE, INCLUDING CHANGES TO ITS PERFORMANCE SERIES,

PRICING, AND WITH A STRONG FOCUS ON PROGRAMMING THAT MAXIMIZES PAID

TICKET UTILIZATION AND SEATING CAPACITY OF STARLIGHT'S NEARLY 8,000

SEATS FOR SUMMER PERFORMANCES.

FORM 990, PART III, LINE 4A:

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.

IN 2022, STARLIGHT OFFERED A FULL LINEUP OF CONCERT ARTISTS. IT

INCLUDED H.ER., BEN RECTOR, PHOEBE BRIDGERS, AJR, HAIM, LORD HURON, REX

ORANGE COUNTY, REO SPEEDWAGON, STYX + LOVERBOY, BON IVER, BRIAN WILSON

+ CHICAGO, BARENAKED LADIES, GIN BLOSSOMS + TOAD THE WET SPROCKET,

TAKING BACK SUNDAY + THIRD EYE BLIND, BRANDI CARLILE, TANYA TUCKER,

CHRIS ISAAK + LYLE LOVETT, HALESTORM, MAREN MORRIS, JOSH GROBAN, GOO

GOO DOLLS, ONE REPUBLIC, BONNIE RAITT + MAVIS STAPLES, DAVID GRAY, AND

EARTH, WIND & FIRE,

Name of the organization STARLIGHT THEATRE ASSOCIATION OF KANSAS CITY, INC.	Employer identification number 44-0552079
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STARLIGHT SEEKS TO ATTRACT A VARIED 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 COMMUNITY ENGAGEMENT PROGRAMS.

FORM 990, PART III, LINE 4B:

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 2022 ADVENTHEALTH BROADWAY SERIES MARKED STARLIGHT'S 72ST YEAR OF LIVE BROADWAY ENTERTAINMENT UNDER THE STARS. STARLIGHT PRESENTED FIVE WEEK-LONG PRODUCTIONS INCLUDING WAITRESS, HAIRSPRAY, ANASTASIA, SISTER ACT, AND THE PROM. IN ADDITION, THE HISTORIC VENUE OFFERED THREE WEEKEND SPECIALS, INCLUDING OKLAHOMA!, RIVERDANCE, AND BLUE MAN GROUP.

FORM 990, PART III, LINE 4C:

STARLIGHT CONTINUED STRONG INTO THE FALL AND WINTER MONTHS BY

Name of the organization STARLIGHT THEATRE ASSOCIATION OF KANSAS CITY, INC.	Employer identification number 44-0552079
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PRESENTING ITS FIFTH SEASON OF INDOOR SHOWS.

A WEEKEND SPECIAL PRESENTATION OF THE CROWN LIVE! GOT STARLIGHT INDOORS

STARTED OFF IN OCTOBER 2022 WITHIN THE COMFORTABLE, HEATED CONFINES OF

THE COHEN COMMUNITY STAGE HOUSE. THE INDOORS LINEUP CONTINUED IN THE

NEW YEAR WITH THE HIGHLY ENTERTAINING DIXIE'S CHERRY BOMBS & BOTTLE

ROCKETS IN FEBRUARY 2023, SECOND CITY STRIKES BACK AND FORBIDDEN

BROADWAY THE FOLLOWING MONTH. STARLIGHT INDOORS DREW MORE THAN 5,000

ATTENDEES FROM OCTOBER 2022 THROUGH MARCH 2023.

ONCE AGAIN, STARLIGHT EXPANDED ITS CREATIVE PROGRAMMING TO INCLUDE THE

IMMERSIVE ART EXHIBIT, MONET & FRIENDS. PARTNERING WITH THE

NELSON-ATKINS MUSEUM OF ART, MONET & FRIENDS FEATURED A CAF,

INFORMATIONAL EXHIBIT, AND ONE PHOTO OPPORTUNITY, IN ADDITION TO THE

IMMERSIVE SPACE FEATURING FLOOR-TO-CEILING PROJECTIONS OF MONET & OTHER

IMPRESSIONISTS ARTISTS' WORK SET TO CLASSICAL MUSIC. IN ALL, MONET &

FRIENDS DREW ALMOST 10,000 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.

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

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

Employer identification number
44-0552079

LITTLE OR NO COST TO PARTICIPANTS, STARLIGHT FUNDS THIS IMPORTANT

INITIATIVE WITH OPERATING FUNDS AND PRIVATE DONATIONS. THE THEATRE'S

COMMUNITY ENGAGEMENT PROGRAMS IN 2022-2023 REACHED MORE THAN 30,581

INDIVIDUALS.

COMMUNITY ENGAGEMENT PROGRAMMING INCLUDES:

-PAID COLLEGE INTERNSHIPS IN MULTIPLE THEATRE PRODUCTION AND ARTS

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 2022-23 SCHOOL YEAR,

54 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 125 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 21ST ANNIVERSARY OF STARLIGHT'S BLUE STAR

AWARDS, FIELD TRIP EXPERIENCES PROVIDED AT NO COST FOR MIDDLE SCHOOL

Name of the organization	STARLIGHT THEATRE ASSOCIATION OF KANSAS CITY, INC.	Employer identification number	44-0552079
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STUDENTS FROM KANSAS CITY PUBLIC SCHOOLS AND KANSAS CITY, KANSAS PUBLIC

SCHOOLS, AND THE ADDITION OF FIVE NEW SCHOLARS TO THE VINCENT LEGACY

SCHOLARSHIP PROGRAM EXPANDING THE TOTAL TO 54 RECIPIENTS AND MORE THAN

\$125,000 IN SCHOLARSHIPS FUNDED SINCE THE PROGRAM'S INCEPTION IN 2006.

EXPENSES \$ 751,434. INCLUDING GRANTS OF \$ 18,085. REVENUE \$ 21,416.

COORDINATED BY ITS EVENTS DIVISION, STARLIGHT MAKES SPACE AVAILABLE FOR

COMMUNITY USE. FURTHERING ITS OUTREACH TO THE GREATER KANSAS CITY

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, COMMUNITY ENGAGEMENT, AND PHILANTHROPIC

ALWAYS TAKE PRIORITY ON THE ANNUAL BOOKING CALENDAR.

EXPENSES \$ 156,660. INCLUDING GRANTS OF \$ 0. REVENUE \$ 184,092.

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:

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

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

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

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

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2022

For calendar year 2022 or other tax year beginning APR 1, 2022, and ending MAR 31, 2023

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) STARLIGHT THEATRE ASSOCIATION OF KANSAS CITY, INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 4600 STARLIGHT RD.</p> <p>City or town, state or province, country, and ZIP or foreign postal code KANSAS CITY, MO 64132</p>	<p>D Employer identification number 44-0552079</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
<p>C Book value of all assets at end of year 44,756,852.</p>			
<p>G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university</p>			
<p>H Check if filing only to <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439</p>			
<p>I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/></p>			
<p>J Enter the number of attached Schedules A (Form 990-T) 1</p>			
<p>K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation.</p>			
<p>L The books are in care of <u>MANDI WRIGHT</u></p>		<p>Telephone number <u>816-363-7827</u></p>	

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	3,139.
2 Reserved	2	
3 Add lines 1 and 2	3	3,139.
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	3,139.
6 Deduction for net operating loss. See instructions STATEMENT 1	6	3,139.
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments			
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d		1e	
2 Subtract line 1e from Part II, line 7		2	0.
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)		3	
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here		4	0.
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)		5	0.
6a Payments: A 2021 overpayment credited to 2022	6a		
b 2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	6g		
7 Total payments. Add lines 6a through 6g		7	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>		8	
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		9	
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		10	
11 Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded		11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1 At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		Yes	No
		X	
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X	
If "Yes," see instructions for other forms the organization may have to file.			
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$			
4 Enter available pre-2018 NOL carryovers here \$ <u>290,337</u> . Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.			
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code	Available post-2017 NOL carryover		
	\$		
	\$		
6a Did the organization change its method of accounting? (see instructions)			X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V			

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	Date	VP OF FINANCE/CFO	Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	KEVIN ENSMINGER	KEVIN ENSMINGER	09/27/23		P01310558
	Firm's name	Firm's EIN		42-0714325	
	4622 PENNSYLVANIA AVE, STE 1100		Phone no. 816-753-3000		
	KANSAS CITY, MO 64112				

FORM 990-T

PRE 2018 NOL SCHEDULE

STATEMENT 1

PRE-2018 NOL CARRY FORWARD FROM PRIOR YEAR 290,337.
 PRE-2018 NOL DEDUCTION INCLUDED IN PART I, LINE 6 3,139.

SCHEDULE A PORTION OF PRE-2018 NOL
 SCHEDULE A ENTITY SCHEDULE A SHARE

2

0.

TOTAL SCHEDULE A SHARE OF PRE-2018 NOL 0.
 NET OPERATING DEDUCTION 3,139.
 BALANCE AFTER PRE-2018 NOL DEDUCTION 0.
 EXPIRING NET OPERATING LOSSES 0.
 CARRY FORWARD OF NET OPERATING LOSS 287,198.

FORM 990-T

PRE-2018 NET OPERATING LOSS DEDUCTION

STATEMENT 2

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/07	14,275.	1,845.	12,430.	12,430.
09/30/16	69,485.	0.	69,485.	69,485.
09/30/17	100,899.	0.	100,899.	100,899.
09/30/18	107,523.	0.	107,523.	107,523.
NOL CARRYOVER AVAILABLE THIS YEAR			290,337.	290,337.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A Name of the organization STARLIGHT THEATRE ASSOCIATION OF KANSAS CITY, INC. B Employer identification number 44-0552079 C Unrelated business activity code (see instructions) 520000 D Sequence: 1 of 1

E Describe the unrelated trade or business INVESTMENT IN PARTNERSHIPS

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include 1a Gross receipts or sales, 2 Cost of goods sold, 5 Income (loss) from a partnership or an S corporation, 13 Total.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

Table with 3 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include 1 Compensation of officers, directors, and trustees, 7 Depreciation, 15 Total deductions, 18 Unrelated business taxable income.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold Enter method of inventory valuation

1 Inventory at beginning of year	1	
2 Purchases	2	
3 Cost of labor	3	
4 Additional section 263A costs (attach statement)	4	
5 Other costs (attach statement)	5	
6 Total. Add lines 1 through 5	6	
7 Inventory at end of year	7	
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				0.
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11 Total dividends-received deductions included in line 10				0.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
Totals			0.	0.		

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) _____	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) _____	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 _____	4	
5	Gross income from activity that is not unrelated business income _____	5	
6	Expenses attributable to income entered on line 5 _____	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 _____	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A	<input type="checkbox"/>	_____
B	<input type="checkbox"/>	_____
C	<input type="checkbox"/>	_____
D	<input type="checkbox"/>	_____

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)				0.

a				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8

5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13				0.
--	--	--	--	----

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

Total. Enter here and on Part II, line 1

Part XI Supplemental Information (see instructions)

FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 3

DESCRIPTION	NET INCOME OR (LOSS)
AUDIENCE REWARDS LLC - ORDINARY BUSINESS INCOME (LOSS)	3,139.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	3,139.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. STARLIGHT THEATRE ASSOCIATION OF KANSAS CITY, INC.	Taxpayer identification number (TIN) 44-0552079
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 4600 STARLIGHT ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. KANSAS CITY, MO 64132	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

MANDI WRIGHT

- The books are in the care of ▶ 4600 STARLIGHT ROAD - KANSAS CITY, MO 64132

Telephone No. ▶ 816-363-7827

Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until FEBRUARY 15, 2024, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning APR 1, 2022, and ending MAR 31, 2023.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.