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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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.

2018

Open to Public
Inspection

A For the 2018 calendar year, or tax year beginning

JUNE 1

, 2018, and ending

MAY 31

, 2019

B Check if applicable:

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization KANSAS CITY ATHENAEUM

D Doing business as

E Number and street (or P.O. box if mail is not delivered to street address)

F PO BOX 32946

F Room/suite

G Employer identification number

44-0307270

G City or town, state or province, country, and ZIP or foreign postal code

H KANSAS CITY, MO 64171-7946

I Telephone number

(816) 561-3525

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527H(a) Is this a group return for subordinates? Yes NoH(b) Are all subordinates included? Yes No

If "No," attach a list. (see instructions)

J Website: ► kcathenaeum.org

H(c) Group exemption number ►

K Form of organization: Corporation Trust Association Other ►

L Year of formation: 1894

M State of legal domicile: MO

Part I Summary

1	Briefly describe the organization's mission or most significant activities: <u>PHILANTHROPY AND COMMUNITY SERVICE</u>
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)
4	Number of independent voting members of the governing body (Part VI, line 1b)
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)
6	Total number of volunteers (estimate if necessary)
7a	Total unrelated business revenue from Part VIII, column (C), line 12 #47
b	Net unrelated business taxable income from Form 990-T, line 38
8	Contributions and grants (Part VIII, line 1h)
9	Program service revenue (Part VIII, line 2g)
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14	Benefits paid to or for members (Part IX, column (A), line 4)
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)
16a	Professional fundraising fees (Part IX, column (A), line 11e)
b	Total fundraising expenses (Part IX, column (A), line 25) ► -0-
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)
19	Revenue less expenses. Subtract line 18 from line 12
20	Total assets (Part X, line 16)
21	Total liabilities (Part X, line 26)
22	Net assets or fund balances. Subtract line 21 from line 20

JUN 01/2019

Prior Year

Current Year

RECEIVED ENTITY DEPT

Net Assets or
Fund Balances

Beginning of Current Year

End of Year

0423214383JUL21'20
Expenses CANVANET0423214383JUL21'20
Revenue0423214383JUL21'20
Net Assets or
Fund Balances0423214383JUL21'20
Signatures0423214383JUL21'20
Signatures

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:
MEMBERS OF THE KANSAS CITY ATHENAEUM WORK TOGETHER TO BENEFIT THE KANSAS CITY COMMUNITY THROUGH PHILANTHROPY AND COMMUNITY SERVICE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
 If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 4,206 including grants of \$ _____) (Revenue \$ 1,472 _____)

MONTHLY LUNCHEON MEETINGS AND SPONSORED A SPEAKER PRESENTATION AT THE KANSAS CITY PUBLIC LIBRARY ON MARCH 20, 2019

4b (Code: _____) (Expenses \$ 13,800 including grants of \$ _____) (Revenue \$ _____)

**PHILANTHROPY: 22 CASH DONATIONS TO 501(c)(3) ORGANIZATIONS
 (LARGEST DONATION WAS \$2,000 TO MISSOURI GIRLS TOWN FOUNDATION, INC.)**

4c (Code: _____) (Expenses \$ 1,585 including grants of \$ _____) (Revenue \$ _____)

COMMUNITY SERVICE: MEMBERS VOLUNTEERED EACH MONTH IN TWO-HOUR PROJECTS HELPING 501(c)(3) ORGANIZATIONS PURCHASED ITEMS FOR THREE ORGANIZATIONS TO BENEFIT THEIR MISSIONS.

4d Other program services (Describe in Schedule O.)
 (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► \$19,591

Part IV Checklist of Required Schedules

	Yes	No
1	✓	
2	✓	
3		✓
4		✓
5		✓
6		✓
7		✓
8		✓
9		✓
10		✓
11a		✓
11b		✓
11c		✓
11d		✓
11e		✓
11f		✓
12a		✓
12b		✓
13		✓
14a		✓
14b		✓
15		✓
16		✓
17		✓
18		✓
19		✓
20a		✓
20b		
21		✓

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? If "Yes," complete Schedule I, Parts I and III	22	✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	✓
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	✓
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	✓
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 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	✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	28a	✓
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	✓
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29	✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32	✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33	✓
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	34	✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	35a	✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35b	
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)? If "Yes," complete Schedule R, Part V, line 2	36	✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	37	✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	38	✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.		

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a	1a	-0-
b	1b	-0-
c	1c	✓

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	2b	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	✓
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a	✓
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	✓
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c	
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	6a	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6b	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	7a	
7 Organizations that may receive deductible contributions under section 170(c).	7b	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7c	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7d	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7e	
d If "Yes," indicate the number of Forms 8282 filed during the year	7f	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7g	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7h	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	8	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	9a	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	9b	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? <i>Note. See the instructions for additional information the organization must report on Schedule O.</i>	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	✓
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	✓
b If "Yes," see instructions and file Form 4720, Schedule N.	16	✓
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		
b If "Yes," complete Form 4720, Schedule O.		

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year.	1a 8	
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 in Schedule O.		
1b Enter the number of voting members included in line 1a, above, who are independent.	1b 8	
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	✓
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	✓
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	✓
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	✓
6 Did the organization have members or stockholders?	6	✓
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	✓
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	✓
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a	✓
a The governing body?	8b	✓
b Each committee with authority to act on behalf of the governing body?	9	✓

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	✓
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	✓
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	13	✓
13 Did the organization have a written whistleblower policy?	14	✓
14 Did the organization have a written document retention and destruction policy?	15a	N/A
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?	15b	N/A
a The organization's CEO, Executive Director, or top management official	16a	✓
b Other officers or key employees of the organization	16b	
If "Yes" to line 15a or 15b, describe the process in 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?		
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?		

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 in Schedule O)

19 Describe in 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 ► **TREASURER CAROL BACHHUBER, 4900 CENTRAL ST. #101, KANSAS CITY, MO 64112 - TELEPHONE (816)304-3733**

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

 Check if Schedule O contains a response or note to any line in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's current key employees, if any. See instructions for definition of "key employee."

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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 dotted 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)	(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			
(1) JOYCE MERRILL PRESIDENT	5			✓			-0-	-0-	-0-
(2) ROSEMARY KOCHER FIRST FICE PRESIDENT	2			✓			-0-	-0-	-0-
(3) VIRGINIA WALLACE VICE PRESIDENT OF MEMBERSHIP	2			✓			-0-	-0-	-0-
(4) BECKY NEEDHAM VICE PRESIDENT OF PHILANTHROPY	2			✓			-0-	-0-	-0-
(5) TERRY MILLER SECRETARY	1			✓			-0-	-0-	-0-
(6) CAROL BACHHUBER TREASURER	2			✓			-0-	-0-	-0-
(7) SUSAN FORD COMMUNICATIONS / PUBLICITY	2			✓			-0-	-0-	-0-
(8) DONNA CALVIN PARLIAMENTARY ADVISOR	1			✓			-0-	-0-	-0-
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									

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 dotted 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Former officer or director	Individual trustee	Officer	Key employee	Highest compensated employee				
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total							►	-0-	-0-	-0-
c Total from continuation sheets to Part VII, Section A							►			
d Total (add lines 1b and 1c)							►	-0-	-0-	-0-
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 ►							0			
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual							►	3	Yes	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual							►	4	Yes	No
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							►	5	Yes	No

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
NONE		
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 ►	0	

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b 1,725			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 308,651			
	g Noncash contributions included in lines 1a-1f				
	h Total. Add lines 1a-1f ►	310,376			
Program Service Revenue	2a MONTHLY LUNCHEON MEETINGS	Business Code 813410	1,472	1,472	
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f ►	1,472			
	3 Investment income (including dividends, interest, and other similar amounts) ►		12,019	12,019	
4 Income from investment of tax-exempt bond proceeds ►					
5 Royalties ►					
6a Gross rents	(i) Real	(ii) Personal			
b Less: rental expenses					
c Rental income or (loss)					
d Net rental income or (loss) ►					
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less: cost or other basis and sales expenses	15,517				
c Gain or (loss)	15,834				
d Net gain or (loss) ►	(317)				
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
b Less: direct expenses	b				
c Net income or (loss) from fundraising events ►		0			
9a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses	b				
c Net income or (loss) from gaming activities ►		0			
10a Gross sales of inventory, less: returns and allowances	a				
b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory ►		0			
Miscellaneous Revenue		Business Code			
11a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d ►					
12 Total revenue. See instructions ►		323,550	13,174		

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
8b, 9b, and 10b of Part VIII.**

		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	15,385	15,385	
2	Grants and other assistance to domestic individuals. See Part IV, line 22			
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			
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			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)			
9	Other employee benefits			
10	Payroll taxes			
11	Fees for services (non-employees):			
a	Management			
b	Legal			
c	Accounting			
d	Lobbying			
e	Professional fundraising services. See Part IV, line 17			
f	Investment management fees	5,046	5,046	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)			
12	Advertising and promotion			
13	Office expenses	296	100	196
14	Information technology			
15	Royalties			
16	Occupancy			
17	Travel			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials			
19	Conferences, conventions, and meetings	4,206	4,206	
20	Interest			
21	Payments to affiliates	1,279	1,279	
22	Depreciation, depletion, and amortization			
23	Insurance			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)			
a				
b				
c				
d				
e	All other expenses			
25	Total functional expenses. Add lines 1 through 24e	26,212	20,970	5,242
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	8,215	1 9,274	
	2 Savings and temporary cash investments	7,120	2 7,515	
	3 Pledges and grants receivable, net	3	3	
	4 Accounts receivable, net	4	4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	5	5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	6	6	
	7 Notes and loans receivable, net	7	7	
	8 Inventories for sale or use	8	8	
	9 Prepaid expenses and deferred charges	9	9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	10a	
	b Less: accumulated depreciation	10b	10c	
	11 Investments—publicly traded securities	252,135	11 535,973	
	12 Investments—other securities. See Part IV, line 11	12	12	
	13 Investments—program-related. See Part IV, line 11	13	13	
	14 Intangible assets	14	14	
	15 Other assets. See Part IV, line 11	15	15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	267,470	16 552,762		
Liabilities	17 Accounts payable and accrued expenses	17	17	
	18 Grants payable	18	18	
	19 Deferred revenue	19	19	
	20 Tax-exempt bond liabilities	20	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	21	21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	22	22	
	23 Secured mortgages and notes payable to unrelated third parties	23	23	
	24 Unsecured notes and loans payable to unrelated third parties	24	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	25	
	26 Total liabilities. Add lines 17 through 25	0	26 0	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	267,470	27 552,762	
	28 Temporarily restricted net assets	28	28	
	29 Permanently restricted net assets	29	29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	30	30	
	31 Paid-in or capital surplus, or land, building, or equipment fund	31	31	
	32 Retained earnings, endowment, accumulated income, or other funds	32	32	
	33 Total net assets or fund balances	267,470	33 552,762	
	34 Total liabilities and net assets/fund balances	267,470	34 552,762	

Part XI Reconciliation of Net AssetsCheck 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	323,550
2 Total expenses (must equal Part IX, column (A), line 25)	2	26,212
3 Revenue less expenses. Subtract line 2 from line 1	3	297,338
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	267,470
5 Net unrealized gains (losses) on investments	5	(12,046)
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 in Schedule O)	9	
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	552,762

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII

1 Accounting method used to prepare the Form 990: Cash Accrual Other
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		✓
2b		✓
2c		
3a		✓
3b		

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

OMB No. 1545-0047

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

2018Open to Public
Inspection

Name of the organization

KANSAS CITY ATHENAEUM

Employer identification number

44-0307270

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). K 9

2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)

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 $\frac{1}{3}$ % 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 $\frac{1}{3}$ % 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 in 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). [Redacted]

(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		
(A)						
(B)						
(C)						
(D)						
(E)						
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) ►

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

	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1						
2						
3						
4						
5						
6						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►

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 five 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

	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7						
8						
9						
10						
11						
12						
13						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2017 Schedule A, Part II, line 14 15 %

16a 33 $\frac{1}{3}$ % support test—2018. If the organization did not check the box on line 13, and line 14 is 33 $\frac{1}{3}$ % or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 $\frac{1}{3}$ % support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 $\frac{1}{3}$ % or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2018. 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

b 10%-facts-and-circumstances test—2017. 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

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

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	29,162	204,579	5,939	5,016	310,376	555,072
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						
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	29,162	204,579	5,939	5,016	310,376	555,072
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						555,072

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	29,162	204,579	5,939	5,016	310,376	555,072
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	0	286	2,417	6,255	12,018	20,976
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	286	2,417	6,255	12,018	20,976
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	29,162	204,865	8,356	11,271	322,394	576,048
14 First five 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

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	96.36 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	96.71 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	3.64 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	3.29 %
19a 33 1/3% support tests—2018. 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 <input type="checkbox"/>		
b 33 1/3% support tests—2017. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

KANSAS CITY ATHENAEUM

Employer identification number

44-0307270

PART VI, LINE 11a.

A COPY OF FORM 990 AND ATTACHED SCHEDULES WERE GIVEN TO EACH MEMBER OF THE ORGANIZATION'S BOARD OF MANAGERS

ON JUNE 22, 2019, ALLOWING TWO WEEKS TO REVIEW BEFORE SUBMITTAL.

PART VI, LINE 19.

THE ORGANIZATION'S BYLAWS AND ANNUAL FINANCIAL STATEMENT ARE PRINTED IN THE ORGANIZATION'S YEARBOOK WHICH IS
DISTRIBUTED TO MEMBERS IN SEPTEMBER AND AVAILABLE FOR PUBLIC REVIEW AT ANY TIME. COPIES OF THE ANNUAL IRS FILINGS
ARE KEPT ON FILE BY THE TREASURER AND ARE AVAILABLE FOR PUBLIC REVIEW UPON REQUEST.

PART IX, LINE 19.

\$2,266 - MONTHLY MEETINGS

\$1,940 - SPONSORED A SPEAKER PRESENTATION ON WOMEN'S HISTORY AT THE KANSAS CITY PUBLIC LIBRARY ON MARCH 22, 2019

\$4,206 - TOTAL

PART IX, LINE 21.

\$ 779 - DUES TO GENERAL FEDERATION OF WOMEN'S CLUBS, INC

\$ 100 - DUES TO FOUNDLING SOCIETY OF THE RABBIT HOLE KANSAS CITY (ENCOURAGING CHILDREN'S ENJOYMENT OF READING)

\$ 250 - DUES TO FRIENDS OF THE MISSOURI VALLEY ROOM AT THE KANSAS CITY PUBLIC LIBRARY (LOCAL ARCHIVAL RECORDS)

\$ 150 - DUES TO WESTPORT HISTORICAL SOCIETY (SUPPORTING THE PRESERVATION OF THE HISTORIC HARRIS-KEARNEY HOUSE)

\$1,279 - TOTAL