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#### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print KANZA Society, Inc. 48-0859735 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 210 N. 7th return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. 67846 Garden City, KS Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 06 Form 990-T (corporation) 07 Marva Clark The books are in the care of ► 210 N 7th - Garden City, KS 67846 Telephone No. ▶ 620 275-7444 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)

. If this is for the whole group, check this 」. If it is for part of the group, check this box ▶ 🔛 and attach a list with the names and TINs of all members the extension is for. August 15, 2024 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► Calendar year ► X tax year beginning OCT 1, 2022 , and ending SEP 30, 2023 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return L Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

### \*\* PUBLIC DISCLOSURE COPY \*\*

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A I</u>	or the	2022 calendar year, or tax year beginning OCT 1, 2022 and c	ending S	EP 30, 2023		
В	Check if applicable	C Name of organization		D Employer identific	cation number	
	Addres					
	Name change	Doing business as		48-08597	35	
	□ Initial □ return □ Final □ return/	210 N 7+b	Room/suite	E Telephone number (620)275		
	termin ated			G Gross receipts \$	1,292,503.	
Г	Amend			H(a) Is this a group re		
F	lreturn □Applic					
_	⊥ltiön pendir	same as C above		for subordinates		
_			507	H(b) Are all subordinates in		
		empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) c	or 527		list. See instructions	
	Websit			H(c) Group exemption		
		organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 19//	1 State of legal domicile: KS	
Pa	art I	Summary		1.1.2	<del> </del>	
9		Briefly describe the organization's mission or most significant activities: To pi	roviae	public rad	10 service	
aŭ				offers alt		
ern	2	Check this box if the organization discontinued its operations or dispos	sed of more	1 1		
ò				3	10	
<u>«</u>	4	Number of independent voting members of the governing body (Part VI, line 1b) .		4	10	
es	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	17	
Ϋ́Ε	6	Total number of volunteers (estimate if necessary)		6	5	
Activities & Governance		Total unrelated business revenue from Part VIII, column (C), line 12			0.	
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.	
				Prior Year	Current Year	
Revenue	8	Contributions and grants (Part VIII, line 1h)		1,006,271.		
	9	Program service revenue (Part VIII, line 2g)		170,580.	141,994.	
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-4,437.		
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		40,187.	40,469.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,212,601.	1,292,503.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
Ş	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		539,463.	482,957.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
ф	b	Total fundraising expenses (Part IX, column (D), line 25) 211, 49	91.			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		867,932.	877,996.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,407,395.	1,360,953.	
	1	Revenue less expenses. Subtract line 18 from line 12		-194,794.	-68,450.	
or		·	Be	ginning of Current Year	End of Year	
ets	20	Total assets (Part X, line 16)		3,794,036.	3,970,790.	
Ass J Ba	21	Total liabilities (Part X, line 26)		133,940.	362,344.	
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		3,660,096.	3,608,446.	
	art II	Signature Block		, ,	, ,	
Und	ler pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of my	y knowledge and belief, it is	
	-	t, and complete. Declaration of preparer (other than officer) is based on all information of wh		-	,	
	,	,		1		
Sig	n	Signature of officer		Date		
Her		Marva Clark, Business Manager				
1101	•	Type or print name and title				
		Print/Type preparer's name Preparer's signature	П	Date Check	PTIN	
Pai	d	John Hendrickson John Hendrickson	a h	2/26/24 if self-employe	P00018478	
Preparer Firm's name Kennedy McKee & Company LLP Firm's EIN 48-0997992						
Use Only Firm's address P.O. Box 1477						
	J,	Dodge City, KS 67801-1477		Phone no. (6	20) 227-3135	
Max	v tha IE	RS discuss this return with the preparer shown above? See instructions		I Holle Ho. ( O	X Yes No	
ivia	y unent	to discuss this return with the preparer shown above? See instructions			Les LINO	

Page **2** 

rai	Till Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The mission of the KANZA Society, Inc. is to provide public radio
	service to residents of the High Plains. This service offers
	alternative programming combining excellence and diversity. It
	provides listeners access to music, ideas, and events of the world and
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	1 011 147
<b>⊤</b> α	LICENSEE OF KANZ/KZNA FM - A PUBLIC BROADCASTING RADIO STATION OFFERING
	CULTURAL AND EDUCATIONAL PROGRAM SERVICE TO WESTERN KANSAS, EASTERN
	COLORADO AND THE OKLAHOMA AND TEXAS PANHANDLE. THERE ARE APPROXIMATELY
	1200 MEMBERS/CONTRIBUTORS.
	1200 MEMBERS/CONTRIBUTORS.
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$)
	<u> </u>
4c	(Code:) (Expenses \$
<b>4</b> 4	Other program services (Describe on Schedule O.)
4d	
1-	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses 1,011,147.
4e	Total program service expenses 1, U11, 14/.

# Form 990 (2022) KANZA Society, Inc. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	Х	
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			
Ü	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
7	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			<del></del>
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	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 "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			.,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			.,,
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			l
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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	Х	
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		х
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
А	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
۵	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	110		
•	the organization's siability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	izu		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
		. <del></del> a		<del></del>
	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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		<del></del>
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<del>  ^</del>
18		10		X
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		<del>  ^</del>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
<b>00</b> -	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_^
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<sub>v</sub>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

# Form 990 (2022) KANZA Society, Inc. Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? 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		X
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		
	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		Х
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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			F
	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		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	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	00-		X
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	_	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			X
	"Yes," complete Schedule L, Part IV	28c	v	
29	Did the organization receive more than \$25,000 in non-cash 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			v
	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 I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			3,7
	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	<u> </u>	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		X
	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			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			۱
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			1
_	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	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>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
			200	

### 022) KANZA Society, Inc. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	-	7						
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b 3a	X	Х					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?								
	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		X					
D	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).								
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	00							
-	any contributions that were not tax deductible as charitable contributions?	6a		х					
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		Х					
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?	7с		Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	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		Х					
g									
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
_	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.	9a							
	a Did the sponsoring organization make any taxable distributions under section 4966?								
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:	9b							
	Initiation fees and capital contributions included on Part VIII, line 12								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
	Gross income from other sources. (Do not net amounts due or paid to other sources 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								
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							
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	_							
	Enter the amount of reserves on hand	4.4		X					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		^					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		X					
	excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.	13							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х					
	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.								

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		77
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		77	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45	Х	
	The organization's CEO, Executive Director, or top management official	15a	Λ	X
a	Other officers or key employees of the organization	15b		Λ
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
Iba	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	160		Х
h	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		21
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only	) avail	able
.5	for public inspection. Indicate how you made these available. Check all that apply.	o orny	, availe	
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	statements available to the public during the tax year.	iui		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Marva Clark - 620 275-7444			
	210 N 7th, Garden City, KS 67846			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization n	organization compensa					nsat	ated any current officer, director, or trustee.				
(A)	(B)		(C)					(D)	(E)	(F)	
Name and title	Average	(do		Pos			one	Reportable	Reportable	Estimated	
	hours per	box	o not check more than one x, unless person is both an icer and a director/trustee)			is bot	h an	compensation	compensation	amount of	
	week		cer an	a a a	recto	or/trus	tee)	from	from related	other	
	(list any	recto						the	organizations	compensation	
	hours for	or di	æ			ated		organization	(W-2/1099-MISC/	from the	
	related	ustee	lustitutional trustee or directee or direc		1099-NEC)	organization and related					
	organizations below	ual tr	ional		yoldı	t con	_	1099-NEC)		organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	lighes mplo	orme			organizations	
(1) Marva Clark	40.00	_	_		×	1 0	ш				
Business Manager		Х						46,500.	0.	0.	
(2) Rock Langston	4.75										
Vice President		Х		Х				0.	0.	0.	
(3) Quentin Hope	40.00										
Interim Director		Х		Х				0.	0.	0.	
(4) Fred C. Jones	4.75										
President		Х		Х				0.	0.	0.	
(5) Etta Walker	4.75							_	_	_	
Secretary		Х		Х				0.	0.	0.	
(6) Nathalie Cantly	4.75										
Director		Х		Х				0.	0.	0.	
(7) Rebel Mahieu	4.75							_	_	_	
Director		Х		Х				0.	0.	0.	
(8) Jan Scoggins	4.75			l							
Director		Х		Х				0.	0.	0.	
(9) Kevin Ball	4.75			l							
Director	4 55	Х		Х				0.	0.	0.	
(10) Selena Fogg	4.75	,,		,,					0	•	
Treasurer	4 75	Х		Х				0.	0.	0.	
(11) Mary Emeny	4.75	Х		<del>.</del>				0.	0.	0.	
Director		^		Х				0.	0.	0.	
		1									

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)			
	(A)	(B)	(C)					(D) (E)			(F)		
	Name and title	Average	Position (do not check more than o				one	Reportable	Reportable			ed	
		hours per	box	, unle	ss pe	rson i	is bot or/trus	h an	compensation	compensation	a	mount	
		week (list any	⊢—				17 11 00	100)	from the	from related organizations		other npensa	
		hours for	Individual trustee or director				Đ		organization	(W-2/1099-MISC/		from th	
		related	tee or	ıstee			ensate		(W-2/1099-MISC/	1099-NEC)	1	ganizat	
		organizations	ıl trus	nal tru		oyee	omp:		1099-NEC)			nd relat	
		below line)	lividu	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			org	ganizat	ons
		11110)	<u>ii</u>	ŝ	JJO	Ke	jj e	요			_		
											+		
											-		
											-		
											+		
1b	Subtotal								46,500.	0	•		0.
	Total from continuation sheets to Part V								0.	0			0.
d	Total (add lines 1b and 1c)								46,500.	0	•		0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	oove	e) wł	no r	eceived more than \$100	,000 of reportable			_
	compensation from the organization											1	0
												Yes	No
3	Did the organization list any <b>former</b> officer,												v
	line 1a? If "Yes," complete Schedule J for s										3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	-		-					•	-	1		х
5	Did any person listed on line 1a receive or a										4		1
J	rendered to the organization? If "Yes," com										5		х
Sec	tion B. Independent Contractors	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-	,								<u> </u>
1	Complete this table for your five highest co	mpensated inc	depe	ende	nt c	ontr	racto	ors t	that received more than	\$100,000 of compe	nsation	from	
	the organization. Report compensation for	the calendar y	ear (	endi	ng v	vith	or w	ithi	n the organization's tax	ear.			
	(A)								(B)			(C)	
									Comp	ensatio	n		
								_					
								$\dashv$					
2	Total number of independent contractors (i	ncluding but n	ot li	mite	d to		_	stec	d above) who received m	ore than			
	\$100,000 of compensation from the organi	zation				(	0						

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 436,698. **b** Membership dues ..... 1b c Fundraising events 1c d Related organizations 1d 74,528. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 584,423. similar amounts not included above 1f 1g \$ g Noncash contributions included in lines 1a-1f 1,095,649. h Total. Add lines 1a-1f **Business Code** 141,459. 2 a Underwriting fees 516100 141,459. Program Service Revenue 516100 535. 535. f All other program service revenue 141,994. g Total. Add lines 2a-2f ..... Investment income (including dividends, interest, and 14,391. 14,391. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 40,469. 6 a Gross rents 0. **b** Less: rental expenses ... 40,469. c Rental income or (loss) 40,469. 40,469. d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses ..... 7b c Gain or (loss) \_\_\_\_\_ 7c d Net gain or (loss) ..... 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold ..... **c** Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d ..... 141,994. 1,292,503. 54,860 Total revenue. See instructions 12

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service	(C) Management and general expenses	<b>(D)</b> Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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	46,500.		46,500.	
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	357,565.	217,266.		140,299.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	48,045.	23,173.	7,093.	17,779.
10	Payroll taxes	30,847.	16,633.	3,557.	10,657.
11	Fees for services (nonemployees):				
а					
b	Legal	2,365.	2,365.		
	Accounting	15,080.	,	15,080.	
d	Lobbying	.,		- ,	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
9	column (A), amount, list line 11g expenses on Sch 0.)	16,769.	16,379.		390.
40	· · · · · · · · · · · · · · · · · · ·	20,743.	12,203.	293.	8,247.
12	Advertising and promotion	4,996.	12,203.	42.	4,954.
13	Office expenses	4,000.		72.	<u> </u>
14	Information technology				
15	Royalties	279,232.	275,690.		2 5/2
16	Occupancy	413,434.	413,030.		3,542.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	20 402	F F0F	4 020	10 020
19	Conferences, conventions, and meetings	20,482.	5,505.	4,039.	10,938.
20	Interest				
21	Payments to affiliates	151 405	100 000	01 500	
22	Depreciation, depletion, and amortization	151,405.	129,807.	21,598.	
23	Insurance	61,118.	59,053.	2,065.	
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	Programming	166,519.	166,519.		
b	Maintenance and repairs	63,768.	49,481.	2,980.	11,307.
c	Other	34,025.	6,492.	27,119.	414.
d	Telephone	29,159.	29,159.	_:,	
e	All other expenses	12,335.	1,422.	7,949.	2,964.
25	Total functional expenses. Add lines 1 through 24e	1,360,953.	1,011,147.	138,315.	211,491.
26	Joint costs. Complete this line only if the organization	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_, -, -, -, -, •		
20	reported in column (B) joint costs from a combined				
	1 / / /				
	educational campaign and fundraising solicitation.  Check here if following SOP 98-2 (ASC 958-720)				
	Check nere if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2022)

# Form 990 (2022) Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	to an	y line in this Part X			
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			977,859.	2	1,039,732.
	3	Pledges and grants receivable, net			108,147.	3	123,912.
	4	Accounts receivable, net			24,444.	4	16,648.
	5	Loans and other receivables from any current or for	orme	r officer, director,			
		trustee, key employee, creator or founder, substan	ntial o	contributor, or 35%			
		controlled entity or family member of any of these	pers	ons		5	
	6	Loans and other receivables from other disqualifie	rsons (as defined				
		under section 4958(f)(1)), and persons described i	n sed	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	4,756,824.			
	b	Less: accumulated depreciation	10b	3,487,443.	1,176,676.	10c	1,269,381.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		1,506,910.	15	1,521,117.	
	16	Total assets. Add lines 1 through 15 (must equal	33)	3,794,036.	16	3,970,790.	
	17	Accounts payable and accrued expenses			53,185.	17	70,230.
	18	Grants payable		18			
	19	Deferred revenue			55,032.	19	66,463.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Pa	ırt IV	of Schedule D		21	
es	22	Loans and other payables to any current or former	r offic	cer, director,			
Liabilities		trustee, key employee, creator or founder, substan	ntial o	contributor, or 35%			
jab		controlled entity or family member of any of these	pers	ons		22	
_	23	Secured mortgages and notes payable to unrelate	ed thi	rd parties	25,723.	23	366.
	24	Unsecured notes and loans payable to unrelated t	third	parties		24	
	25	Other liabilities (including federal income tax, paya	bles	to related third			
		parties, and other liabilities not included on lines 1	7-24)	. Complete Part X			
		of Schedule D			0.		225,285.
	26	Total liabilities. Add lines 17 through 25			133,940.	26	362,344.
S		Organizations that follow FASB ASC 958, check	( her	e X			
၁င		and complete lines 27, 28, 32, and 33.					0.446.055
ala	27				2,227,209.	27	2,146,855.
Ä	28	Net assets with donor restrictions			1,432,887.	28	1,461,591.
Ĕ		Organizations that do not follow FASB ASC 958	3, che	eck here			
F.		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or equi				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inco			2 662 226	31	2 600 446
Š	32	Total net assets or fund balances		3,660,096.	32	3,608,446.	
	33	Total liabilities and net assets/fund balances			3,794,036.	33	3,970,790.

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI				X				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,29	2,5	03.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,36	<u>0,9</u>	53. 50.				
3	Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  4 3								
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							
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1	<u>6,8</u>	00.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	3,60	8,4	46.				
Pa	rt 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				Х				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?								
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e 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	e audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.							
За	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		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

Attach to Form 990 or Form 990-EZ.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Name of the organization KANZA Society,

 $\begin{array}{c} \text{Employer identification number} \\ \text{Inc.} & 48-0859735 \end{array}$ 

Pa	rt I	Reason for Public 0	Charity Status.	(All organizations must o	omplete t	his part.) S	See instructions.				
The	organ	ization is not a private found	lation because it is: (	(For lines 1 through 12, o	check only	one box.)					
1		A church, convention of ch	urches, or association	on of churches describe	d in <b>sectio</b>	n 170(b)(	1)(A)(i).				
2		A school described in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990).)						
3		A hospital or a cooperative	hospital service orga	anization described in <b>s</b> e	ection 170	)(b)(1)(A)(i	ii).				
4		A medical research organiz	ation operated in co	njunction with a hospita	l describe	d in <b>sectio</b>	n 170(b)(1)(A)(iii). Enter	the hospital's name,			
		city, and state:									
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental unit describ	ped in			
		section 170(b)(1)(A)(iv). (Complete Part II.)									
6	Ш	A federal, state, or local government	vernment or governn	mental unit described in	section 17	70(b)(1)(A)	(v).				
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
	_	section 170(b)(1)(A)(vi). (C									
8	Н	A community trust describe	ed in <b>section 170(b)</b>	(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a land-grant	college			
		or university or a non-land-o	grant college of agric	culture (see instructions)	Enter the	name, city	y, and state of the colleg	je or			
		university:									
10		An organization that norma									
		activities related to its exen									
		income and unrelated busin		(less section 511 tax) fr	om busine	esses acqu	ired by the organization	after June 30, 1975.			
		See section 509(a)(2). (Cor	• •		0		201 1141				
11	Н	An organization organized a	·	•	•						
12		An organization organized a									
		more publicly supported or lines 12a through 12d that						Sheck the box on			
а		Type I. A supporting orga	* *			•	<del>_</del>	, aivina			
а		the supported organization									
		organization. <b>You must o</b>			amajomy	or the dire	ctors or trustees or the s	supporting			
b		Type II. A supporting org			tion with it	te eunnort	ed organization(s), by ha	avina			
		control or management o									
		organization(s). You mus			arrio perec	orio triat ot	ontrol of manage the out	pportod			
С		☐ Type III functionally inte			in connec	tion with.	and functionally integrat	ed with.			
		its supported organization						····· <b>,</b>			
d		Type III non-functionally						ization(s)			
		that is not functionally int									
		requirement (see instruct	ions). <b>You must con</b>	nplete Part IV, Sections	s A and D,	, and Part	V.				
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III				
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi	zation.					
f	Ente	er the number of supported o	organizations								
g		vide the following information			1 6 3 1 - 11						
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	inization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other			
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)			
						-					
						-					
Tota	al										

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

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

Sed	ction A. Public Support				Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total						
1	Gifts, grants, contributions, and												
	membership fees received. (Do not												
	include any "unusual grants.")	955,920.	1139956.	1555767.	1006271.	1095649.	5753563.						
2	Tax revenues levied for the organ-												
	ization's benefit and either paid to												
	or expended on its behalf												
3	The value of services or facilities												
	furnished by a governmental unit to												
	the organization without charge	32,000.	32,000.	32,000.	32,000.	32,000.	160,000.						
4	Total. Add lines 1 through 3	987,920.	1171956.	1587767.	1038271.	1127649.	5913563.						
5	The portion of total contributions						_						
	by each person (other than a												
	governmental unit or publicly												
	supported organization) included												
	on line 1 that exceeds 2% of the												
	amount shown on line 11,												
	column (f)						90,340.						
6	Public support. Subtract line 5 from line 4.						5823223.						
Sed	ction B. Total Support												
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total						
7	Amounts from line 4	987,920.	1171956.	1587767.	1038271.	1127649.	5913563.						
8	Gross income from interest,												
	dividends, payments received on												
	securities loans, rents, royalties,												
	and income from similar sources	11,174.	5,329.	1,852.	3,962.	14,391.	36,708.						
9	Net income from unrelated business												
	activities, whether or not the												
	business is regularly carried on												
10	Other income. Do not include gain												
	or loss from the sale of capital												
	assets (Explain in Part VI.)												
11	Total support. Add lines 7 through 10						5950271.						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	749,551.						
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3)							
	organization, check this box and stop	here			• • • • • • • • • • • • • • • • • • • •								
Sec	ction C. Computation of Publ	ic Support Pe	rcentage										
14	Public support percentage for 2022 (	line 6, column (f), d	livided by line 11,	column (f))		14	97.86 %						
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	96.72 %						
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	nore, check this bo							
	stop here. The organization qualifies	as a publicly supp	orted organization				X						
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box						
	and stop here. The organization qual												
17a	10% -facts-and-circumstances tes	t - 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,						
	and if the organization meets the fact	ts-and-circumstanc	es test, check this	box and stop her	r <b>e.</b> Explain in Part '	VI how the organiz	ation						
	meets the facts-and-circumstances to	-											
b	10% -facts-and-circumstances tes						10% or						
	more, and if the organization meets the	he facts-and-circun	nstances test, che	ck this box and <b>st</b>	<b>op here.</b> Explain ir	Part VI how the							
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization							
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s						

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

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

Se	ction A. Public Support	ciow, picase com	piete i uit ii.j				
	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	,,	<u> </u>	,, =-	, , .= .	,, ==	,,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ĭ	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	-						
/ 6	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
		(-) 0040	(1-) 0040	(-) 0000	(-1) 0004	(-) 0000	(6) T-+-1
	endar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6  Gross income from interest,						
IUa	dividends, payments received on						
	securities loans, rents, royalties,						
_	and income from similar sources						
t	Unrelated business taxable income						
	(less 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.)						<del>                                     </del>
	Total support. (Add lines 9, 10c, 11, and 12.)	<u> </u>	<u>l</u>	L		1	<u> </u>
14	First 5 years. If the Form 990 is for the	ie organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
<u> </u>	check this box and stop here						<u></u>
	ction C. Computation of Publ					1	
	Public support percentage for 2022 (I					15	%
	Public support percentage from 2021					16	<u>%</u>
	ction D. Computation of Inves					1	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18	<u>%</u>
19	a 33 1/3% support tests - 2022. If the						17 is not
	more than 33 1/3%, check this box a						
ł	33 1/3% support tests - 2021. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and st	t <b>op here.</b> The orga	anization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14 19	a or 19b check t	his box and see in	structions	

#### 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? 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 disqualified 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.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? 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.)

	Yes	No
1		
2		
_		
3a		
3b		
3с		
4a		
48		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
9a		
9b		
ฮม		
9с		
10a		
10b		

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described on line 11a above?	11b		
С	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	_	orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	e organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	II how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion (	C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec	tion L	D. All Type III Supporting Organizations			
	5			Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	-	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
_		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
		cant voice in the organization's investment policies and in directing the use of the organization's see or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	2		
Sec		E. Type III Functionally Integrated Supporting Organizations	3		
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea <b>(see instructions)</b> .			
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.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2		ties Test. <b>Answer lines 2a and 2b below.</b>		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		apported 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 th	he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	<b>2</b> a		
b	Did th	e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or	r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part V	It the reasons for the organization's position that its supported organization(s) would have engaged in			
	these	activities but for the organization's involvement.	2b		
3	Paren	t of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а	Did th	e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	truste	es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b	Did th	e 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.	3b		

Sche	dule A (Form 990) 2022 KANZA Society, Inc.		4	48-0859735 Page 6
Pai		ng Orga		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	e Sections A through E.	
Sect	ion 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		
Sect	ion 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		
Sect	ion 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		

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

6

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990) 2022

8

9

10

Section D - Distributions

organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6.

Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.

Distributable amount for 2022 from Section C, line 6

Line 8 amount divided by line 9 amount

10	Line 8 amount divided by line 9 amount		110	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			
			0-	hadula A /Farm 000\ 0000

Schedule A (Form 990) 2022

# Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

2022

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
Baughman Foundation	185,000.	65,995.
Dane Hansen Foundation	143,350.	24,345.
Total Excess Contributions to Schedule A, Part II, Line 5		90,340.

# Schedule B (Form 990)

### **Schedule of Contributors**

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization Employer identification number

KANZA Society, Inc. 48-0859735

Organization type (check o	ne):						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)( 3 ) (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 <b>General Rule</b> or a <b>Special Rule</b> . <b>Note:</b> 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							
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules							
sections 509(a)(1) contributor, during	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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$							
answer "No" on Part IV, line	aution: 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 nswer "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 lat it doesn't meet the filing requirements of Schedule B (Form 990).						

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

Schedule B (Form 990) (2022)

Name of organization Employer identification number

### KANZA Society, Inc.

48-0859735

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$81,537 <b>.</b>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>187,921.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, audi ess, and Zir + 4	\$ 35,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 74,528.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

### KANZA Society, Inc.

48-0859735

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Employer identification number Name of organization 48-0859735 KANZA Society, Inc. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

KANZA Society, Inc.

Employer identification number 48-0859735

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 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 advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education)	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired		
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	ne organization during the tax
	year		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
	Dags and consequation assembly reported on line 2(d) about	us satisfy the requirements of section 17	0/6\/4\/D\/5\
8	Does each conservation easement reported on line 2(d) above and section 170(b)(4)(P)(ii)2		
9	and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservat		
9	-	·	
	balance sheet, and include, if applicable, the text of the footi organization's accounting for conservation easements.	note to the organization's illiancial staten	nerits that describes the
Pai	t III   Organizations Maintaining Collections o	f Art. Historical Treasures. or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under FASB ASC 95		and balance sheet works
	of art, historical treasures, or other similar assets held for pul		
	service, provide in Part XIII the text of the footnote to its fina		
b	If the organization elected, as permitted under FASB ASC 95		
-	art, historical treasures, or other similar assets held for public		
	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		' <u>-</u>
2	If the organization received or held works of art, historical tre		al gain, provide
_	the following amounts required to be reported under FASB A		a. 3a, provide
а	Revenue included on Form 990, Part VIII, line 1		\$
h	Assets included in Form 990, Part Y		• • • • • • • • • • • • • • • • • • •

Pai	t III Organizations Maintaining Co	ollections of Ar	t, Histo	rical Tre	easures,	or Othe	er Simi	lar Asse	ts(contin	ued)
3	Using the organization's acquisition, accessio	n, and other record	s, check a	ny of the	following tha	at make s	significan	t use of its		
	collection items (check all that apply):									
а	Public exhibition	d	Lo:	an or excl	nange progr	am				
b	Scholarly research	е	Otl	ner						
С	Preservation for future generations									
4	Provide a description of the organization's col	lections and explain	n how they	further th	ne organizat	on's exe	mpt pur	ose in Par	t XIII.	
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be mai								Yes	☐ No
Pai	t IV   Escrow and Custodial Arrang									
	reported an amount on Form 990, Part	•		J				, ,	,	
1a	Is the organization an agent, trustee, custodia	n or other intermed	iary for co	ntribution	s or other as	sets not	included	k		
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a									
	, 1		3						Amount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on Fo							<u>'                                    </u>	Yes	□ No
	If "Yes," explain the arrangement in Part XIII.		•							
	t V Endowment Funds. Complete if									
		(a) Current year	(b) Prio		(c) Two yea			years back	(e) Four	years back
1a	Beginning of year balance	150,093.		50,093.	• • •	0,093.	• •	150,093.	· ·	150,093.
b	Contributions			,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities									
	and programs									
	Administrative expenses	150,093.	1	50,093.	1 5	0,093.		150 002		150,093.
_	End of year balance					0,093.		150,093.		130,093.
2	Provide the estimated percentage of the curre	ent year end balance		column (a	)) neid as:					
a	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment%	=								
	The percentages on lines 2a, 2b, and 2c should be a sh	•					_			
3a	Are there endowment funds not in the posses	sion of the organiza	ation that a	ire held ai	nd administe	ered for t	he		г	V N-
	organization by:									Yes No
	(i) Unrelated organizations									X
	(ii) Related organizations								3a(ii)	X
	If "Yes" on line 3a(ii), are the related organizat								3b	
4	Describe in Part XIII the intended uses of the		wment fur	ids.						
Pai	t VI Land, Buildings, and Equipme		D11/ 13		F 00 <i>i</i>	D4-V	li <b>1</b> 0			
	Complete if the organization answered		<del></del>							
	Description of property	(a) Cost or ot		(b) Cost			ccumula		(d) Book	(value
		basis (investm	nent)	basis (	other)	der	oreciatio	<u> </u>		
	Land				F 100		205 2	7.7	105	7 010
	Buildings				5,180.		397,2			7,910.
С	Leasehold improvements				3,246.		119,9			3,310.
d	Equipment				5,863.	2,9	970,2	3/.		5,626.
	Other				2,535.					2,535.
Total	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part	X, column	(B), line 1	0c.)				1,269	9,381.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 KANZA Societ	y, Inc.	48	5-0859735 Page <b>3</b>
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	
• • • • • • • • • • • • • • • • • • • •	escription		(b) Book value
(1) Capital credits			167,336.

(a) Description	(b) Book value
(1) Capital credits	167,336.
(2) Broadcast license/goodwill	1,182,200.
(3) Stamp collection	6,700.
(4) Beneficial interest in Community Foundation	164,832.
(5) Investment money market account	49.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,521,117.

#### Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Operating leases	225,285.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	225,285.

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

Part 2	KI Reconciliation of Revenue per Audited Financial S		Revenue per R	eturn	l <b>.</b>
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.			
<b>1</b> To	otal revenue, gains, and other support per audited financial statements			1	1,542,203.
<b>2</b> A	mounts included on line 1 but not on Form 990, Part VIII, line 12:				
	et unrealized gains (losses) on investments				
<b>b</b> D	onated services and use of facilities	2b	232,900.		
<b>c</b> R	ecoveries of prior year grants	2c			
<b>d</b> 0	ther (Describe in Part XIII.)	2d	16,800.		
e A	dd lines <b>2a</b> through <b>2d</b>			2e	249,700.
<b>3</b> S	ubtract line <b>2e</b> from line <b>1</b>			3	1,292,503.
<b>4</b> A	mounts included on Form 990, Part VIII, line 12, but not on line 1:				
a In	vestment expenses not included on Form 990, Part VIII, line 7b	4a			
<b>b</b> 0	ther (Describe in Part XIII.)	4b			_
c A	dd lines <b>4a</b> and <b>4b</b>			4c	0.
	otal revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 1			5	1,292,503.
Part 2	III Reconciliation of Expenses per Audited Financial S		h Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.			
<b>1</b> To	otal expenses and losses per audited financial statements			1	1,593,853.
<b>2</b> A	mounts included on line 1 but not on Form 990, Part IX, line 25:				
a D	onated services and use of facilities	2a	232,900.		
<b>b</b> P	rior year adjustments	2b			
	ther losses				
	ther (Describe in Part XIII.)				
e A	dd lines 2a through 2d			2e	232,900.
	ubtract line <b>2e</b> from line <b>1</b>			3	1,360,953.
	mounts included on Form 990, Part IX, line 25, but not on line 1:				
a In	vestment expenses not included on Form 990, Part VIII, line 7b	4a			
<b>b</b> 0	ther (Describe in Part XIII.)	4b			
с А	dd lines <b>4a</b> and <b>4b</b>			4c	0.
	otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	: 18.)		5	1,360,953.
Part 2	XIII Supplemental Information.				
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide			4; Part	X, line 2; Part XI,
Part	V, line 4:				
Earn	ings may be used for operating activ	rities			
Part	X, Line 2:				
The	Organization has not identified any	uncertaint	ies in fed	eral	l or state
inco	me taxes for any open tax years as o	of Septembe	r 30, 2023	. 7	Гhe
	nization is no longer subject to exa				ities for
	s before September 30, 2021. No aut	norities n	lave commen	.cea	Income tax
exam	inations as of September 30, 2023.				
Part	XI, Line 2d - Other Adjustments:				

Increase (Decrease) in beneficial interest in Community

#### **SCHEDULE M** (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Name of the organization KANZA Society, Inc. Part I Types of Property

Employer identification number 48-0859735

		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of d	etermin	•		
		applicable	contributions or items contributed	amounts reported on Form 990, Part VIII, line 1	noncash contrib	ution ar	nount	S	
1	Art - Works of art			,					
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (Services )	Х	1	199,400					
26	Other ( Rent )	X	1	33,500	•				
27	Other ()								
28	Other ( )								
29	Number of Forms 8283 received by the organi	zation during	g the tax year for c	ontributions					
	for which the organization completed Form 82	83, Part V, D	Oonee Acknowledg	ement <b>29</b>					
						$\square$	Yes	No	
30a	During the year, did the organization receive b								
	must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for								
	exempt purposes for the entire holding period	?				30a		_X_	
b	If "Yes," describe the arrangement in Part II.							X	
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?								
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncas	sh			l <b>-</b> -	
	contributions?					32a		X	
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in o	olumn (c) fo	r a type of propert	y for which column (a) is c	necked,				
	describe in Part II.								
_HA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.	Schedule I	√l (Forn	n 990)	2022	

Schedule M	(Form 990) 2022	KANZA Society	, Inc.			48-0859735	Page 2
Part II	Supplemental	<b>Information.</b> Provide I, column (b), the number Iditional information.	the information	required by Part I, s, the number of ite	lines 30b, 32b, and 33, ems received, or a comb	and whether the organization of both. Also com	ation

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

KANZA Society, Inc.

Employer identification number 48-0859735

Form 990, Part I, Line 1, Description of Organization Mission:

programming combining excellence and diversity. It provides listeners

access to music, ideas and events of the world and of the High Plains.

Form 990, Part III, Line 1, Description of Organization Mission: of the High Plains.

Form 990, Part VI, Section B, line 11b:

The Executive Committee reviews the 990 with the executive director and business manager. All questions are addressed at that time.

Form 990, Part VI, Section B, Line 12c:

A new conflict of interest statement is completed at the annual meeting if there is more than a 1/3 change in members.

Form 990, Part VI, Section B, Line 15a:

The board discusses the individuals progress through a scorecard they have devised. They document their final evaluation and raise appropriation on an annual basis.

Form 990, Part VI, Section C, Line 19:

The organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request at the business office.

Form 990, Part XI, line 9, Changes in Net Assets: