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Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A F	or th	e 2009		ndar year, or						2009, a		ling			/30 , 20		
Вс	heck if ap	plicable	Please	C Name of orga	inization METROP	OLITAN A	RTS COUN	CIL-GR	EATER	KANSAS (CITY		D Employ	er identific	ation num	ber	
Г	Addre		use IRS label or	Doing Busines	s As ART	S COUN	CIL O	F ME	TRO	POLITA	N KAI	V CTY	43-1	184067	4		
\vdash	7 '	change	print or	Number and	street (or P O be	ox if mail is r	not deliven	ed to stre	et add	ess)	Ro	om/suite	E Teleph	one number	,		
\vdash	Initial	return	type. See	906 GRAN	D AVENUE						10-	В	(816)	842-0	944		
\vdash	Termi	nated	Specific	City or town,	state or country,	and ZIP + 4											
\vdash	Amen	ded	instruc- tions.	KANSAS C	ITY, MO	64106							G Gross	receipts \$	1,	976,	222.
-	Applic	ation	F Na	me and addre			RLAN	BROW	NLE	<u> </u>				a group retu	m for	Yes	X No
_	pendi	ng		BROADWAY							1595		affiliate	es? Il affiliates incl	luded?	Yes	No
	Tay-ey	empt sta) ◀ (insert		4947(a)(т т	27			4 ' '	," attach a list		ions)	
				ARTSKC.OF		1107	7377 (8)(17 01	Ш,				1	exemption n			
				X Corporation		Associat	1 1	Other 1		<u> </u>	I Vos	r of forms	tion 1999	 		nicile	MO
_				· · · · · · · · · · · · · · · · · · ·	i liust	Associat	uon	Outer P			L ICa	1 01 1011111	1011	- In Oute	Or regar do	1110110	
Pa	_		nmary														
	1	Briefly	descri	be the organized COUNCIL	ation's mission	n or most s	ignificant או איז	activitie	S	יע כיים	FNCTH	IENS Z	AND ENE	TCHES			
9				UNITY BY													
Jan					GROWING	AFFRE	CIAII	<u> </u>			1101,	AND					
Ven		THE			-			. 									
Governance	2			ox ▶ifth	-												18
•ಕ	3			oting members													18
Activities	4			dependent vot													
₹	5			of employees										5			11
Ac	6			of volunteers										6			20
	7 a	Total g	ross u	nrelated busine	ess revenue fro	m Part VIII	l, column	(C), line	e 12 _.					7a			
	b	Net un	related	business taxa	ble income fro	m Form 99	90-T, line	34		<u></u>	<u></u>						
Revenue													Prior Y			ent Ye	
	8	Contrib	outions	and grants (Pa	art VIII, line 1h)								2,058	3,579.	1,	855,	,086.
	9	Progra	m sen	nce revenue (Pa	art VIII, line 2g)							L_					0.
ě	10	Investr	ment ir	ncome (Part VI	II, column (A),	lines 3, 4, a	and 7d)					L	25	956.			649.
Œ	11	Other	revenu	ie (Part VIII, co	olumn (A), lines	5, 6d, 8c,	9c, 10c,	and 11e	·)			L		-451.			,834.
	12			e - add lines 8										1,084.			,603.
_	13	Grants	and s	ımılar amounts	paid (Part IX, o	column (A)	, lines 1-3	3)					922	2,795.		277	,679.
	14			to or for memi								- 1					0.
co.	15			er compensatio			•						827	7,894.		592	,194.
ıse	16a			fundraising fee													0.
xpens				sing expenses,				• • • •	33,4	46.							
ũ	1			ses (Part IX, co						-			737	7,348.		588,	,744.
	18	Total e	xpens	es Add lines 1	3-17 (must eq	ial PartiX	E COLTE	À/ line	2 5)	1			2,488	3,037.	1,	458,	,617.
	19	Reven	ue less	s expenses Su	btract line 18 fr	om line 12			1,) - : : :			-403	3,953.		383,	,986.
-0 8						1			. 1	ől	<u> </u>		Beginning		End	of Ye	
Net Assets or Fund Balances	20	Total a	ssets ((Part X, line 16)		4 NO)V 0 5	5 2010	0 1	ر ار		<u> </u>	1,608	3,020.	1,	807	,892.
A88 Bal	21			es (Part X, line 2	96)	l [.] 1 · · · ·				χ		⊢	401	,974.		183	,257.
t E	22			r fund balances		21 from lin	ക്കെട	N II	Ť				1,206	5,046.	1,	624	,635.
	rt II		•	e Block	. Caba act iii.c		(3,7.5)	<u> </u>				· · · ·					
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May	the I	KS disc	uss th	is return with t	ne preparer sh	own above	/ (see ins	struction	ıs) .		<u></u>	<u></u>	· · · · ·	• • • • •	Y	8	No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.*

Form 990 (2009)

07423

оп	m 990 (2009)	43-1840674 Pag	2
Pa	art III State	ement of Program Service Accomplishments	_
1	Briefly describ	ibe the organization's mission.	—
	THE ARTS	COUNCIL OF METROPOLITAN KANSAS CITY STRENGTHENS AND ENRICHES	
	THE COMMU	UNITY BY GROWING APPRECIATION, PARTICIPATION, AND SUPPORT OF	_
	THE ARTS.	<u>. </u>	
	····		
2		anization undertake any significant program services during the year which were not listed on	
	the prior Form	m 990 or 990-EZ?Yes X N	0
_		cribe these new services on Schedule O.	
3	-	inization cease conducting, or make significant changes in how it conducts, any program	
	services?	Yes X	0
4		cribe these changes on Schedule O	
•		exempt purpose achievements for each of the organization's three largest program services by expenses (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
		o others, the total expenses, and revenue, if any, for each program service reported	
1 a	(Code) (Expenses \$ 309,205. Including grants of \$ 243,250.) (Revenue \$)	
		FUND - RAISED FUNDS THROUGH WORKPLACE GIVING CAMPAIGNS AND	
		IP GIFTS FROM INDIVIDUALS TO REGRANT TO THE ARTS	_
	COMMUNITY		_
	AWARDED F	FUNDS TO ARTISTS AND/OR ARTS ORGANIZATIONS	_
			_
			_
			_
l b	(Code) (Expenses \$161,042. including grants of \$) (Revenue \$)	
		PROGRAMS - PROVIDED INFORMATION AND RESOURCES TO	_
	BUSINESS	MO URID MURID PURIOURIS AND MURID RUSTNESSES DEPRES MURID	—
		TO HELP THEIR EMPLOYEES AND THEIR BUSINESSES DEEPEN THEIR NT WITH THE LOCAL ARTS COMMUNITY	
	ENGAGEMEN	NI WITH THE LOCAL ARTS COMMONITY	
			—
			—
			_
ŀС	(Code) (Expenses \$ 650, 963, including grants of \$) (Revenue \$)	_
		FOR ARTISTS AND ART ORGANIZATIONS IN THE KANSAS CITY	
	METROPOLI	ITAN AREA. SERVED OVER 24 INDIVIDUAL ARTISTS AND	_
	15 ARTS O	ORGANIZATIONS THROUGH VARIOUS PROGRAMS AND SERVICES	
		KCARTISTSLINK, CREATIVE CAPITAL WORKSHOPS, ARTS COMMUNITY	
	ROUNDTABL	LES, ADVOCACY WORK, ETC.	
			_
		m services (Describe in Schedule O)	
	(Expenses \$	including grants of \$) (Revenue \$)	_
е	iotal program	m service expenses ► 1,121,210.	_
		Form 990 (20	U9)

Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		,	
_	complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	ĺ		
	Schedule C, Part II	4		Х
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	ł		
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"	ļ]	
	complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<u> </u>	Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If" Yes," complete Schedule D, Part V	10	x	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	(x (
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	*	A. 14	६ - वेर्स्
	Schedule D, Part VI.	1 m	15.7	
	Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more	7 124		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	2 0/3	12.12	
	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		يۇ دېرى ئۇلۇرغۇر
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			4
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	10.00		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		2	100
•	the organization's separate of consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	-,"		
12	complete Schedule D, Parts XI, XII, and XIII	42	Х	3/2
4 2 A		12		200
124	If "Yes " completing Schedule D. Parts XI. XII. and XIII. is optional	1 2	$\{\hat{\alpha}^{i}, \{\hat{\rho}^{i}_{\hat{q}}\}$	10 17
13	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		- '	X
	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	148	 	
D				Х
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			v
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	\vdash	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			v
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			٠,
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		J	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	ļļ	<u> X</u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		_X
		Form	990	20091

Far	Gnecklist of Required Schedules (Continued)	,		
0.4			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			i
	employees? If "Yes," complete Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	Ì	·	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			x
	24b through 24d and complete Schedule K. If "No," go to question 25	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
C	Did the organization maintain an escrow account other than a refunding escrow at any-time during the year	24c		1
а	to defease any tax-exempt bonds?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	-		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		L
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			١
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?	27	j ,	X
20	If "Yes," complete Schedule L, Part III	27	_	<u> </u>
28	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
¢	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			۱
	Part IV	28c	- · ·	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	ļ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		Х
24	conservation contributions? If "Yes," complete Schedule M	30		
31	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
-	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	[
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			.,
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	2.		1
	organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			ĺ
	Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	 -		
-	19? Note. All Form 990 filers are required to complete Schedule O	38		х
		Form	990	(2009

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 1	[, ,
	U.S. Information Returns Enter -0- if not applicable	1 .		1
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1		,
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable] ,		,
	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			74
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 11		′	. 4
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			<u> </u>
	instructions)			: ر سو
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			12
-	this return?	3a		X
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶			5.
-	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank	1		34.13
	and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c	' I	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6ь		
7		···· , ·		, \$-51
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		, , , ,	7.7.7.4
	and services provided to the payor?	7a	X	34.2. 4 .5
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		
ď	If "Yes," indicate the number of Forms 8282 filed during the year	· ·	37	11.75
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			1
	benefit contract?	7e		,
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			۲.
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter:			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Initiation fees and capital contributions included on Part VIII, line 12		ļ	1 8
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			7, 7
11	Section 501(c)(12) organizations. Enter:		.	
	Gross income from members or shareholders			- 1
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			الآر ورد . محمد حب
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			7.73

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

Sec	tion A. Governing Body and Management			
			Yes	No
а	Enter the number of voting members of the governing body			
1b	Enter the number of voting members that are independent	1		ł
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
-	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			}
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8 b	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 in Schedule O	9a		Х
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal		_	
Reve	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	X	
11A	Desribe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	_X	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	Х	 -
14	Does the organization have a written document retention and destruction policy?	14		<u> </u>
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?		٠,	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)			
16a				v
	with a taxable entity during the year?	16a		<u>X</u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
Soct.	the organization's exempt status with respect to such arrangements?	16b		
	ion 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 (or 1024 if applicable), 990, and 990-T (501(c)(3):	only)		
	available for public inspection. Indicate how you make these available. Check all that apply. Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter	est		
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization > KATHRYN WALKER 1055 BROADWAY, SUITE 130 KANSAS CITY, MO 64105-15	e 95		
	organization NATHRIN WALKER 1055 BROADWAY, SOITE 150 RANSAS CITY, MO 04105-13		· - ·	

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

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. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of "key employee"

Check this box if the organization did not compensate any current officer, director, or trustee

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(B)			•	C)			(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee	Institutional trustee	Officer	all Key employee	a Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
PATRICK MCCOWN CHAIR	1.00	х						0.		0.
ALLAN GRAY VICE CHAIR	1.00	х						0.		0.
DAVID OLIVER SECRETARY	1.00	х						0.		0.
FRED LOGAN IMMEDIATE PAST CHAIR	1.00	Х						0 -		0.
SHIRLEY BUSH HELZBERG FOUNDING CHAIR BECKY BLADES	1.00	Х						0.		<u> </u>
DIRECTOR	1.00	х						0.		0.
CALEB FEY DIRECTOR	1.00	Х						0.		0.
DAVID FOWLER DIRECTOR	1.00	Х	_		_		_	0.		0.
STEVE MCDOWELL DIRECTOR	1.00	Х						0.		0.
ROBIN ONIKUL DIRECTOR	1.00	Х						0.		0.
ED PETERSON DIRECTOR	1.00	Х						0.		0.
HENRY SANDATE DIRECTOR	1.00	Х						0.		0.
BLAKE SCHRECK DIRECTOR	1.00	Х						0.		0.
DALE TROTT DIRECTOR	1.00	х						0.		0.
DEB TURPIN DIRECTOR	1.00	Х								<u> </u>
PAM WHITING DIRECTOR	1.00	Х						0.		0.

Form 990 (2009)

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plo	ye	es,	and I	lig	hest Compensat	ed Employ	ees (c	ontınue	d)
, (A)	(B)	1		•	C)			(D)	(E)		(F)	
Name and title	Average hours per week	_	nstitutional	chec Officer	al Key employe	that ap Highest employ	Former	Reportable compensation from the	Reportal compensation from relations organization controls in the controls in the controls organization controls in the controls organization controls in the controls in the control organization controls in the control organization control organization controls in the control organization control	ation ited	am	imated ount of other ensation
		Indrvidual trustee or director	ional trustee		ployee	Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-		fro orga and	m the nization related nizations
PETER YELORDA		 										
DIRECTOR	1.00	Х					L	0.				
HARLAN BROWNLEE						١		05.606				
PRESIDENT AND CEO	40.00	<u> </u>	}	Х		<u> </u>	┞	85,686.	<u> </u>			14,13
	Į.											
		 	H		┢	 	\vdash					
										1		
		ļ			_		_					 -
	<u> </u>						_					
										_		
												
										j		
1b Total	<u> </u>	·	• •	• •	•		▶	85,686.				14,13
2 Total number of individuals (including but not reportable compensation from the organization	_	hose I		d at	ove	e) who	o re	ceived more than	\$100,000 in	1		
									 -			Yes N
3 Did the organization list any former office												
employee on line 1a? If "Yes," complete Schede											3	X
4 For any individual listed on line 1a, is the the organization and related organizations	sum of	repor	table	e c	omj	pensa Jf "∨	tior	and other compounds	pensation fi	rom		1 10
individual											4	X
5 Did any person listed on line 1a receive	e or accr	ue co	omp	ens	atio	n fro	m	any unrelated o	rganization	for	تنب	
services rendered to the organization? If "Yes," Section B. Independent Contractors	complete S	Schedi	ule J	for	SU	ch pei	son	<u> </u>		··	5	X
Complete this table for your five highest.	compensat	ed in	dep	end	lent	cont	rac	tors that received	more tha	n \$10	0.000	of
compensation from the organization								·				
(A) Name and business add	.ecc						}	(B) Description of ser	vices	C	(C) ompens	ation
TRABON 420 E. BANNISTER ROAD KANS		, MC) 6	413	31		W	EBSITE DEVEL),210.
			-		_		ļ					
							+					
							Ļ					
2 Total number of independent contractors (in more than \$100,000 in compensation from the				ited		thos	e li	sted above) who	received			- ', z'
												900 (20)

Pa	rt VII	Statement of Revenue			43-1840674		, age 0
	,			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, glfts, grants and other similar amounts	1a b	Federated campaigns	15,732.				
glft ar a	d	Related organizations 1d					1
ns, Imi	e	Government grants (contributions) 1e	340,000.				5 }
utio er s	f	All other contributions, gifts, grants,					7.2
들등	ĺ	and similar amounts not included above . 1f	1,499,354		[1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
SE	9	Noncash contributions included in lines 1a-1f \$	71,794.				तुं वी
	<u>h</u>	Total. Add lines 1a-1f		1,855,086			
enn			Business Code				
Program Service Revenue	2 a						
	b						
ě	٦						
Ē	d e						
gra	1	All other program service revenue					
	g	Total. Add lines 2a-2f		0		, '	S - [2]
	3	Investment income (including dividends, inter	est, and				
		other similar amounts) ATTACHMENT	. 3 ▶	3,505.			3,505
	4	Income from investment of tax-exempt bond;	oroceeds 🕨	0			
	5	Royalties · · · · · · · · · · · · · · · · · · ·	.	0.			
]	(i) Real	(II) Personal	•	ļ		
	6a	Gross Rents					
	b	Less rental expenses		-	. '		الور الوراد المراز المراز
	C	Rental income or (loss)		0			
	d	Net rental income or (loss)	(II) Other				7.8
	7 a	Gross amount from sales of	(.,, 0				Color State Color
		Less, cost or other basis					354
	b	and sales expenses 83,338.	.]			,	7, 1
	c	Gain or (loss)	 				
	d	Net gain or (loss)		-13,154.			
<u>a</u>	8a	Gross income from fundraising		,		-	्राप्त सर्वे 4
Ju.	l	events (not including \$15,732.	ATCH 4	•			1
ě	Ì	of contributions reported on line 1c)		· ·	, ,		(2.3) (3.3)
Ä		See Part IV, line 18 a	42,137	,		·	
Other Revenue	ь	Less: direct expenses b		<u>, </u>	المشاحث ساماد	<u> </u>	الأشاشات الم
ō	C	Net income or (loss) from fundraising events .	ATCH. 5. ▶	-8,144	2		1 34
	9a	Gross income from gaming activities					1 74
		See Part IV, line 19 a	1 1		•	-,	蜜
;	b	Less: direct expenses b Net income or (loss) from gaming activities		0			
	10a					·	120
	, va	Gross sales of inventory, less returns and allowances a	[•			الحاق المالية موافر
	ь	Less cost of goods sold b					350
	ı	Net income or (loss) from sales of inventory.		0			
		Miscellaneous Revenue	Business Code				
	11a	OTHER INCOME	900099	5,310.			5,310.
	ь						
	С					<u></u>	
	d	All other revenue	L				
	е	Total. Add lines 11a-11d	4	5,310			<u> </u>
	12	Total Revenue. See instructions	<u></u>	1,842,603			8,815

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comple	te column (A) but are	not required to com	plete columns (B), (C),	and (D).
	not include amounts reported on lines 6b, , 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 governments and organizations in the U.S. See Part IV, line 21	243,250.	243,250.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	34,429.	34,429.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,			<u> </u>	
3	trustees, and key employees	124,783.	83,605.	28,700.	12,478.
6	Compensation not included above, to disqualified		<u>·</u>		
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	353,013.	227,570.	98,685.	26,758.
8	Pension plan contributions (include section 401(k)				
•	and section 403(b) employer contributions)	33,343.	22,042.	9,168.	2,133.
9	Other employee benefits	43,495.	29,942.	10,592.	2,961.
10	Payroll taxes	37,560.	24,828.	9,890.	2,842.
11	Fees for services (non-employees)				
а	Management	0.			
b	Legal	0.			
C	Accounting	67,961.	26,819.	37,169.	3,973.
d	Lobbying	0.			
е	Professional fundraising services See Part IV, line 17	0.	<u> </u>		- <u></u>
f	Investment management fees	10,174.	7,048.	2,696.	430.
g	Other	269,868.	234,968.	16,970.	17,930.
12	Advertising and promotion	43,610.	40,358.	3,242.	10.
13	Office expenses	5,970.	2,120.	3,296.	554.
14	Information technology	29,172.	19,842.	9,160.	170.
15	Royalties	0.			
16	Occupancy	32,328.	21,818.	8,378.	2,132.
17	Travel	11,403.	5,206.	666.	5,531.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.		2.500	
19	Conferences, conventions, and meetings	25,298.	20,821.	3,508.	969.
20	Interest	0.			
21	Payments to affiliates	0.	11 446	329.	81.
22	Depreciation, depletion, and amortization	11,856.	11,446.		457.
23	Insurance	3,966.	2,109.	1,340.	437.
24	Other expenses Itemize expenses not			Í	
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
	BAD DEBT EXPENSE	32,171.	31,718.	453.	
_	PRINTING	20,941.	15,591.	3,131.	2,219.
_	DUES AND MEMBERSHIPS	4,534.	3,370.	906.	258.
-	POSTAGE AND DELIVERY	4,297.	2,754.	1,042.	501.
_	EQUIPMENT RENTAL & MAINTENAN	4,664.	4,361.	225.	78.
_		10,531.	5,135.	4,415.	981.
	All other expenses Add lines 1 through 24f	1,458,617.	1,121,210.	253,961.	83,446.
	Total functional expenses. Add lines 1 through 24f Joint Costs. Check here ▶ ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	1,130,017.	2,221,220.	233,332.	25,410.
JSA					5 000 (2000)

ĮРа	rt X	Balance Sheet			
	•		(A) Beginning of year		(B) End of year
\Box	1	Cash - non-interest-bearing		1	100.
	2	Savings and temporary cash investments	1,301,600.	2	1,124,694.
	3	Pledges and grants receivable, net	205,595.	3	389,340.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key		'	
		employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
ı		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete		1	•
		Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
4ss	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	44,012.	9	93,041.
	10a	Land, buildings, and equipment: cost or 10a 118,486.			
		other basis. Complete Part VI of Schedule D] '	li	
- 1	b	Less. accumulated depreciation	3,857.	10c	106,496.
	11	Investments - publicly traded securities	52,956.	11	94,221.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	·
ł	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1 600 000	16	1,807,892.
	17	Accounts payable and accrued expenses		17	174,943.
1	18	Grants payable	0.60 0.04	18	8,314.
	19	Deferred revenue	•	19	
	20	Tax-exempt bond liabilities		20	- <u></u> -
S	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
iţi	22	Payables to current and former officers, directors, trustees, key			
Liabilities		employees, highest compensated employees, and disqualified			
اٿ		persons. Complete Part II of Schedule L		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. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	401,974.	26	183,257.
es	-	Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34.			
일	27	Unrestricted net assets	979,228.	27	1,092,575.
33	28	Temporarily restricted net assets		28	473,060.
<u> </u>	29	Permanently restricted net assets		29	59,000.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
ğ	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
A	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ę	33	Total net assets or fund balances		33	1,624,635.
	34	Total liabilities and net assets/fund balances	1,608,020.	34	1,807,892.

Form **990** (2009)

For	n 990 (2009)		Pa	ge 12
Pa	irt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	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 in Schedule O	2c	Х	
	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		,	
	the Single Audit Act and OMB Circular A-133?	3 a	ĺ	Х
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 in Schedule O and describe any steps taken to undergo such audits	3 b		

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization METROPOLITAN ARTS COUNCIL OF

Employer Identification number

GREATER KANSAS CITY 43-1840674

Part I	Reason	or Public Char	ity Status (All organ	izations n	nust comp	lete this	part.) Se	e instruc	ctions.			
The orga	nization is no	ot a private found	dation because it is (f	or lines 1	through 11,	, check or	nly one bo	x)				
1	A church, c	onvention of chu	rches, or association	of churche	s described	ın sectio	n 170(b)	(1)(A)(i).				
2			on 170(b)(1)(A)(ii). (At					. ,, ,,,				
3			hospital service organ		=	ction 170)(b)(1)(A)	(iii).				
4	-	•	zation operated in co						170(h)(1)	(A)(iii)	Ente	r the
' ا		ame, city, and sta	•	11,011011011	4 1100	pnar doc		0000.0.1		(~,(,		
5	•	• • •	or the benefit of a col	llege of un	iversity ow	ned or o	nerated I	hy a gove		unit do		od in
3 L_1	_	•		liege of un	iiveisity Ow	illed of t	perateu	by a gove	mmentai	unit de	SCHO	eu II
• [])(b)(1)(A)(iv). (C		المقصد المقت		4! 4	70/5//4//	4 \ \ \ \ . \ \				
<u>6</u>		_	vernment or governme									
7 X	=		Illy receives a substan	=	its suppor	t from a	governme	ental unit	or from t	ne gene	rai p	ublic
			(1)(A)(vi). (Complete F	=								
8		-	d in section 170(b)(1)(-						
9	An organiza	ation that norma	Illy receives (1) more	than 331/3	% of its su	ipport fro	m contrib	outions, m	nembersh	ıp fees, :	and g	gross
	receipts fro	m activities rela	ited to its exempt fun	ictions - su	ubject to ce	ertain exc	ceptions,	and (2) r	no more t	han 331	/3% (of its
	support fro	m gross investr	ment income and uni	related bu	siness taxa	able inco	me (less	section	511 tax)	from b	usine	sses
	acquired by	the organization	n after June 30, 1975	See section	on 509(a)(2). (Comp	lete Part I	ll)				
0	An organiza	ation organized a	and operated exclusive	ly to test fo	or public sat	fety See	section 5	09(a)(4).				
1	An organiz	ation organized	and operated exclusi	vely for th	ne benefit	of, to pe	erform th	e functio	ns of, or	to carr	y out	t the
	-	-	ublicly supported orga	•								
	• •	•	at describes the type of					•	•			
	a Typ	r	Type II c	_	e III - Fund		-			pe III - C)ther	
			ertify that the organiz			•	-			-		lıfiad
<u> </u>	•		ion managers and oth				•				•	
	-		-	er than on	ie oi illole	publicly	supported	a organiza	ations des	SCHEE	11 30	Clion
		r section 509(a)(•	fram.	the IDC the		Time I I	Donall a	- Time III			
f	_		d a written determina	tion from	me iko ma	atitisa	rype i,	rype II, o	r rype iii	suppor	ung	$\overline{}$
	•	n, check this box										\Box
g	•	•	the organization acce	pted any g	jitt or contri	ibution fro	om any o	the				
	following pe											
	(i) A pers	on who directly	or indirectly controls	, either al	one or tog	ether wit	h persor	is describ	ped in (ii)		Yes	No
	and (III)	below, the gove	erning body of the supp	ported orga	anization?					11g(i)		<u> </u>
	(ii) A famil	y member of a p	person described in (i) a	bove?						11g(ii)		
	(iii) A 35%	controlled entity	of a person described	l ın (i) or (ıı)	above?					11g(iii)		
h	Provide the	following inform	ation about the suppo	rted organ	ization(s)							
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Did y	ou notify	(vi) l	s the	(vii) An	nount	of
orga	nization		(described on lines 1-9		sted in your		nization in	organizat		sup	port	
			above or IRC section (see instructions))	governing	document?		of your port?		zed in the S?			
			(000	Yes	No	Yes	No	Yes	No			
												
					ļ			· ·				
					 	 	 	 				
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					ļ <u>.</u>		-		ļļ.			
					[1	[[
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			,									

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

Schedule A (Form 990 or 990-EZ) 2009

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) Part II

<u>Sec</u>	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	799,108.	867,865	1,707,629.	1,581,114.	2,332,551	7,288,267.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
Include any "unusual grants")							
4	Total. Add lines 1 through 3	799,108.	867,865	1,707,629.	1,581,114	2,332,551	7,288,267
5	The portion of total contributions by each						
	publicly supported organization) included on line 1 that exceeds 2% of the amount						2,701,478
							4,586,789
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	799,108.	867,865	1,707,629	1,581,114	2,332,551	7,288,267.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	18,106	36,118.	66,234	37,192	9,235	166,885.
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 IV) . ATCH 1		9,411.	12,883	29,164.	25,317.	76,775
11	Total support. Add lines 7 through 10				24 7 3 4 5 7 4 1 4		7,531,927
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13 ——	First five years. If the Form 990 is forganization, check this box and stop here	or the organizat	tion's first, secor	nd, third, fourth,	or fifth tax yea	ar as a section	
<u>Sec</u>	tion C. Computation of Public Sup					,	
14	Public support percentage for 2009 (li						60.90%
15	Public support percentage from 2008						57.73%
16a	331/3% support test - 2009. If the o						
	this box and stop here. The organization	on qualifies as a	publicly suppor	rted organizatio	n		▶ 🔼
b	331/3% support test - 2008. If the o						
	check this box and stop here. The orga	-					
17a	10%-facts-and-circumstances test - 2						
	or more, and if the organization me						
	Part IV how the organization meets t						upported
	organization						▶ 📖
b	10%-facts-and-circumstances test - 2	-	•				
	15 is 10% or more, and if the orga						
	Explain in Part IV how the organization						
	supported organization						
18	Private foundation. If the organization						
	instructions	· · · · · · · · · · · · · · · · · · ·	<u> </u>				
					S	chedule A (Form 99	30 or 990-EZ) 2009

Part III	Support Sched	dule for Organiza	ations Descri	bed in Section	509(a)(2)
		Liferent abook ad th			

Sec	ction A. Public Support						
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1		
•	membership fees received. (Do not include		1				
	any "unusual grants.")		ļ	ļ	j	}	i
2	Gross receipts from admissions, merchandise		 - · 	 	 		
-	sold or services performed, or facilities						
	furnished in any activity that is related to the			1	}		
	organization's tax-exempt purpose		 	<u> </u>	 	 	
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513			 			
4	Tax revenues levied for the organization's		1	1	ł		
	benefit and either paid to or expended on			1			
_	its behalf			 	 		
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge		 	ļ	 		
6	Total. Add lines 1 through 5		ļ		ļ		
7 a	Amounts included on lines 1, 2, and 3				1		
	received from disqualified persons			<u> </u>			·
D	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		ļ		1		
	for the year			ļ			
С	Add lines 7a and 7b		<u> </u>	<u> </u>			
8	Public support (Subtract line 7c from		: -		Ì		
	line 6)	<u> </u>				,	
Sec	tion B. Total Support						
С	alendar year (or fiscal year beginning in) ► 🛚	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6			L			
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11							
	activities not included in line 10b,						
	whether or not the business is regularly				<u>'</u>		
4.0	Other manner Do not include only or		1				
12	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV)			1]		
13	Total support. (Add lines 9, 10c, 11,		 	f	<u> </u>		
13	· · · · · · · · · · · · · · · · · · ·						
4.4	and 12)	the organization	n'e firet second	third fourth or	fifth tay waar a	s a section End	(0)(3)
14	organization, check this box and stop here.	~			•		
<u> </u>	tion C. Computation of Public Sup			<u> </u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
	Public support percentage for 2009 (line 8,			mn (f))	 	4.5	%
15 16						15	
<u>16</u>	Public support percentage from 2008 Scher			<u> </u>		16	
	tion D. Computation of Investmen			12 (2)	 -	4-	0/
17	Investment income percentage for 2009 (lin					17	<u>%</u>
18	Investment income percentage from 2008 S					18	<u></u> %
19a	33 1/3% support tests - 2009. If the org	-					. —
	17 is not more than 33 1/3 %, check th						
þ	33 1/3% support tests - 2008. If the orga						
	line 18 is not more than 331/3 %, check		•	•			<u> </u>
20	Private foundation. If the organization of	lid not check	a box on line	14, 19a, or 19b	, check this bo	x and see instr	uctions 🕨 📗

Page 4

Part IV Supplemental In Part II, line 17a o	iformation. Co r 17b; or Part I	omplete this part II, line 12. Provid	t to provide the e any other add	e explanation itional informa	required by Part ition. See instruct	: II, Ime 10; tions
					ATTACHMENT 1	
SCHEDULE A, PART II - OTHER I	NCOME					
DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
SPECIAL EVENTS		9,411.	12,883.	29,164.	25,317	76,775
TOTALS		9,411	12,883.	29,164	25,317.	76,775

SCHEDULE D (Form 990):

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

METROPOLITAN ARTS COUNCIL OF

Employer identification number 43-1840674

GRI	EATER KANSAS CITY			43-1840674
Pa			nilar Funds o	Accounts. Complete if
	the organization answered "Yes" to Fo			-
		(a) Donor advised	tunds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)		-	
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			·
5	Did the organization inform all donors and donor a			
	funds are the organization's property, subject to t	he organization's exclusive	legal control?.	Yes No
6	Did the organization inform all grantees, donors, a			
	used only for charitable purposes and not for the			
	purpose conferring impermissible private benefit?	<u> </u>		Yes No
	Conservation Easements. Complete i			orm 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the	· ·	1	
	Preservation of land for public use (e g, recr	reation or pleasure)		of an historically important land area
	Protection of natural habitat	<u> </u>	J Preservation of	of a certified historic structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation	n contribution in	the form of a conservation
	easement on the last day of the tax year			- Held at the End of the Year
	with the first of the second			
a	Total number of conservation easements			1
b	Total acreage restricted by conservation easement			
C	Number of conservation easements on a certified			
d	Number of conservation easements included in (
3	Number of conservation easements modified, tran	nsterrea, releasea, extingui	snea, or termin	ated by the organization during
	the tax year >		1 👟	
4	Number of states where property subject to conse			
5	Does the organization have a written policy regard violations, and enforcement of the conservation ea	-		- 1 1 1 1
•	Staff and volunteer hours devoted to monitoring, i			
6		inspecting, and emorcing co	Jilsei valion eas	ements during the year
7	Amount of expenses incurred in monitoring, inspe	eting, and anforcing concer	vation caremo	nte during the year
7	* S	cting, and emorcing conser	valion easeme	nts during the year
8	Does each conservation easement reported on lir	o 2/d) above eatisfy the rec	auroments of so	etion
•	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?			
9	In Part XIV, describe how the organization reports			
3	balance sheet, and include, if applicable, the text			
	the organization's accounting for conservation eas		mzation 3 illiano	iai statements that describes
Pa	t III Organizations Maintaining Collections		ures, or Othe	r Similar Assets.
	Complete if the organization answered			
1a	If the organization elected, as permitted under \$	SEAS 116 not to report in	its revenue s	tatement and balance sheet works of
·a	art, historical treasures, or other similar assets he	eld for public exhibition, ec	lucation, or res	earch in furtherance of public service,
	provide, in Part XIV, the text of the footnote to its f	inancial statements that de	scribes these ite	ems.
b	If the organization elected, as permitted under S	SFAS 116, to report in its	revenue statei	ment and balance sheet works of art,
	historical treasures, or other similar assets held provide the following amounts relating to these ite		cauon, or rese	arch in furtherance of public service,
	(i) Revenues included in Form 990, Part VIII, line			> \$
	(ii) Assets included in Form 990, Part X			
	the violete included in Follingso, Fait A	· · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

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

following amounts required to be reported under SFAS 116 relating to these items

Schedule D (Form 990) 2009

Pа	Tell Organizations Maintaini	ng Collections of	of Art, Historica	ıı ıreasures	, or (Other Similar As	sets (cor	itinuea	
3	Using the organization's acquisition	n, accession, and o	other records, ch	eck any of the	e foll	owing that are a si	gnificant u	se of its	
	collection items (check all that app	ly).							
а	Public exhibition		d 🗍	Loan or exc	hang	je programs			
b	Scholarly research		е 🗍	Other					
c	Preservation for future ge	nerations							
4	Provide a description of the organization	zation's collections	and explain how	they further	the o	rganization's exem	ipt purpos	e in	
	Part XIV								
5	During the year, did the organization	on solicit or receive	e donations of ar	t, historical tre	easu	res, or other similar			
	assets to be sold to raise funds rati	ner than to be mail	ntained as part o	f the organiza	ation's	s collection?		Yes	No
Pa	Escrow and Custodial A IV, line 9, or reported an				ans	wered "Yes" to Fo	orm 990,	Part	
1a	Is the organization an agent, truste	e custodian or oth	er intermediary i	for contributio	ns o	r other assets not			
	included on Form 990, Part X?						[Yes	No
b	If "Yes," explain the arrangement in						رــا ٠٠		
_	or rec, erplant are arrangement an	, 4	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	آ "	T	Am	ount		
С	Beginning balance				16				
	Additions during the year				-				
e	Distributions during the year			<u> </u>	-				- · · ·
f	Ending balance			<u>}</u>					
2a	Did the organization include an am			_				Yes	No
b	If "Yes," explain the arrangement in		, ,				ـــا		
Pai			ation answered	"Yes" to For	rm 9	90. Part IV. line 1	0	-	
		(a) Current Year	(b) Prior year	(c) Two yea) Four ye	ars back
1a	Beginning of year balance	54,393.	39,285]
b	Contributions	18,000.				_	J .		
С	Net investment earnings, gains,	22,677.	15,108			1			
	and losses	·							
d	Grants or scholarships			' - ;					
	Other expenditures for facilities			†	•				
	and programs			İ		- ;			İ
f	Administrative expenses			 					
g	End of year balance	95,070.	54,393		-				
2	Provide the estimated percentage of								
a	Board designated or quasi-endown	-	%						
b	Permanent endowment ► 62.0		_ ''						
		%							
	Are there endowment funds not in		the organization	that are held	and	administered for th	e		
	organization by:		••••••••••••••••••••••••••••••••••••••				•	Ye	s No
	(i) unrelated organizations						[3	Ba(i)	X
	(ii) related organizations						<u> </u>	a(ii)	X
b	If "Yes" to 3a(ii), are the related org						⊢	3b	
4	Describe in Part XIV the intended u		•				- · · · L		
Par					t X. İ	ine 10			
	Description of investment	(a) Cost		b) Cost or other basis (other)		(c) Accumulated depreciation	(d) B	ook value	
1a	Land				\top				
b	Buildings								
С	Leasehold improvements								
d	Equipment			118,48	61	11,990.		106	,496.
е	Other								
Tota	I. Add lines 1a through 1e. (Column		m 990, Part X, co	olumn (B), line	10(0	:)) ▶		106	,496.
		······································			•		Schedule	D (Eom	990) 2009

Part VII	Investments - Other Securities. See	e Form 990, Part X, line 1	2
,	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial d	erivatives		
Closely-he	ld equity interests	• •	
Other			
		-	
	n (b) must equal Form 990, Part X, col (B) line 12)	>	
Part VIII	Investments - Program Related. Se	e Form 990, Part X, line 1	3.
	(a) Description of investment type	(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
			
			
			
_			
	n (b) must equal Form 990, Part X, col. (B) line 13.)	>	
Part IX	Other Assets. See Form 990, Part >		
		(a) Description	(b) Book value
_			·
			
· - - · · · · · · · · · · · · · · · · · ·			
		<u> </u>	
	n (b) must equal Form 990, Part X, col (B) line 15)		<u></u>
Part X 1.	Other Liabilities. See Form 990, Particle (a) Description of liability		
		(b) Amount	* *,
Federal inc	ome taxes	+	
	· · · · · · · · · · · · · · · · · · ·		
			• -
			to .
			;
			,
			49
			•
Total. (Columi	(b) must equal Form 990, Part X, col (B) line 25)	>	

Part XIV Supplemental Information (continued)

Schedule D (Form 990) 2009

SCHEDULE G

(Form 990 or 990-EZ) Department of the Treasury Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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. See separate instructions

2009

OMB No 1545-0047

Open To Public Inspection

Internal Revenue Service Name of the organization

METROPOLITAN ARTS COUNCIL OF

lame of the organization METROPOLITAN	ARTS COUNCIL	OF		Employer identification	-
REATER KANSAS CITY		<u>. </u>		43-184067	4
Part I Fundraising Activities. Com Form 990-EZ filers are not r	equired to comp	lete this part.			17.
1 Indicate whether the organization rais			activities. Check a	ill that apply	
a Mail solicitations	е	Solicitation of	non-government g	rants	
b Internet and email solicitations	f	Solicitation of	government grants	5	
c Phone solicitations	9	Special fundra	aising events		
d In-person solicitations					
2a Did the organization have a written or or key employees listed in Form 990,					Yes X No
b If "Yes," list the ten highest paid indivito be compensated at least \$5,000 by		fundraisers) pursua	int to agreements ι	under which the fund	draiser is
(i) Name 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	(vi) Amount paid to (or retained by) organization
		Yes No	<u> </u>	col (i)	
		100 110	1		
				,	
		 			
			-		
			ļ		
	<u> </u>				
]		
		 	<u> </u>		
					
Total	. 				
3 List all states in which the organization or licensing			cit funds or has b	een notified it is	exempt from
region and in morning					
					
			~		
			~		
	. 				
					-

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Schedule G (Form 990 or 990-EZ) 2009

		(a) Event #1 LUNCHEON	(b) Event #2	(c) Other Events	(add col (events a) through
е		(event type)	(event type)	(total number)	COI	(c))
Revenue	1 Gross receipts	42,137.				42,13
& !	2 Less: Charitable	15,732.				15,73
	contributions					26,40
	4 Cash prizes					
	5 Noncash prizes					
sesue	6 Rent/facility costs					
Direct Expenses	7 Food and beverages	9,537.				9,53
Direc	8 Entertainment	30,644.			<u> </u>	30,64
	9 Other direct expenses	10,100.	<u></u>			10,10
	10 Direct expense summary. Add lines	4 through 9 in column (d)	1	•	(50,281
	11 Net income summary. Combine line	3, column (d), and line 10	<u>)</u>	<u></u> ▶		-23,87
'a	Gaming. Complete if the or than \$15,000 on Form 990	ganization answered " -EZ, line 6a.	Yes" to Form 990, Pa	art IV, line 19, or rep	orted more	•
ine		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total ga	
Kevenue	4 6					
\dashv	1 Gross revenue					
ន្ធ	2 Cash prizes				 	
2						
-xbeus	3 Noncash prizes				<u> </u>	
5	3 Noncash prizes					
5	·					
5	4 Rent/facility costs	Yes%	 	Yes%		
덫	4 Rent/facility costs	Yes%	No	Yes%		
ರ	4 Rent/facility costs	Yes%	No		(
Direct Expenses	4 Rent/facility costs	Yes% No 2 through 5 in column (d)	No		(
Direct	4 Rent/facility costs 5 Other direct expenses	Yes% No 2 through 5 in column (d) pine line 1, column d, and	No		(Yes No
9 a	4 Rent/facility costs 5 Other direct expenses	Yes% No 2 through 5 in column (d) Dine line 1, column d, and	No I line 7			Yes No
9 a	4 Rent/facility costs 5 Other direct expenses	Yes% No 2 through 5 in column (d) pine line 1, column d, and tion operates gaming act gaming activities in each	No I line 7			Yes No
9 a b	4 Rent/facility costs 5 Other direct expenses	Yes% No 2 through 5 in column (d) Dine line 1, column d, and tion operates gaming act gaming activities in each	No I line 7	No	9a	Yes No
9 a b	4 Rent/facility costs 5 Other direct expenses	Yes% No 2 through 5 in column (d) pine line 1, column d, and tion operates gaming act gaming activities in each licenses revoked, suspe	No line 7	No hog the tax year?	9a	Yes No
9 a b	4 Rent/facility costs 5 Other direct expenses	Yes% No 2 through 5 in column (d) Dine line 1, column d, and ation operates gaming act gaming activities in each licenses revoked, suspe	No line 7	No ho	9a	Yes No
9 a b	4 Rent/facility costs 5 Other direct expenses	Yes% No 2 through 5 in column (d) pine line 1, column d, and tion operates gaming act gaming activities in each licenses revoked, suspe activities with nonmember y or trustee of a trust or	No I line 7	ng the tax year?	9a 10a	Yes No

Schedule G (Form 990 or 990-EZ) 2009

or spent in the organization's own exempt activities during the tax year > \$

SCHEDULE (Form 990)

Department of the Treasury

METROPOLITAN ARTS COUNCIL OF GREATER KANSAS CITY Name of the organization Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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XYes 43-1840674 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? Part I General Information on Grants and Assistance

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II

raitiv and schedule i-1 (Form 350) if additional space is needed	SOO) II AUUIIK	אוומן פאמרה ופ וו					
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACCESSIBLE ARTS, INC.	48-1059147	501(C) (3)	10,000				FINANCIAL SUPPORT
AMERICAN JA22 MUSEUM 1616 E 18TH STREET KANSAS CITY, MO 64108	73-1650922	501(C)(3)	20,000				FINANCIAL SUPPORT
ARTS INCUBATOR OF KANSAS CITY 115 W 18TH STREET KANSAS CITY, MO 64108	13-1925936	501(C)(3)	20,000.				FINANCIAL SUPPORT
3925 MAIN STREET KANSAS CITY, MO 64111	43-1362398	501(C)(3)	11,500				FINANCIAL SUPPORT
COTERIE, INC 2450 GRAND, SUITE 144 KANSAS CITY, MO 64108	43-1184597	501 (C) (3)	10,000				FINANCIAL SUPPORT
HEART OF AMERICA SHAKESPEARE FESTIVAL 3619 BROADWAY, STE 2 KANSAS CITY, MO 64111	43-1583401	501(C)(3)	20,000				FINANCIAL SUPPORT
KANSAS CITY ARTIST COALITION 201 WYANDOTTE KANSAS CITY, MO 64105-0000	51-0168227	501(C)(3)	20,000				FINANCIAL SUPPORT
KANSAS CITY YOUNG AUDIENCES, INC 5601 WYANDOTTE KANSAS CITY, MO 64113	43-6046557	501(C)(3)	15,000				FINANCIAL SUPPORT
MATTIE RHODES CENTER 1740 JEFFERSON KANSAS CITY, MO 64108	44-0546343	501(C)(3)	20,000.				FINANCIAL SUPPORT
METROPOLITAN ENSEMBLE THEATRE 3614 MAIN STREET KANSAS CITY, MO 64111	20-2576174	501(C)(3)	15,000			:	FINANCIAL SUPPORT
OWEN/COX DANCE GROUP 4230 HOLMES ST KANSAS CITY, MO 64110-1140	74-3190852	501(C)(3)	12,000.				FINANCIAL SUPPORT
PAUL MESNER PUPPETS, INC. 1006 E LINWOOD BLVD KANSAS CITY, MO 64109	43-1458119	501(C)(3)	15,000				FINANCIAL SUPPORT
2 Enter total number of section 501(c)(3) and government organ	and governme	int organizations				A A	16
S Eller total fulliber of ourer organizations							1000

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PAGE

Schedule i (Form 990) 2009

Schedule I	43-1840674	Page
Part III	Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	_:
	Use Part IV and Schedule I-1 (Form 990) 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 non-cash assistance
ARTIST AWARDS	24	34,429			
Part IV Supplemental Information. Complete this part		o provide the inf	ormation require	d in Part I, line 2, and any	to provide the information required in Part I, line 2, and any other additional information.
GRANTS MONITORING PROCESS			; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;		
SCHEDULE I, PART 1, LINE 2: GRANTS		MONITORING PROCESS			
TTS GO THROUGH A COM	GRANT	zi	PROCESS,	STAFF	
REVIEWS FOR ELIGIBILITY, GRANT RE	REVIEW PANEL ND	BOARD	APPROVAL.		
					•
			 1 1 1 1 1 1 1	 	
			! ! ! ! !		
	 			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1)
	1 				
					Schedule I (Form 990) 2009

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SCHEDULE 1-1 (Form 990)

Department of the Treasury

nternal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Schedule 1-1 (Form 990) 2009 (h) Purpose of grant or assistance INANCIAL SUPPORT FINANCIAL SUPPORT TINANCIAL SUPPORT FINANCIAL SUPPORT Employer identification number Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) 43-1840674 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (d) Amount of cash grant (e) Amount of non-cash assistance 10,000. 20,000. 10,000. 15,000 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section if applicable 501 (C) (3) 501(C)(3) 501(C)(3) 501(C)(3) METROPOLITAN ARTS COUNCIL OF 48-0919276 48-1068613 43-1094348 43-1624515 (b) EIN 3828 MAIN STREET KANSAS CITY, MO 64111 WONDERSCOPE CHILDREN'S MUSEUM WYLLIAMS/HENRY CONTEMPORARY DANCE CO (a) Name and address of organization or government 209 S OLIVE KANSAS CITY, MO 6124 THEATRE FOR YOUNG AMERICA, INC. P.O. BOX 356 MISSION, KS 66201 GREATER KANSAS CITY 5700 KING SHAWNEE, KS 66203 Name of the organization UNICORN THEATRE Part

74	Corporation / Figure 000 / Doct III /
43-184067	The American Assistant Series of the Heathert Connection (
1-1 (Form 990) 2009	

(b) Type of gaint or eastering receptors (c) Number of cash gaint or eastering control of non-cash tesselation of non-cash sessitions of	(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 non-cash assistance
					_	

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SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

OMB No 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

Part I Types of Property

Name of the organization METROPOLITAN ARTS COUNCIL OF

GREATER KANSAS CITY

Employer identification number 43-1840674

		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Method o	(d) f deteri venues	ការការក ្	;
1	Art-Works of art							
2	Art-Historical treasures							
3	Art-Fractional interests							
4	Books and publications		_				_	
5	Clothing and household							_
	goods							_
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities-Publicly traded							
10	Securities-Closely held stock							
11	Securities-Partnership, LLC,							
	or trust interests							
12	Securities-Miscellaneous							
13	Qualified conservation					-		
	contribution-Historic							
	structures							
14	Qualified conservation							
• •	contribution-Other							
15	Real estate-Residential							
16	Real estate-Commercial							
17	Real estate-Other						_	
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()		6.	111,355.		-		
26	Other ►()		<u> </u>			-		
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received by	the ergani	ration during the tay year fo	or contributions for				
23	which the organization completed F				29			
	which the organization completed F	·01111 0203, 1	ait IV, Donee Acknowledg	gennent			Yes	No
20-	During the year, did the organization	tion receive	by contribution any prope	arty reported in Part I lin	a 1-28 that	\Box	100	
30 a	it must hold for at least three year							
	used for exempt purposes for the el					30a		х
1.	If "Yes," describe the arrangement	_	period			JVa		
			anae melieu that raduura	a the services of easy a	on standard			
31	•	•	• •			24		х
	contributions?					31		
32 a	Does the organization hire or use	•	-	<u>. </u>		, , .		х
	contributions?			• • • • • • • • • • • • • • • • • • • •	• • • • • •	32a		
	If "Yes," describe in Part II.		-1 (a) fan - 1 1	المستعدد المتعدد				
33	If the organization did not report re describe in Part II	evenues in c	olumn (c) for a type of pro	репу тог wnich column (a) 	іѕ спескей,			

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

Schedule M (Form 990) 2009

Schedule M (Fo	orm 990) 2009				43-1840674 Page 2
Part II	Supplemental	Information. Complete this p	plete this part to prov art for any additional i	vide the information information.	required by Part I, lines 30b,
				 -	
SCHEDULE	M, PART I -	OTHER NONCASH	CONTRIBUTIONS		
DESCRIPT	'ION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
IN-KIND	SERVICES	<u>x</u>	66	111,355	. PROFESS'L DETERMINAT
TOTALS		_ =	6.	111,355	<u>.</u> <u>).</u>
		· 			
					·
	· 	·			
	·				
		. 			
					

SCHEDULE O

Supplemental Information to Form 990

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

► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

METROPOLITAN ARTS COUNCIL OF

GREATER KANSAS CITY

Employer identification number

43-1840674

ATTACHMENT 2

OTHER PROGRAM SERVICES

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

GENERAL AWARENESS PROGRAMS AND COMMUNITY OUTREACH - PARTICIPATING IN

VARIOUS COMMUNITY EVENTS, SUCH AS CHAMBER OF COMMERCE PROGRAMS AND

MEETINGS, PLAZA ARTS FAIR, ECONOMIC DEVELOPMENT COUNCIL AND OTHER VARIOUS

CIVIC ORGANIZATION ACTIVITIES. PROVIDED INFORMATION TO THE GENERAL

PUBLIC REGARDING THE ARTS AND ARTS ACTIVITIES THROUGH THE COUNCIL'S

990 REVIEW

WEBSITE.

FORM 990, PART VI, SECTION A, LINE 10: 990 REVIEW

THE BOARD OF DIRECTORS RECEIVES A COPY OF THE DRAFT FORM 990 FOR REVIEW

PRIOR TO SUBMISSION OF THE RETURN.

MONITORING CONFLICT OF INTEREST POLICY COMPLIANCE

FORM 990, PART VI, SECTION B, LINE 12C: MONITORING CONFLICT OF INTEREST

APPLICABLE MEMBERS ARE ASKED TO RECUSE THEMSELVES DURING BOARD MEETINGS

AND THEN DISCLOSE ALL RELATIONSHIPS ANNUALLY.

COMPENSATION DETERMINATION PROCESS

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION DETERMINATION PROCESS COMPARABLE SALARIES ARE REVIEWED FROM SIMILAR ORGANIZATIONS FOR THE EXECUTIVE DIRECTOR. COMPENSATION FOR OTHER EMPLOYEES IS REVIEWED BY TOP MANAGEMENT.

Schedule O (Form 990) 2009

Page 2

3,505

Name of the organization GREATER KANSAS CITY

INTEREST AND DIVIDENDS FROM INVESTMENTS

METROPOLITAN ARTS COUNCIL OF Employer identification number 43-1840674

ATTACHMENT 2 (CONT'D)

ATTACHMENT 3

MAKING DOCUMENTS AVAILABLE TO THE PUBLIC

FORM 990, PART VI, SECTION C, LINE 19: MAKING DOCUMENTS AVAILABLE TO PUBLIC DOCUMENTS ARE FURNISHED UPON REQUEST.

FORM 990, PART VIII - INVESTMENT	INCOME			
	(A)	(B)	(C)	(D)
	TOTAL	RELATED OR	UNRELATED	EXCLUDED
DESCRIPTION	REVENUE	EXEMPT REVENUE	BUSINESS REV.	REVENUE

3,505 TOTALS 3,505. 3,505

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS	ATTACHMENT 4
DESCRIPTION	AMOUNT
PARTNERSHIP AWARDS EVENT	15,732.

TOTAL 15,732.

			ATTACHMENT 5	
EODM OOO	דדדנו שמולם	DUNIODA TOTNO DUDNIMO		_

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
PARTNERSHIP AWARDS EVENT	42,137.	50,281.	-8,144.
TOTALS	42,137.	50,281.	-8,144.

Schedule O (Form 990) 2009 Page 2 METROPOLITAN ARTS COUNCIL OF Employer identification number Name of the organization 43-1840674 GREATER KANSAS CITY ATTACHMENT 6 FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES **ENDING** DESCRIPTION BOOK VALUE PREPAID EXPENSES 93,041. TOTALS 93,041. ATTACHMENT 7 FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES ENDING COST BOOK VALUE OR FMV DESCRIPTION 94,221. INVESTMENTS-EQUITY MUTUAL FNDS **FMV**

TOTALS

94,221.