### FOR TAX YEAR 2023

VARIETY OF GREATER KANSAS CITY TENT 8

NUMBERS DONT LIE TAX PREP & FIN SVC

7748 TROOST AVE

Kansas City, MO 64131

(816)886-9031

7748 TROOST AVE Kansas City, MO 64131 INFO@NUMBERSDONTLIEKC.COM Phone: (816)886-9031 | Fax: (816)886-5345

January 22, 2024

VARIETY OF GREATER KANSAS CITY TENT 8 4050 PENNSYLVANIA AVE Kansas City, MO 64111

Subject: Preparation of 2023 Tax Returns

VARIETY OF GREATER KANSAS CITY TENT 8:

Thank you for choosing NUMBERS DONT LIE TAX PREP & FIN SVC to assist with the 2023 taxes for VARIETY OF GREATER KANSAS CITY TENT 8. This letter confirms the terms of the engagement and outlines the nature and extent of the services we will provide.

We will prepare the 2023 federal and state income tax returns for VARIETY OF GREATER KANSAS CITY TENT 8. We will depend on management to provide the information we need to prepare complete and accurate returns. We may ask management to clarify some items but will not audit or otherwise verify the data submitted.

We will perform accounting services only as needed to prepare the tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for management to clarify some of the information submitted. We will inform management of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if there are any concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on the behalf of VARIETY OF GREATER KANSAS CITY TENT 8, the alternative selected by management.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return the original records to management at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed.

If management has not selected to e-file the returns with our office, management will be solely responsible to file the returns with the appropriate taxing authorities. The tax matters representative should review all tax-return documents carefully before signing them. Our engagement to prepare the 2023 tax returns will conclude with the delivery of the completed returns to management, or with e-filed returns, with the tax matters representative's signature and our subsequent submittal of the tax return.

To affirm that this letter correctly summarizes the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. For further assistance with your tax return needs, contact our office at (816)886-9031.

Sincerely,

CASSIE MOORE NUMBERS DONT LIE TAX PREP & FIN SVC

Accepted By:

Officer

Date

7748 TROOST AVE Kansas City, MO 64131 INFO@NUMBERSDONTLIEKC.COM Phone: (816)886-9031 | Fax: (816)886-5345

January 22, 2024

VARIETY OF GREATER KANSAS CITY TENT 8 4050 PENNSYLVANIA AVE Kansas City, MO 64111

VARIETY OF GREATER KANSAS CITY TENT 8:

Enclosed is the 2023 federal return for a tax-exempt organization, prepared for VARIETY OF GREATER KANSAS CITY TENT 8 from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-TE, IRS e-file Signature Authorization for an Exempt Organization.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (816)886-9031.

Sincerely,

CASSIE MOORE NUMBERS DONT LIE TAX PREP & FIN SVC

7748 TROOST AVE Kansas City, MO 64131 INFO@NUMBERSDONTLIEKC.COM Phone: (816)886-9031 | Fax: (816)886-5345

January 22, 2024

VARIETY OF GREATER KANSAS CITY TENT 8 4050 PENNSYLVANIA AVE Kansas City, MO 64111

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

\* Interviews regarding your tax situation

\* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data

\* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (816)886-9031.

Sincerely,

CASSIE MOORE NUMBERS DONT LIE TAX PREP & FIN SVC

7748 TROOST AVE Kansas City, MO 64131 INFO@NUMBERSDONTLIEKC.COM Phone: (816)886-9031 | Fax: (816)886-5345

Customer Name	Customer Information			
VARIETY OF GREATER KANSAS CITY	Invoice #:			
TENT 8	Date:	January 22, 2024		
4050 PENNSYLVANIA AVE	Phone:	(913)558-2309		
Kansas City, MO 64111	E-mail:	sheiladionne@gmail.com		

### Your 2023 tax return was prepared by CASSIE MOORE.

Description		Fee
<b>Federal And Supplemental</b>	Forms	
Form 990	Return of Org Exempt from Income Tax, page 1	250.00
Form 990 pg 2	Return of Org Exempt from Income Tax, page 2	
Form 990 pg 3	Return of Org Exempt from Income Tax, page 3	
Form 990 pg 4	Return of Org Exempt from Income Tax, page 4	
Form 990 pg 5	Return of Org Exempt from Income Tax, page 5	
Form 990 pg 6	Return of Org Exempt from Income Tax, page 6	
Form 990 pg 7	Return of Org Exempt from Income Tax, page 7	
Form 990 pg 8	Return of Org Exempt from Income Tax, page 8	
Form 990 pg 9	Return of Org Exempt from Income Tax, page 9	
Form 990 pg 10	Return of Org Exempt from Income Tax, page 10	
Form 990 pg 11	Return of Org Exempt from Income Tax, page 11	
Form 990 pg 12	Return of Org Exempt from Income Tax, page 12	
Schedule A	Organization Exempt Under Sec 501(c)(3), page 1	25.00
Schedule A pg 2	Organization Exempt Under Sec 501(c)(3), page 2	10.00
Schedule A pg 3	Organization Exempt Under Sec 501(c)(3), page 3	
Schedule A pg 4	Organization Exempt Under Sec 501(c)(3), page 4	
Schedule A pg 5	Organization Exempt Under Sec 501(c)(3), page 5	
Schedule A pg 6	Organization Exempt Under Sec 501(c)(3), page 6	
Schedule A pg 7	Organization Exempt Under Sec 501(c)(3), page 7	
Schedule A pg 8	Organization Exempt Under Sec 501(c)(3), page 8	
Schedule B	Schedule of Contributors, page 1	25.00
Schedule B pg 2	Schedule of Contributors, page 2	10.00
Schedule B pg 2	Schedule of Contributors, page 2	10.00
Schedule B pg 2	Schedule of Contributors, page 2	10.00
Schedule D	Supplemental Financial Statement, page 1	25.00
Schedule D pg 2	Supplemental Financial Statement, page 2	10.00
Schedule D pg 3	Supplemental Financial Statement, page 3	
Schedule D pg 4	Supplemental Financial Statement, page 4	
Schedule G	Fundraising and Gaming Activities, page 1	
Schedule G pg 2	Fundraising and Gaming Activities, page 2	
Schedule J	Compensation Information, page 1	
Schedule J pg 2	Compensation Information, page 2	
Schedule O	Supplemental Information, page 1	

Form 8879-TE	E-file Signatu	re Authorization for	· Tax Exempt	
Wks Schedule A	Schedule A V	Vorksheet - Excess	2% Contributors	
Fotal Forms	35	5 Forms Subt	otal	375.00
		Total Balan	ce Due	375.00
	I			
	Payment due upon receip	ot. Thank you for yo	our business!	

### **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2023

Department of the Treasury Do not enter social security numbers on this form as it may be made public. Open t					Open to Public				
	Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.						Inspection		
A F	or the	e 2023 calendar year, or tax year beginning , 2023, and ending , 20						, 20	
_		pplicable:		RIETY OF GREATER KANSAS	CITY TENT	8		D Emplo	ver identification number
<b>T</b>		ss change Doing business as			23-7431670				
		ne change Number and street (or P.O. box if mail is not delivered to street address) Room/suite		uite	E Teleph	ione number			
=	itital return 4050 PENNSYLVANIA AVE			(913)558-2309					
Ē		n/terminated		country, and ZIP or foreign postal code		1		G Gross	
H	mended		Kansas City, M					\$	1,510,635
H		n pending	F Name and address of principal				H(2) le this e		or subordinates? Yes X No
	pplicatio	in perioding	r Name and address of principal						
		<b>v</b>	501(c)(3) 501(c) (		<b>—</b> 507		H(b) Are all		
				) (insert no.) 4947(a)(1) or	527		- '		t. See instructions
	ebsite:	N/A				. 10	H(c) Group		
				ociation Other	L Year of format	tion: 19	74 M	State of lega	al domicile: MO
Par		Summar	,	· · · · · · · · · · · · · · · · · · ·					
		•	-		O PROVIDE (				
ø		DISABILI	TIES ADAPTIVE EQU	IPMENT AND OPPORTUNITIES	5 FOR ACTIV	/ITIES	S AND IN	CLUSIC	DN
Governance									
ir ne									
9Ň0	2	Check this b	ox 📋 if the organization d	iscontinued its operations or disposed	of more than 2	5% of its	s net assets		
	3	Number of v	oting members of the gove	rning body (Part VI, line 1a)				3	22
ŝ	4	Number of ir	ndependent voting member	s of the governing body (Part VI, line	1b)			4	21
Activities &	5	Total numbe	r of individuals employed in	a calendar year 2023 (Part V, line 2a)				5	4
ctiv	6	Total numbe	r of volunteers (estimate if i	necessary)				6	200
◄	7a	Total unrelat	ed business revenue from	Part VIII, column (C), line 12			7		0
	b	Net unrelate	d business taxable income	from Form 990-T, Part I, line 11				7b	0
							Prior Year		Current Year
	8	Contributions and grants (Part VIII, line 1h) 1,676				,134	1,502,064		
ð	9	Program ser	rogram service revenue (Part VIII, line 2g)			-	0		
ent	10	0		A, lines 3, 4, and 7d)					0
Revenue	11			nes 5, 6d, 8c, 9c, 10c, and 11e)					8,571
				must equal Part VIII, column (A), line 2			1,676	134	1,510,635
	13			X, column (A), lines 1-3)				8,616	689,887
	14		• •	K, column (A), line 4)			51.	,010	005,007
			•	e benefits (Part IX, column (A), lines 5			260	5,209	•
ŝ		-			,		200	,209	291,820
Expenses			-	column (A), line 11e)					0
xpe			ising expenses (Part IX, col		214,258	-	1.04		21.0.250
Ш			ses (Part IX, column (A), lir				196,273 976,098		312,359
		•	•	equal Part IX, column (A), line 25)					1,294,066
	19	Revenue les	s expenses. Subtract line 1	8 from line 12			700,036		216,569
or						Beg	inning of Curr		End of Year
Net Assets or Fund Balances	20						1,399		1,734,598
t As nd B	21							,884	133,829
	22			ine 21 from line 20			1,384	,697	1,600,769
Par			re Block						
				rn, including accompanying schedules and staten icer) is based on all information of which preparer		t of my kno	wledge and be	lief, it is	
100,0		and complete. De			has any knowledge.			1	
		DEBO	RAH WIEBRECHT						
Sigr	ו	Signature of offic	cer					Dat	9
Here	e	DEBO	RAH WIEBRECHT, EX	ECUTIVE DIRECTOR					
	Ē	Type or print nar	-						
		Print/Type pre	eparer's name	Preparer's signature	Date		Check	if	PTIN
Paid	1	CASSIE	MOORE		01-22-20	)24	self-em	-	P02271833
	barer			DONT LIE TAX PREP & FIN	1		Firm's EIN		
	Only						Phone no.		
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For Paperwork Reduction Act Notice, see the separate instructions.

Form	n 990 (2023) VARIETY OF GREATER KANSAS CITY TENT 8	23-7431670 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	
	TO PROVIDE CHILDREN WITH DEVELOPMENT DISABILITIES ADAPTIVE EQUIPMENT AND OPP	ORTUNITIES FOR
	ACTIVITIES AND INCLUSION	
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 <u>x</u> No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program	
3		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 measure	ed by
-	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c	
	the total expenses, and revenue, if any, for each program service reported.	· · · · ,
4a	(Code:) (Expenses \$ 689,887 including grants of \$ 689,887 ) (Revenue	\$ 1,510,635)
	VARIETY OF KANSAS CITY WAS ABLE TO PROVIDE SERVICES IN TWO MAKOR AREAS, COMM	IUNITY PROJECTS AND
	MOBILITY AND COMMUNICATION. VARIETY OF GREATER KC PROVIDES FUNDING FOR COMMU	NITY PROJECTS TO
	PROVIDE ACCESS AND INCLUSIVITY FOR CHILDREN WITH DISABILITIES. VKC WAS ABLE	TO DISTRIBUTE
	\$215,197.29 IN COMMUNITY PROJECTS WITHIN THE KC AREA. VKC ALSO PROVIDES MOBI	LITY AND
	COMMUNICATION DEVICES FOR CHILDREN.	
4b	(Code:) (Expenses \$including grants of \$) (Revenue	\$)
		•/
4.	(Code ) (European (Code ) including grants of (Code ) ) (Devenue	<u>۴</u>
4c	(Code:) (Expenses \$ including grants of \$ ) (Revenue	\$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses     689,887	
EEA		Form <b>990</b> (2023)

Pa	Int IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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 L	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
~	assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
-		6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		v
0	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	- 1		x
8	complete Schedule D. Part III	8		v
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	0		х
5	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			A
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
c	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	x	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part.X	11f		х
12a				
	Schedule D, Parts XI and XII	12a	x	
b				
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		х
15	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and JV.	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	-		
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part JI.	18	x	
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		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
EEA		Forr	n <b>990</b>	(2023)

VARIETY OF GREATER KANSAS CITY TENT 8

Form 990 (2023)

23-7431670

Page 3

	990 (2023) VARIETY OF GREATER KANSAS CITY TENT 8 23-743	1670	F	Page 4
Pa	rt 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		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	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		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part.II.	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		
21	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		v
20		21		x
28	Was the organization a party to a business transaction with one of the following parties (See the Schedule			
-	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	20-		
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV.	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part J	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	<u> </u>	x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part.VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	x	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u> .	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	8		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	x	
		_		

Form	990 (2023) VARIETY OF GREATER KANSAS CITY TENT 8 23-743	1670	F	Page 5
Pa	rt 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 returm	4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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		х
b	If "Yes," enter the name of the foreign country	_		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	x	
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	x	<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		x
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		x
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		x
10	Section 501(c)(7) organizations. Enter:	0.0		
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:	-		
	Gross income from members or shareholders			
a b	Gross income from other sources. (Do not net amounts due or paid to other sources	-		
b	against amounts due or received from them.)			
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	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	154		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	-		
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		v
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule 0	14a		x
ь 15		140		
IJ	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		v
	excess parachute payment(s) during the year?	15		x
16	If "Yes," see the instructions and file Form 4720, Schedule N.	40		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
47	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

For	m 990 (2023) VARIETY OF GREATER KANSAS CITY TENT 8 23-743	1670	F	age 6
Pa	art VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b belo	w, and f	or a "l	Vo″
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule	O. See i	instruc	ctions.
	Check if Schedule O contains a response or note to any line in this Part VI			х
Se	ction 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	22		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	21		
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, trustees, or key employees to a management company or other person?			x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			x
6	Did the organization have members or stockholders?	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
_	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
_	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q			x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code	)	No a	NI -
40-	Did the exercise time level shorters because as officience?	10-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	106		
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			
11a ה	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
b 12a	Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13.</i>	12a	v	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X X	
c c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i>	120	_ <b>^</b>	
C	describe on Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?		x	
14	Did the organization have a written document retention and destruction policy?		x	
15	Did the process for determining compensation of the following persons include a review and approval by			
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
b	Other officers or key employees of the organization			x
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
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 S Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			

DEBORAH WIEBRECHT (913)558-2309, PO BOX 3446, Shawnee, KS 66203

Form 990 (202	3) VARIETY OF GREATER KANSAS CITY TENT 8	23-7431670	Page 7					
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	ensated Employe	es, and					
	Independent Contractors							
	Check if Schedule O contains a response or note to any line in this Part VII	<u></u>	🗌					
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Empl	oyees						
1a Complete	his table for all persons required to be listed. Report compensation for the calendar year ending with or wi	thin the						
organization's	ax year.							
<ul> <li>List all of</li> </ul>	the organization's current officers, directors, trustees (whether individuals or organizations), regardless of	amount of						
compensation.	ompensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.							

- List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than

\$100,000 from the organization and any related organizations.

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

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

See instructions for the order in which to list the persons above.

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

	aleu organizal		mheir	13010	eu a	iny cun	CIII		แน้งเออ.	
					(C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average					han one s both ar	,	Reportable		Estimated amount
	hours					/trustee)		compensation	compensation	of other
	per week					,		from the	from related	compensation
	(list any	2 3		o	к	₫т	Ţ	organization (W-2/ 1099-MISC/		from the organization and
	hours for	dire	stitu	Officer	ey e	nplo	Former	1099-MISC/ 1099-NEC)		related organizations
	related	Individual trustee or director	Institutional trustee	Ä	Key employee	ist c	ər	1000 1120)	1000 1120)	rolatoa organizationo
	organizations	r trus	altr		oyee	omp				
	below dotted line)	tee	uste			ens				
	dotted line)		e			Highest compensated employee				
(1) DEBORAH WIEBRECHT	40.00									-
EXECUTIVE DIRECTOR		X						154,990	0	0
_(2)MARC_HARRELL	40.00									
EXECUTIVE DIRECTOR		х						75,000	0	0
(3)ABBY_MARTIN	40.00									
CHIEF DEVELOPMENT OFFICER				х				57 <b>,</b> 462	0	0
(4)ALLISON O'GRADY										
CHIEF INCLUSION OFFICER				х				49,584	0	0
_(5)										
_(6)										
_(7)										
-`										
(8)										
(9)										
_(9)										
(40)				_						
<u>(10)</u>									(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) 0	
<u></u>				_						
<u>(11)</u>										
<u>(12)</u>										
(13)										
<u>(14)</u>										
										Earm 000 (2022)

	90 (2023) VARIETY OF GREATE										431670		Page 8
Part	VII Section A. Officers, Directors, T	rustees,	Key E	Emp			s, an	ld I	Highest Comp	ensated En	<u>iployee</u>	S (con	tinued
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	, unles er and	Pos eck m ss per d a di	son is rector	han one s both ar /trustee) employee	)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W- 1099-MISC/ 1099-NEC)	2/	(F) iimated an of othe compensa from the ganization ted organi	r tion and
(15)													
<u>(16)</u>													
<u>(17)</u>													
<u>(18)</u>	·												
<u>(19)</u>													
(20)													
(21)													
(22)													
(23)													
(24)	·												
(25)	·												
1b c d 2	Subtotal	ot limited t							337,036 received more th	nan \$100,000	0 0		0
3	Did the organization list any former officer, direc	tor, trustee,	key en	nploy	yee,	or h	ighest	cor	npensated			Yes	No
4	employee on line 1a? <i>If "Yes," complete Schedu</i> For any individual listed on line 1a, is the sum of re										3		x
	organization and related organizations greater th	an \$150,00	0? If "Y	′es,"	' con	nplei	te Sch	edu	le J for such		4	x	
5	Did any person listed on line 1a receive or accrue	compensati	on from	any	unr	elate	ed org	aniz	ation or individual				
Secti	for services rendered to the organization? If "Yes on B. Independent Contractors	s, complete	Sched	uie .	<u>J 101</u>	SUC	n pers	DN	<u></u>	<u></u>	5		X
	Complete this table for your five highest concompensation from the organization. Report (A) Name and business addres	rt compens	-							within the org	anization (0		/ear.
2	Total number of independent contractors (ii	ncludina bi	ut not l	imit	ed t	o th	ose li	ster	d above) who				

received more than	\$100.000 of co	mpensation from	the organization
	$\phi$ 100,000 01 00	inponioadion nom	and organization

Form 99	90 (20	23) VARIE	TY	OF GREAT	TER P	KANSAS CITY T	ENT 8		23-74316	70 Page 9
Part	VIII	Statement of Rev								
		Check if Schedule C	) cor	ntains a res	spons	e or note to any li	ine in this Part V			
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .			1a					
<i>s</i>	b	Membership dues			1b	6,872				
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events	••		1c	980,980				
ũ, C	d	Related organizations .	••		1d					
Gifts ar A	е	Government grants (contr	ributi	ons)	1e					
imil.	f	All other contributions, gif	ts, gi	rants,						
utioi er S		and similar amounts not in	ncluc	led above	1f	514,212				
Othor	g									
		lines 1a-1f			1g					
	h	Total. Add lines 1a-1f	••		• • •		1,502,064			
						Business Code				
ë	2a									
e rzic	b									
enu	C									
Jram Serv Revenue	d									
Program Service Revenue	e									
<b>۲</b>		All other program service <b>Total.</b> Add lines 2a-2f .								
	3	Investment income (includi other similar amounts) .								
	4	Income from investment of				F				
	5	Royalties		•	•	F				
				(i) Rea		(ii) Personal				
	6a	Gross rents	6a	()		(				
		Less: rental expenses								
		Rental income or (loss)	6c							
		Net rental income or (loss)	) .							
	7a	Gross amount from		(i) Securiti		(ii) Other				
		sales of assets								
		other than inventory	7a							
	b	Less: cost or other basis								
ne		and sales expenses	7b							
ven	c	Gain or (loss)	7c							
Re		Net gain or (loss)			• • •					
Other Revenue	8a	Gross income from fundra	-							
ð		events (not including \$			-					
		of contributions reported o								
	.	1c). See Part IV, line 18								
		Less: direct expenses .								
		Net income or (loss) from		raising even	τs .					
	94	Gross income from gaming activities. See Part IV, line	-		9a					
	h	Less: direct expenses .			9b					
		Net income or (loss) from								
			-	ing douvidoo	/ · · ·					
	TUa	Gross sales of inventory, I returns and allowances .			10a					
	Ь	Less: cost of goods sold			10b					
		Net income or (loss) from				-				
					, . <b>.</b>	Business Code				
ល	11a	BOOK ADJUSTMENTS				624100	3	3		
nor		INTEREST INCOME				624100	8,568	8,568		
scellanoi Revenue	c									
Miscellanous Revenue	d	All other revenue								
2	е	Total. Add lines 11a-11d	•				8,571			
	12	Total revenue. See instru	ctior	ns			1,510,635	8,571	0	0

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#### Form 990 (2023) VARIETY OF GREATER KANSAS CITY TENT 8

**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

Sec	tion 501(c)(3) and 501(c)(4) organizations must comple		B ( 1)/	· · · · · · · · · · · · · · · · · · ·	
	Check if Schedule O contains a response or n				
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
	b, 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	689,887	689,887		
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	271,568		271,568	
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	20,252		20,252	
11	Fees for services (nonemployees):				
а	Management	19,280		19,280	
b	Legal	6,702		6,702	
С	Accounting	6,703		6,703	
d					
е	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
Ŭ	(A), amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	42,566			42,566
13	Office expenses	29,537		29,537	
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				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	4,376		4,376	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	PROFESSIONAL SERVICES	171,692			171,692
b	BANK FEES	19,645		19,645	
С	MEMBERSHIP DUES	11,838		11,838	
d					
е	All other expenses	20		20	
25	Total functional expenses. Add lines 1 through 24e.	1,294,066	689,887	389,921	214,258
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2023)

	990 (20	,	2.	3-74316	70 Page 11
Par	t X	Balance Sheet			_
		Check if Schedule O contains a response or note to any line in this Part X		••••	
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	1,209,332	1	1,607,373
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	151,902	4	79,500
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%		_	
	•	controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
	-	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) $\ldots$		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	20.245	8	40 505
∢	9	Prepaid expenses and deferred charges	38,347	9	42,725
	10a	Land, buildings, and equipment cost or other			
	<b>h</b>	basis. Complete Part VI of Schedule D     10a       Less: accumulated depreciation     10b		100	
	b			10c 11	
	11 12	Investments - publicly traded securities		12	
	12	Investments - other securities. See Part IV, line 11		12	
	14			14	
	14	Other assets. See Part IV, line 11		15	5,000
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	1,734,598
	17	Accounts payable and accrued expenses	1,399,301	17	98,679
	18	Grants payable		18	50,075
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director,			
itie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	14,884	24	30,846
	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	4,304
	26	Total liabilities. Add lines 17 through 25	14,884	26	133,829
		Organizations that follow FASB ASC 958, check here			
s		and complete lines 27, 28, 32, and 33.			
nce	27	Net assets without donor restrictions	1,384,697	27	1,600,769
alaı	28	Net assets with donor restrictions		28	
Б		Organizations that do not follow FASB ASC 958, check here			
Fun		and complete lines 29 through 33.			
o	29	Capital stock or trust principal, or current funds		29	
iets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	1,384,697	32	1,600,769
	33	Total liabilities and net assets/fund balances	1,399,581	33	1,734,598

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Form **990** (2023)

	990 (2023) VARIETY OF GREATER KANSAS CITY TENT 8	23-74316	70	Pa	age <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	510,	635
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	294,	066
3	Revenue less expenses. Subtract line 2 from line 1	3		216,	569
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	384,	697
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		(	(497)
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	1,	600,	769
Pa	T XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	х	
	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 IC Consolidated basis IB oth consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		х
	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				
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?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		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 on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Forn	n <b>990</b>	(2023)

SCHE	DULE	Α
(Form	990)	

Department of the Treasury

Name of the organization

Internal Revenue Service

Part I

1

2 3 

4

5

6

7

8 9

10

e

f

university:

### 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. **Open to Public** Attach to Form 990 or Form 990-EZ. Inspection Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number VARIETY OF GREATER KANSAS CITY TENT 8 23-7431670 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its

support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of

one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а

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.

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having b 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.

С 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.

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.

g	Provide the following information abo	ut the supported or	ganization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the o listed in you docum	Ir governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

Enter the number of supported organizations

OMB No. 1545-0047

Schedu Part			INSAS CITY		(1)(A)(iv) and	23-743167 170(b)(1)(A)	
I UII	(Complete only if you checked th						
	Part III. If the organization fails to						
Secti	ion A. Public Support	o quality und		sted below, p			
	idar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and	<b>(a)</b> 2013	(b) 2020	(0) 2021	(0) 2022	(6) 2020	
•	membership fees received. (Do not						
	include any "unusual grants.")				622 654	E14 212	1 147 966
2	Tax revenues levied for the				633,654	514,212	1,147,866
2	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
J	furnished by a governmental unit to the						
	organization without charge				38,649		38,649
4	<b>Total.</b> Add lines 1 through 3				672,303	514,212	1,186,515
5	The portion of total contributions by				072,303	J14,212	1,100,515
J	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)						23,335
6	Public support. Subtract line 5 from line 4.						1,163,180
-	ion B. Total Support						1,105,100
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	(4) 2010	(6) 2020	(0) 2021	672,303	514,212	1,186,515
8	Gross income from interest, dividends,				0727505	511/212	1/100/515
Ũ	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				1,065,801		1,065,801
10	Other income. Do not include gain or				1,000,001		270037002
	loss from the sale of capital assets						
	(Explain in Part VI.)				63	6,875	6,938
11	<b>Total support.</b> Add lines 7 through 10						2,259,254
12	Gross receipts from related activities, etc	(see instructio	ons)			12	980,980
13	First 5 years. If the Form 990 is for the o	•	,				
	organization, check this box and stop he	•			•	•	
Secti	ion C. Computation of Public Suppo						
14	Public support percentage for 2023 (line	-		11, column (f))	)	14	%
15	Public support percentage from 2022 Sch		-			15	%
16a	33 1/3% support test - 2023. If the organ						
	box and <b>stop here.</b> The organization qua						
b	33 1/3% support test - 2022. If the organ			•			
	this box and <b>stop here.</b> The organization						
17a	10%-facts-and-circumstances test - 20						
	10% or more, and if the organization mee	•					
	Part VI how the organization meets the fa						
	organization			-	-		
b	10%-facts-and-circumstances test - 20						
~	15 is 10% or more, and if the organization	-					
	in Part VI how the organization meets the					-	-
	organization			-	-		· · _
18	Private foundation. If the organization d						
	instructions						
							· · · · · · []

Part							
	(Complete only if you checked th						der Part II.
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	mplete Part I	l.)	
	on A. Public Support						
	idar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
-	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities fumished 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						
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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
0	line 6.)						
-	ion B. Total Support	(-) 0040	(1-) 0000	(-) 0004	(-1) 0000	(-) 0000	
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 10a	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
b	royalties, and income from similar sources . Unrelated business taxable income (less						
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						
~	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the or	ganization's fi	rst. second. thi	ird. fourth. or fi	fth tax vear as	a section 501(	c)(3)
	organization, check this box and stop her	•				•	··· ·
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2023 (line 8	-		13, column (f))		15	%
16	Public support percentage from 2022 Sch	edule A, Part	III, line 15 .			16	%
Secti	on D. Computation of Investment Inc						
17	Investment income percentage for 2023 (I			oy line 13, colu	mn (f))	17	%
18	Investment income percentage from 2022			-		18	%
19a	33 1/3% support tests - 2023. If the orga					ore than 33 1/3	3%, and line
	17 is not more than 33 1/3%, check this be	ox and <b>stop h</b>	ere. The organ	nization qualifie	es as a publicly	supported org	anization
b	33 1/3% support tests - 2022. If the organizati	on did not chec	k a box on line 1	4 or line 19a, an	d line 16 is more	than 33 1/3%, a	ind
	line 18 is not more than 33 1/3%, check this bo	x and stop here	e. The organizati	on qualifies as a	publicly support	ed organization	🛛
20	Private foundation. If the organization die	d not check a	box on line 14	, 19a, or 19b, c	heck this box a	and see instruc	tions

VARIETY OF GREATER KANSAS CITY TENT 8

Page 3

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Schedule A (Form 990) 2023

Page 4

No

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

VARIETY OF GREATER KANSAS CITY TENT 8 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below. b Did the organization confirm that each supported organization gualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) С purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below. b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination С under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already b designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? С 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990). 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI. С Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

#### Schedule A (Form 990) 2023 VARIETY OF GREATER KANSAS CITY TENT 8

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in <b>Part VI.</b>	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			

directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part

VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

#### Section C. Type II Supporting Organizations

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

#### Section D. All Type III Supporting Organizations

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

#### Section E. Type III Functionally Integrated Supporting Organizations

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

Schedule A (Form 990) 2023

2a

2b

3a

3b

Yes

No

EEA

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1

2

1

Yes No

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	nan	Z3-/43.	L670 Page
1	Check here if the organization satisfied the Integral Part Test as a qualifying			ain in Part VI) See
•	instructions. All other Type III non-functionally integrated supporting organ			
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		, , , , , , , , , , , , , , , , , , ,
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

VARIETY OF GREATER KANSAS CITY TENT 8

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

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	e A (Form 990) 2023 VARIETY OF GREATER KANSAS		23-1		L670 Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continue	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ea	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	izations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
<u> </u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
	Carryover from 2018 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
-	Applied to underdistributions of prior years Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
<u> </u>	Remaining underdistributions for years prior to 2023, if				
5	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI.</i> See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
Ŭ	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	<b>Part VI.</b> See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
C	Excess from 2021				
d	Excess from 2022				
e	Excess from 2023				
EEA					Schedule A (Form 990) 2023

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

#### Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

### Schedule of Contributors

OMB No. 1545-0047

### Attach to Form 990, 990-EZ, or Form 990-PF.

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

2023

Name of the organization	Employer identification number				
VARIETY OF GREATER KANSAS CITY TENT 8	23-7431670				
Organization type (check one):					

Filers of:	Section:		
Form 990 or 990-EZ	<b>X</b> 501(c)( <b>3</b> ) (enter number) organization		
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation		
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation		
	501(c)(3) taxable private foundation		

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

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

#### General Rule

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

#### Special Rules

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

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

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

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

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

UNKNOWN

Kansas City MO 64128

	(Form 990) (2023) organization	Em	Page Ployer identification number
	OF GREATER KANSAS CITY TENT 8		23-7431670
Part I	<b>Contributors</b> (see instructions). Use duplicate co	pies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1_	ERIC AND JAMIE BUER TRUST 27101 W 77TH ST Lenexa KS 66227	\$62,705	Person     x       Payroll        Noncash        (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_2_	MIKE & BRANDY REA 1055 BROADWAY BLVD STE 130 Kansas City MO 64105	\$51,000	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	SUSAN MARY HAAKE PO BOX 3446 Shawnee KS 66203	\$41,493	PersonxPayrollINoncashI(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	RAY & ROBYN FELTNER 16367 W 168TH PL Olathe KS 66062	\$40,855	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_	KARISSA AND ROB ALUMBAUGH 16649 S HOLMES RD Belton MO 64012	\$15,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	SARAH AND THOMAS MUELLEMAN		Person <u>x</u> Payroll

\$

(Complete Part II for noncash contributions.)

Noncash

14,216

#### Page **2**

### Schedule B (F

EEA

EEA

	Y OF GREATER KANSAS CITY TENT 8	· ·	23-7431670
Part I	<b>Contributors</b> (see instructions). Use duplicate co	pies of Part I if additional space is r	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MICHAEL AND MARCI O'GRADY		Person <u>x</u> Payroll
	9207 NE 94TH CT	\$11,600	Noncash (Complete Part II for
	Kansas City MO 64157		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	JORDAN AND ALI O'GRADY		Person 🗴
	4747 W 135TH ST	\$10,512	Payroll 🛛 🗌 Noncash 🔤
	Overland Park KS 66224		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	JOHN AND CATHERINE CADAWALADER		Person <u>x</u>
	5708 W 86TH TER	\$10,325	Payroll 🛛 🗌 Noncash 🔹
	Overland Park KS 66207		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	CINDY AND TIM CHADWICK		Person <u>x</u> Payroll
	11152 S WHITETAIL LN	\$10,200	Noncash
	Olathe KS 66061		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	JOHN AND NANCY MCCARTHY		Person <u>x</u> Payroll
	4601 W 87TH TERR	\$10,100	Noncash
	Overland Park KS 66207		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	JACK AND LAUREN HUNTER		Person x
	UNKNOWN	\$7,575	Payroll 🔤 🗌 🗌
	Kansas City MO 64128		(Complete Part II for noncash contributions.)

Employer identification number

Schedule B (Form 990) (2023)

Name of organization

13	CARRIE AND JASON EVELYN		Person 🛛 🛣 Payroll
	UNKNOWN	\$6,100	Noncash
	Kansas City MO 64128		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_14_	TODD WINNERMAN UNKNOWN Kansas City MO 64128	\$5,964	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a)	 (b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_15_	MARIA COLE UNKNOWN Kansas City MO 64128	\$5,100	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_16	JOHN AND CATHY CADWALDER 5708 W 86TH TERR Overland Park KS 66207	\$5,000	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b)		
	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		(C) Total contributions (C) 5,000	
_17 (a) No.	Name, address, and ZIP + 4 MARGUERITE SALO 14616 W 50TH ST	Total contributions	Type of contribution         Person       x         Payroll
(a)	Name, address, and ZIP + 4 MARGUERITE SALO 14616 W 50TH ST Shawnee KS 66216 (b)	Total contributions	Type of contribution Person  Payroll Noncash (Complete Part II for noncash contributions.) (d)

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

Employer identification number

(d)

Type of contribution

23-7431670

(c)

Total contributions

Schedule B (Form 990) (2023)

VARIETY OF GREATER KANSAS CITY TENT 8

(b)

Name, address, and ZIP + 4

Name of organization

Part I (a)

No.

SCHEI	DULE D
(Form	990)

### **Supplemental Financial Statements**

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

Att

OMB No. 1545-0047 2023

**Open to Public** 

Inspection

Employer identification number

Attach to Form 990.	
Go to www.irs.gov/Form990 for instructions and the latest information.	

Department of the Treasury Internal Revenue Service Name of the organization

VARIE	TY OF GREATER KANSAS CITY TENT 8		23-7431670					
Pa	t I Organizations Maintaining Donor Advised F	Funds or Other Similar Funds or Acc	ounts					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.							
		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised						
	funds are the organization's property, subject to the organization	e e						
6	Did the organization inform all grantees, donors, and donor a							
	only for charitable purposes and not for the benefit of the dor							
Devi	conferring impermissible private benefit?		Yes 🗌 No					
Par								
	Complete if the organization answered "Yes" o							
1	Purpose(s) of conservation easements held by the organizat							
	Preservation of land for public use (for example, recreation		historically important land area					
	Protection of natural habitat		certified historic structure					
2	Preservation of open space	ind concernation contribution in the form of a	opposition					
2	Complete lines 2a through 2d if the organization held a qualif	red conservation contribution in the form of a						
•	easement on the last day of the tax year. Total number of conservation easements		Held at the End of the Tax Year					
a b	Total acreage restricted by conservation easements							
b C	Number of conservation easements on a certified historic str							
d	Number of conservation easements included on line 2c, acqu							
u		· · · · · · · · · · · · · · · · · · ·	. 2d					
3	Number of conservation easements modified, transferred, re							
•	tax year							
4	Number of states where property subject to conservation eas	sement is located						
5	Does the organization have a written policy regarding the per							
	violations, and enforcement of the conservation easements it		No					
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing conserva	ation easements during the year					
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	easements during the year					
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(h)(4	4)(B)(i)					
9	In Part XIII, describe how the organization reports conservat							
	sheet, and include, if applicable, the text of the footnote to the	e organization's financial statements that desc	cribes the					
Der	organization's accounting for conservation easements	of Art Iliotorical Tracesures or O	they Cimiley Access					
Par			ther Similar Assets					
10	Complete if the organization answered "Yes" of		halanaa ahaat waxka					
1a	If the organization elected, as permitted under FASB ASC 95 of art, historical traceuros, or other similar accosts hold for put							
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.							
b	If the organization elected, as permitted under FASB ASC 95		ance sheet works of					
~		•						
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:							
	(i) Revenue included on Form 990, Part VIII, line 1		\$					
	(ii) Assets included in Form 990, Part X							
2	If the organization received or held works of art, historical tre							
	following amounts required to be reported under FASB ASC	_	· •					
а	Revenue included on Form 990, Part VIII, line 1	-	\$					
b	Assets included in Form 990, Part X							

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

	le D (Form 990) 2023 VARIETY OF GRE							23-7431			Page 2
Par									sets (c	ontinı	ued)
3	Using the organization's acquisition, access	sion, ar	d other record	ls, check a	ny of the fo	blowing that	make si	gnificant use of its			
	collection items (check all that apply):										
а	Public exhibition			d	🗌 Loan o	r exchange p	orogram				
b	Scholarly research			е	_		-				
с	Preservation for future generations				-						
4	Provide a description of the organization's	collecti	ons and explai	n how they	/ further the	e organizatio	n's exer	npt purpose in Part			
	XIII.			- <b>,</b>		- ·					
5	During the year, did the organization solicit	or rece	ive donations	of art. histo	orical treas	ures. or othe	r similar				
	assets to be sold to raise funds rather than								. 🗌 Ye	s 🗌	No
Par	t IV Escrow and Custodial Arr									<u>-                                    </u>	
	Complete if the organization	-		on Forr	n 990 P	art IV line	9 or	reported an am	ount on	Form	า
	990, Part X, line 21.				11 000, 1	are rv, me	, 0, 01	roportoù an am	ount on	1 0111	•
1a	Is the organization an agent, trustee, custo	tian or	other intermed	iany for cor	otributions	or other ass	ate not				
Id	included on Form 990, Part X?			-					. 🗌 Ye	<b>.</b> []	No
h	-					• • • • • •	• • • •		. [] ie	s 🗌	NO
b	If "Yes," explain the arrangement in Part XI	in and c	complete the ic	bilowing tac	Die.			A			
_									ount		
C	Beginning balance										
d	Additions during the year										
е	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on							•		=	No
b	If "Yes," explain the arrangement in Part XI	II. Che	ck here if the e	explanation	has been	provided on	Part XII			. []	
Par											
	Complete if the organization	ansv	vered "Yes"	on Forr	n 990, P	art IV, line	e 10.	1			
		(a)	Current year	<b>(b)</b> Pri	or year	(c) Two year	s back	(d) Three years back	(e) Fou	ir years b	ack
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and										
	losses										
d	Grants or scholarships										
е	Other expenditures for facilities and										
	programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cu	rrent ve	ar end balanc	e (line 1a.	column (a)	)) held as:					
-	Board designated or quasi-endowment	-		.e (e .g,		,,					
b	Permanent endowment 9		/0								
c	Term endowment %	0									
U	The percentages on lines 2a, 2b, and 2c sh		upl 100%								
20	Are there endowment funds not in the post			ration that r	aro hold ar	nd administar	ad for th	0			
3a	•	5622101	or the organiz	alion inal a	are neiu ar					Vac	No
	organization by:								2=(1)	Yes	No
	(i) Unrelated organizations?								. 3a(i)		
	(ii) Related organizations?										
b	If "Yes" on line 3a(ii), are the related organ					• • • • • •	••••	•••••	. 3b		Ĺ
4	Describe in Part XIII the intended uses of t			lowment fu	nds.						
Par		-						<b>0 -</b> 000	<b>D</b>		•
	Complete if the organization	ansv	vered "Yes"	on Forr	n 990, P	art IV, line	e 11a. :	See ⊢orm 990,	Part X,	line 1	0.
	Description of property		(a) Cost or othe			r other basis		Accumulated	( <b>d</b> ) Boo	ok value	
			(investme	ent)	(4	other)	0	lepreciation			
1a	Land	••									
b	Buildings										
С	Leasehold improvements										
d	Equipment										
е	Other										
Total.	Add lines 1a through 1e. (Column (d) must		Form 990, Pai	rt X, line 10	Dc, column	(В)					
EEA	- · · · /		· · ·						edule D (F	orm 99(	0) 2023

Schedule D (Form 990) 2023

Schedule D (For	,	TER KANSAS CI	TTY TENT 8	1	23-	7431670	Page <b>3</b>
Part VII	Investments - Other Securities		_		_	_	
	Complete if the organization answere	ed "Yes" on For	m 990, Part	IV, line 11b	. See Form	990, Part X,	line 12.
	(a) Description of security or category (including name of security)		(b) Book va	lue	• •	hod of valuation: -of-year market value	
(1) Financial of							
.,	eld equity interests	••••					
(3) Other							
(A) (B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
Total. (Colum	n (b) must equal Form 990, Part X, line 12, col.(	В))					
Part VIII	Investments - Program Related						
	Complete if the organization answere	ed "Yes" on For	m 990, Part	IV, line 11c	. See Form	990, Part X,	line 13.
	(a) Description of investment		<b>(b)</b> Book va	lue	. ,	hod of valuation: -of-year market value	
(1)							
(2)							
(3)							
(4)							
(5)							
<u>(6)</u> (7)							
(8)							
(9)							
	n (b) must equal Form 990, Part X, line 13, col.	(B))					
Part IX	Other Assets	· //					
	Complete if the organization answere	ed "Yes" on For	m 990, Part	IV, line 11d	. See Form	990, Part X,	line 15.
	(a)	Description				(b) Book	value
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
<u>(7)</u> (8)							
(9)							
	n (b) must equal Form 990, Part X, line 15 col. (	B))					
Part X	Other Liabilities	_//					
	Complete if the organization answere line 25.	ed "Yes" on For	m 990, Part	IV, line 11e	or 11f. See	Form 990, F	Part X,
1.	(a) Description of liability	(b) Book v	alue				
(1) Federal i							
	TAXES PAYABLE		4,304				
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	b) must equal Form 990, Part X, line 25 col. (B)) .		4,304		- 1		
-	uncertain tax positions. In Part XIII, provide the to		-				
	liability for uncertain tax positions under FASB A	SC 740. UNECK NER	e ii uie text of ti	ie loothote has	Deen provided		
EEA						Schedule D (Fo	nin 990) 202

Schedu	e D (Form 990) 2023 VARIETY OF GREATER KANSAS CITY TENT 8	23-7431670	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	. 1	1,510,616
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	. 2e	
3	Subtract line <b>2e</b> from line <b>1</b>	. 3	1,510,616
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	. 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	. 5	1,510,616
Part		per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	. 1	1,294,046
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	. 2e	
3	Subtract line <b>2e</b> from line <b>1</b>	. 3	1,294,046
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	. 4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	1,294,046
Part			-

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

SCHEDULE G       Supplemental Information Regarding Fundraising or Gaming Activities         (Form 990)       Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.         Department of the Treasury Internal Revenue Service       Attach to Form 990 or Form 990-EZ.         Go to www.irs.gov/Form990 for instructions and the latest information.       Extended						OMB No. 1545-0047 2023 Open to Public Inspection		
Name of the organization		0					oyer identific	ation number
VARIETY OF GREAT	TER KANSAS OTT	V TENT 8					23-743	1670
	ising Activities.		he organiz	ration ansv	vered "Yes" on	Form 990		
	0-EZ filers are n	•	-				r art i v,	
	the organization rais				ties. Check all that a	nnlv		
a Mail solicitatio	-		e [		of non-government			
	mail solicitations		f		of government grar	-		
<b>c</b> Phone solicita					idraising events	11.5		
d In-person soli			g		iciaising events			
	tion have a written or	oral agrapments	with one indiv	idual (includir	a officara directora	tructoco		
•	s listed in Form 990,	0		,	•			Yes No
	0 highest paid individ	, ,		•	0		aicar ic ta l	
	least \$5,000 by the o		unuraisers) p	oursuant to ag	reements under wh	ich the fundr	aiser is to r	Je
compensated at	least \$5,000 by the o	iganization.						
						(v) Amour	nt naid to	
(i) Name and addre or entity (fur		(ii) Activity	custody	ndraiser have or control of butions?	(iv) Gross receipts from activity	(or retain fundraiser col.	ned by) listed in	(vi) Amount paid to (or retained by) organization
			Yes	No			()	
1								
2								
3								
4								
5								
•								
6								-
Ū								
7								
•								
8								
0								
9								
5								
10								
10								
<u>Total</u>	•••••	<u></u>	••••••	••••••••	· · · ·			
	which the organizatio	n is registered or	licensed to s	olicit contribu	tions or has been no	otified it is ex	empt from	
registration or lic	ensing.							

Schedule	G	(Form	990)	2023

Sobo		(Earm 000) 2022		ANGAG GIMY MEND 9		7431670 Page 2
	nrt II	(Form 990) 2023 VAR Fundraising Events. Com		ANSAS CITY TENT 8 answered "Yes" on For		
		than \$15,000 of fundraising				
		gross receipts greater than		C C	·	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			VARIETY SHOW	HYVEE GOLF T	1	(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	691,986	140,524	123,445	955,955
œ	2	Less: Contributions				
	3	Gross income (line 1				
		minus line 2)	691,986	140,524	123,445	955,955
		·				
	4	Cash prizes				
	5	Noncash prizes				
ses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses	124,787	38,889	7,881	171,557
	10	Direct expense summary. Add lin				171,557
Da	11 Irt III	Net income summary. Subtract li Gaming. Complete if the or				784,398
10		\$15,000 on Form 990-EZ, I			iv, line 19, of reported in	
nue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
	2	Cash prizes				
ses	-					
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
<u> </u>	5	Other direct expenses				
	6	Volunteer labor	└ Yes% └ No	│	└ Yes % □ No	
	7	Direct expense summary. Add lin	es 2 through 5 in column (	d)		

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

8

Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10a . . . . . . . . . If "Yes," explain: b

Net gaming income summary. Subtract line 7 from line 1, column (d)

Schedule G (Form 990) 2023

🗌 Yes 🗌 No

Yes No

. . . . . . . . .

CHEDULE J Compensation Information								
Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest								
	Complete if the organization answe	ted Employees ared "Yes" on Form 990, Part IV, lin	ne 23.	2023 Open to Public				
epartment of the Treasury nternal Revenue Service	Attach	o Form 990. Instructions and the latest information	ation.	Jpen to I Inspect		2		
ame of the organization			mployer identification n			-		
ARIETY OF GREAT	ER KANSAS CITY TENT 8		23-7431670					
Part I Question	s Regarding Compensation	·				-		
					Yes	Ν		
	opriate box(es) if the organization provided							
	ection A, line 1a. Complete Part III to provi		-					
Travel for co		using allowance or residence for yments for business use of perso	-					
		alth or social club dues or initiation						
		rsonal services (such as maid, ch						
			nauneur, cherj					
<b>b</b> If any of the bo	kes on line 1a are checked, did the organiz	ation follow a written policy regar	ding payment					
	ent or provision of all of the expenses descr							
				1b				
•	ation require substantiation prior to reimbur	<b>v</b>	•					
	es, and officers, including the CEO/Execut		checked on line					
1a?				2				
	w wa wa sha sha		6 d					
	if any, of the following the organization use	-						
-	CEO/Executive Director. Check all that appl		-					
Compensati	ation to establish compensation of the CEC	itten employment contract	in Part III.					
	<u> </u>	mpensation survey or study						
	-	proval by the board or compensation	ation committee					
		noval by the board of compense						
4 During the yea	, did any person listed on Form 990, Part V	II. Section A. line 1a. with respec	ct to the filing					
	a related organization:		0					
-	rance payment or change-of-control payme	ent?		4a		2		
<b>b</b> Participate in o	r receive payment from a supplemental non	qualified retirement plan?		4b		2		
•	r receive payment from an equity-based con			4c		2		
If "Yes" to any	of lines 4a-c, list the persons and provide th	e applicable amounts for each it	em in Part III.					
			-					
	01(c)(3), 501(c)(4), and 501(c)(29) organi							
	ed on Form 990, Part VII, Section A, line 1a	a, did the organization pay or acc	crue any					
-	contingent on the revenues of:			Ea				
•	anization?			5a 5b		2		
	5a or 5b, describe in Part III.	•••••••••••••••••		55		_		
100 0111116								
6 For persons lis	ed on Form 990, Part VII, Section A, line 1	a, did the organization pay or acc	crue any					
•	contingent on the net earnings of:	- · · ·	-					
a The organization	n?			6a		2		
<b>b</b> Any related org	anization?			6b		2		
If "Yes" on line	6a or 6b, describe in Part III.							
<b>-</b> - "			<i>c</i>					
	ed on Form 990, Part VII, Section A, line 1		-					
	escribed on lines 5 and 6? If "Yes," descril			7		2		
	unts reported on Form 990, Part VII, paid or							
	tract exception described in Regulations se			0		-		
		••••••		8		X		
9 If "Yes" on line	8, did the organization also follow the rebut	table presumption procedure de	scribed in					
				9				
		<u> </u>	· · · · · · · · · · · ·					

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

#### Schedule J (Form 990) 2023 VARIETY OF GREATER KANSAS CITY TENT 8

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

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

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

		(B)Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation		(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
DEBORAH WIEBRECHT	(i)	154,990	0	0	0	0	154,990	C
1 EXECUTIVE DIRECTOR	(ii)	0	0	0	0	0	0	c
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2023

23-7431670

Page 2

EEA

#### SCHEDULE O (Form 990)

#### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public** 

Inspection

23

Department of the Treasury Internal Revenue Service Name of the organization

#### VARIETY OF GREATER KANSAS CITY TENT 8

Employer identification number 23-7431670

#### 01. Form 990 governing body review (Part VI, line 11)

THE PRESIDENT AND FINANCE COMMITTE REVIEW FORM 990

#### 02. Conflict of interest policy compliance (Part VI, line 12c)

A CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO EMPLOYEES AND BOARD MEMBERS AND KEPT ON

FILE IN THE OFFICE

#### 03. CEO, executive director, top management comp (Part VI, line 15a)

COMPENSATION IS DISCUSSED AND VOTED ON BY BOARD

#### 04. Form 990 availability to public (Part VI, line 18)

FORM 990 IS AVAILABLE UPON REQUEST TO THE THE PUBLIC

#### 05. Governing documents, etc, available to public (Part VI, line 19)

FORM 990 IS AVAILABLE IN PERSON UPON REQUEST

Form 8879-TE

Department of the Treasury Internal Revenue Service

### **IRS E-file Signature Authorization** tv

OMB No. 1545-0047

101	a	Iax	Exem	ipτ	Enti

For calendar year 2023, or fiscal year beginning

, 2023, and ending

2023

, 20

EIN or SSN

23-7431670

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

VARIETY OF GREATER KANSAS CITY TENT 8

Name and title of officer or person subject to tax

#### DEBORAH WIEBRECHT, EXECUTIVE DIRECTOR Type of Return and Return Information Part I

8038-0 <b>3a, 4a,</b> <b>3b, 4b</b> ,	P and Form 5330 filers may enter dolla <b>5a, 6a, 7a, 8a, 9a,</b> or <b>10a</b> below, and th	rs a ne a s aj	g this Form 8879-TE and enter the applicable amount, if any, from the return. For nd cents. For all other forms, enter whole dollars only. If you check the box o mount on that line for the return being filed with this form was blank, then lear oplicable, blank (do not enter -0-). But, if you entered -0- on the return, then e one line in Part I.	n line ve line	e 1b, 2b,
1a	Form 990 check here 🗴	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	1,510,635
2a	Form 990-EZ check here	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here	b	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	b	Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here	b	Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	b	<b>Tax due</b> (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22) .	10b	
Part	II Declaration and Signatu	re	Authorization of Officer or Person Subject to Tax		
Under	penalties of perjury, I declare that	<u> </u>	am an officer of the above entity or 🛛 🗌 I am a person subject to tax with r	espec	t to (name
of entit	/)		, (EIN) and that I have exan	nined	a copy of the
comple interme	te. I further declare that the amount in Pa diate service provider, transmitter, or e	art I lect	s and statements, and, to the best of my knowledge and belief, they are true, c above is the amount shown on the copy of the electronic return. I consent to al ronic return originator (ERO) to send the return to the IRS and to receive from of the transmission (b) the reason for any delay in processing the return or	llow m n the l	ny RS <b>(a)</b> an

acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

#### PIN: check one box only

I authorize	to enter my Pl	'IN	as my signature							
ERO firm name			Enter five numbers, but do not enter all zeros							
on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.										
X As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.										
31670										
Signature of officer or person subject to tax			Date 01-12-2024							
Part III Certification and Authentication										
<b>ERO's EFIN/PIN.</b> Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	433721 64	138								
	Do not	ente	r all zeros							
I certify that the above numeric entry is my PIN, which is my signature on the 2023 am submitting this return in accordance with the requirements of <b>Pub. 4163</b> , Mod Providers for Business Returns.										
ERO's signature	Da	ate	01-22-2024							
ERO Must Retain This Form Do Not Submit This Form to the IRS			Γο Do So							

Form 990 Worksheet	Schedule A, Line 5 - Excess 2% Limitation Contributors		
	(This page is not filed with the return. It is for your records only.)	2023	
Name(s) as shown on return		Tax ID Number	
VARIETY OF GREATER KANSAS CITY TENT 8		23-7431670	
2% of the amount on Sch	edule A. Part II. line 11. column (f)		45,185

Name	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	(g) Excess contributions (col. (f) minus
ERIC AND JAMIE BUER TRUST					62,705	62,705	the 2% limitation) 17,520
MIKE & BRANDY REA					51,000	51,000	-
SUSAN MARY HAAKE					41,493	41,493	-
RAY & ROBYN FELTNER					40,855	40,855	
KARISSA AND ROB ALUMBAUGH				15,000	15,000		
SARAH AND THOMAS MUELLEMAN				14,216	14,216		
MICHAEL AND MARCI O'GRADY					11,600	11,600	
JORDAN AND ALI O'GRADY					10,512	10,512	
JOHN AND CATHERINE CADAWALADER					10,325	10,325	
CINDY AND TIM CHADWICK					10,200	10,200	
JOHN AND NANCY MCCARTHY					10,100	10,100	
JACK AND LAUREN HUNTER					7,575	7,575	
CARRIE AND JASON EVELYN					6,100	6,100	
TODD WINNERMAN					5,964	5,964	
MARIA COLE			5,100	5,100			
JOHN AND CATHY CADWALDER					5,000	5,000	
MARGUERITE SALO					5,000	5,000	
NANCY WEDEL					5,000	5,000	

Total\_\_\_

23,335 \_