

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning _____, 2024, and ending _____, 20____

2024

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer **KANSAS CITY AUTISM TRAINING CENTER, INC.**

EIN or SSN
43-1923793

Name and title of officer or person subject to tax **GARY HALL
TREASURER, BOD**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>3,987,786.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize BRIDGEBUILDER TAX AND LEGAL SERVICES PA to enter my PIN 23793
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____

Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

48301851770

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____

Date _____

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form **8879-TE** (2024)

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.

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

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization KANSAS CITY AUTISM TRAINING CENTER, INC. Doing business as KCATC		D Employer identification number 43-1923793
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 10842 MCGEE STREET		E Telephone number 816-708-0540
	City or town, state or province, country, and ZIP or foreign postal code KANSAS CITY, MO 64114		G Gross receipts \$ 4,095,085.
	F Name and address of principal officer: RONALD L JOHNSON SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number

J Website: **WWW.KCATC.ORG**

K Form of organization: Corporation Trust Association Other **L** Year of formation: **2001** **M** State of legal domicile: **KS**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	48
	6 Total number of volunteers (estimate if necessary)	6	50
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,263,630.	2,316,661.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	731.	35,235.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-57,594.	-54,027.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,930,719.	3,987,786.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,725,920.	2,023,988.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		205,868.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		599,312.	798,405.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,325,232.	2,822,393.	
19 Revenue less expenses. Subtract line 18 from line 12	605,487.	1,165,393.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	4,650,805.	5,694,619.
	22 Net assets or fund balances. Subtract line 21 from line 20	411,355.	295,399.
		4,239,450.	5,399,220.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	GARY HALL, TREASURER, BOD Type or print name and title				
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	BRIAN G. SCOTT				P01605333
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	BRIDGEBUILDER TAX AND LEGAL SERVICES PA 9325 PFLUMM RD. LENEXA, KS 66215	48-1142819		913-492-6008	

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

KANSAS CITY AUTISM TRAINING CENTER, INC.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE KANSAS CITY AUTISM TRAINING CENTER IS COMMITTED TO HELPING PEOPLE ON THE AUTISM SPECTRUM FULFILL THEIR POTENTIAL THROUGH ETHICAL, EVIDENCE-BASED TREATMENT, EDUCATION, AND TRAINING.

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

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

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

4a (Code:) (Expenses \$ 1,677,909. including grants of \$) (Revenue \$ 1,540,469.) KANSAS CITY AUTISM TRAINING CENTER (KCATC) IS A PRIVATE SCHOOL SPECIALIZING IN THE TREATMENT OF AUTISM SPECTRUM DISORDERS. KCATC USES APPLIED BEHAVIOR ANALYSIS (ABA) TO OPTIMIZE LEARNING ENVIRONMENTS FOR CHILDREN WITH AUTISM SPECTRUM DISORDERS AND TRAINING FOR PARENTS TO PROMOTE INCLUSION WITHIN THEIR SOCIAL COMMUNITY AND EDUCATION SYSTEM.

4b (Code:) (Expenses \$ 68,020. including grants of \$) (Revenue \$ 149,448.) KANSAS CITY AUTISM TRAINING CENTER (KCATC) PROVIDES PRIVATE PRESCHOOL THROUGH CREATIVE LEARNING TECHNIQUES SPECIFICALLY DESIGNED AND PLANNED FOR CHILDREN DIAGNOSED WITH AUTISM.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) N/A

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

4e Total program service expenses 1,745,929.

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

**KANSAS CITY AUTISM TRAINING
CENTER, 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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	X

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	13	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

KANSAS CITY AUTISM TRAINING
CENTER, INC.

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		48
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
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)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	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? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
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? If "Yes," complete Form 6069.	17	

**KANSAS CITY AUTISM TRAINING
CENTER, INC.**

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

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

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	7		
b Enter the number of voting members included on line 1a, above, who are independent	1b	6		
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:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9			X

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

			Yes	No
10a Did the organization have local chapters, branches, or affiliates?	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			
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	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?				
a The organization's CEO, Executive Director, or top management official	15a		X	
b Other officers or key employees of the organization	15b		X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a			X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
RONALD JOHNSON - 913-432-5454
10842 MCGEE STREET, KANSAS CITY, MO 64114

KANSAS CITY AUTISM TRAINING
CENTER, INC.

Form 990 (2024)

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Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	320,845.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	207,096.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	1,788,720.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f		2,316,661.				
Program Service Revenue	2 a <u>DIRECT AUTISM SERVICES</u>	Business Code	624110	1,540,469.	1,540,469.		
	b <u>ASTRA PRESCHOOL - CLC</u>		624110	149,448.	149,448.		
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f		1,689,917.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		35,235.			35,235.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
8 a Gross income from fundraising events (not including \$ <u>320,845.</u> of contributions reported on line 1c). See Part IV, line 18	8a		53,272.				
		b Less: direct expenses	8b	107,299.			
		c Net income or (loss) from fundraising events		-54,027.		-54,027.	
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
		c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions		3,987,786.	1,689,917.	0.	-18,792.		

**KANSAS CITY AUTISM TRAINING
CENTER, INC.**

Form 990 (2024)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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	100,594.	77,850.	19,596.	3,148.
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	1,582,481.	1,224,689.	308,269.	49,523.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	192,508.	138,650.	49,519.	4,339.
10 Payroll taxes	148,405.	118,718.	25,972.	3,715.
11 Fees for services (nonemployees):				
a Management	14,147.	2,625.	11,410.	112.
b Legal				
c Accounting	59,539.	15,551.	22,452.	21,536.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	122,634.	48,986.	37,934.	35,714.
12 Advertising and promotion				
13 Office expenses	23,398.	16,556.	3,435.	3,407.
14 Information technology	33,356.	13,003.	20,353.	
15 Royalties				
16 Occupancy				
17 Travel	48.	-52.	4.	96.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	8,346.	7,058.	437.	851.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	118,758.		118,758.	
23 Insurance	117,698.	50,557.	67,141.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a FACILITIES AND EQUIPMEN	81,762.	14,283.	67,479.	
b FUNDRAISING EVENTS	77,316.	15.	56.	77,245.
c REPAIRS AND MAINTENANCE	46,324.	1,259.	45,065.	
d MISCELLANEOUS	41,968.	14,747.	23,560.	3,661.
e All other expenses _____	53,111.	1,434.	49,156.	2,521.
25 Total functional expenses. Add lines 1 through 24e	2,822,393.	1,745,929.	870,596.	205,868.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**KANSAS CITY AUTISM TRAINING
CENTER, INC.**

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,139,852.	1	1,553,097.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	473,000.	3	156,000.
	4 Accounts receivable, net	327,858.	4	433,286.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,250.	9	22,692.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	4,272,632.		
	b Less: accumulated depreciation	761,622.		
		2,690,839.	10c	3,511,010.
	11 Investments - publicly traded securities	17,006.	11	18,534.
	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		15		
16 Total assets. Add lines 1 through 15 (must equal line 33)	4,650,805.	16	5,694,619.	
Liabilities	17 Accounts payable and accrued expenses	37,151.	17	21,510.
	18 Grants payable		18	
	19 Deferred revenue	25,000.	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	349,204.	25	273,889.
	26 Total liabilities. Add lines 17 through 25	411,355.	26	295,399.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,212,610.	27	5,084,670.
	28 Net assets with donor restrictions	1,026,840.	28	314,550.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	4,239,450.	32	5,399,220.
	33 Total liabilities and net assets/fund balances	4,650,805.	33	5,694,619.

**KANSAS CITY AUTISM TRAINING
CENTER, INC.**

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,987,786.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,822,393.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,165,393.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,239,450.
5	Net unrealized gains (losses) on investments	5	-5,623.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,399,220.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

KANSAS CITY AUTISM TRAINING
CENTER, INC.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	428,252.	860,687.	1,037,441.	1,263,630.	2,316,661.	5,906,671.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	428,252.	860,687.	1,037,441.	1,263,630.	2,316,661.	5,906,671.
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)						624,520.
6 Public support. Subtract line 5 from line 4.						5,282,151.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	428,252.	860,687.	1,037,441.	1,263,630.	2,316,661.	5,906,671.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		576.	263.	731.	35,235.	36,805.
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						5,943,476.
12 Gross receipts from related activities, etc. (see instructions)					12	8,760,920.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	88.87 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	89.23 %
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

**KANSAS CITY AUTISM TRAINING
CENTER, INC.**

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**KANSAS CITY AUTISM TRAINING
CENTER, INC.**

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	<input type="checkbox"/>	<input type="checkbox"/>
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<input type="checkbox"/>	<input type="checkbox"/>
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	<input type="checkbox"/>	<input type="checkbox"/>
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	<input type="checkbox"/>	<input type="checkbox"/>
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<input type="checkbox"/>	<input type="checkbox"/>
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	<input type="checkbox"/>	<input type="checkbox"/>
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	<input type="checkbox"/>	<input type="checkbox"/>
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>	<input type="checkbox"/>	<input type="checkbox"/>
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>	<input type="checkbox"/>	<input type="checkbox"/>
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	<input type="checkbox"/>	<input type="checkbox"/>

**KANSAS CITY AUTISM TRAINING
CENTER, INC.**

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described on line 11a above?	11b	
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

**KANSAS CITY AUTISM TRAINING
CENTER, INC.**

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3.	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2 Acquisition indebtedness applicable to non-exempt-use assets	2	
3 Subtract line 2 from line 1d.	3	
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by 0.035.	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount	(A) Prior Year	(B) Current Year (optional)
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	Current Year
2 Enter 0.85 of line 1.	2	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4 Enter greater of line 2 or line 3.	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**KANSAS CITY AUTISM TRAINING
CENTER, INC.**

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2024 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

**KANSAS CITY AUTISM TRAINING
CENTER, INC.**

Employer identification number

43-1923793

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization KANSAS CITY AUTISM TRAINING CENTER, INC.	Employer identification number 43-1923793
-------------------------------------------------------------------------	-----------------------------------------------------

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SARLI FAMILY FOUNDATION 1200 MAIN STREET, 13TH FLOOR KANSAS CITY, MO 64105	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	JACKSON COUNTY CHILD SERVICES FUND 2345 GRAND BLVD, STE 1450 KANSAS CITY, MO 64108	\$ 257,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CUSTOM MOBILE EQUIPMENT 439 E HIGH ST BALDWIN CITY, KS 66006	\$ 52,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	JE & LE MABEE FOUNDATION 6 DESTA DRIVE, SUITE 5400 MIDLAND, TX 79705	\$ 230,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KANSAS CITY AUTISM TRAINING CENTER, INC.	Employer identification number 43-1923793
-------------------------------------------------------------------------	-----------------------------------------------------

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization KANSAS CITY AUTISM TRAINING CENTER, INC.	Employer identification number 43-1923793
-------------------------------------------------------------------------	-----------------------------------------------------

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 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 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 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	

SCHEDULE D
(Form 990)

(Rev. December 2024)

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 **KANSAS CITY AUTISM TRAINING
CENTER, INC.**

Employer identification number
43-1923793

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

KANSAS CITY AUTISM TRAINING

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--------------------------------------------------------------------------------------------|--------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		279,000.		279,000.
b Buildings		3,846,427.	633,285.	3,213,142.
c Leasehold improvements				
d Equipment				
e Other		147,205.	128,337.	18,868.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				3,511,010.

KANSAS CITY AUTISM TRAINING

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-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, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

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) EIDL LOAN	273,889.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	273,889.

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

KANSAS CITY AUTISM TRAINING

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	4,036,190.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-5,623.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	54,027.	
e	Add lines 2a through 2d	2e		48,404.
3	Subtract line 2e from line 1	3		3,987,786.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		3,987,786.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	2,876,420.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	54,027.	
e	Add lines 2a through 2d	2e		54,027.
3	Subtract line 2e from line 1	3		2,822,393.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		2,822,393.

Part XIII Supplemental Information

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

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE. UNCERTAIN TAX PROVISIONS, IF ANY, ARE RECORDED IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) 740, INCOME TAXES, WHICH REQUIRE THE RECOGNITION OF A LIABILITY FOR TAX POSITIONS TAKEN THAT DO NOT MEET THE MORE-LIKELY-THAN-NOT STANDARD THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES. THE ORGANIZATIONS OPEN EXAMINATION PERIODS ARE 2021 AND FORWARD. THERE IS NO LIABILITY FOR UNCERTAIN TAX POSITIONS RECORDED IN THESE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING 54,027.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING 54,027.

KANSAS CITY AUTISM TRAINING

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GALA	GOLF FUNDRAISER	1		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	244,739.	101,904.	27,474.	374,117.
	2	Less: Contributions	223,188.	76,479.	21,178.	320,845.
	3	Gross income (line 1 minus line 2)	21,551.	25,425.	6,296.	53,272.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	443.			443.
	6	Rent/facility costs	8,873.	25,425.	306.	34,604.
	7	Food and beverages	12,124.	6,032.		18,156.
	8	Entertainment				
	9	Other direct expenses	40,128.	5,715.	8,253.	54,096.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				107,299.
11	Net income summary. Subtract line 10 from line 3, column (d)				-54,027.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization	KANSAS CITY AUTISM TRAINING CENTER, INC.	Employer identification number	43-1923793
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
 THE KANSAS CITY AUTISM TRAINING CENTER IS COMMITTED TO HELPING PEOPLE
 ON THE AUTISM SPECTRUM FULFILL THEIR POTENTIAL THROUGH ETHICAL,
 EVIDENCE-BASED TREATMENT, EDUCATION, AND TRAINING.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
 KANSAS CITY AUTISM TRAINING CENTER (KCATC) PROVIDES PRIVATE PRESCHOOL
 THROUGH CREATIVE LEARNING TECHNIQUES SPECIFICALLY DESIGNED AND PLANNED
 FOR CHILDREN DIAGNOSED WITH AUTISM.

FORM 990, PART VI, SECTION A, LINE 6:
 ORGANIZED WITH MEMBERS

FORM 990, PART VI, SECTION A, LINE 7A:
 ANNUAL ELECTION OF MEMBER POSITIONS HELD BY KCATC.

FORM 990, PART VI, SECTION B, LINE 11B:
 FORM 990 IS PROVIDED TO GOVERNING BODY FOR REVIEW BEFORE THE RETURN IS
 FILED.

FORM 990, PART VI, SECTION B, LINE 12C:
 KCATC'S GOVERNING BODY REVIEWS CONFLICTS OF INTEREST ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15:
 SALARIES ARE DETERMINED WITH THE AID OF A CONSULTING FIRM. FINAL APPROVAL
 FOR COMPENSATION IS VOTED ON AT BOARD MEETINGS THROUGHOUT THE YEAR.
 SALARIES ARE DETERMINED WITH THE AID OF A CONSULTING FIRM. FINAL APPROVAL
 FOR COMPENSATION IS VOTED ON AT BOARD MEETINGS THROUGHOUT THE YEAR.

FORM 990, PART VI, SECTION C, LINE 19:
 KCATC HOLDS 6 BOARD MEETINGS PER YEAR. MINUTES ARE TAKEN, PREVIOUS MINUTES
 ARE APPROVED. INDIVIDUALS THAT WISH TO REVIEW SAID DOCUMENTS MAY CONTACT
 OUR OFFICE BY PHONE OR THROUGH OUR WEBSITE'S "CONTACT US" OPTION AND
 ARRANGE A TIME TO REVIEW ANY AND ALL DOCUMENTS.

2024 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	PICNIC TABLE	12/31/13	SL	7.00		16	1,775.				1,775.	1,775.		0.	1,775.
2	PLAYGROUND EQUIPMENT	12/31/13	SL	7.00		16	2,784.				2,784.	2,784.		0.	2,784.
3	FURNITURE	12/31/13	SL	7.00		16	2,352.				2,352.	2,352.		0.	2,352.
4	HUTCH & SHELVING	12/31/13	SL	7.00		16	1,619.				1,619.	1,619.		0.	1,619.
5	PA SPEAKER	11/09/14	SL	5.00		16	150.				150.	150.		0.	150.
6	VIDEO/PHONE SYSTEM	12/31/14	SL	7.00		16	23,000.				23,000.	23,000.		0.	23,000.
7	CALSSROOM ACTIVITY TABLE	05/22/15	SL	7.00		16	470.				470.	470.		0.	470.
8	CLOSING COSTS	11/30/15	SL	15.00		16	66,834.				66,834.	36,388.		4,456.	40,844.
9	BUILDING	11/30/15	SL	39.00	MM	16	1,116,000.				1,116,000.	231,307.		28,615.	259,922.
10	NEW WATER HEATER	08/22/17	SL	5.00		16	3,706.				3,706.	3,706.		0.	3,706.
11	LAND IMPROVEMENT	08/22/17	SL	15.00		16	29,645.				29,645.	12,516.		1,976.	14,492.
12	BUILDING	08/22/17	SL	39.00	MM	16	1,497,780.				1,497,780.	243,230.		38,405.	281,635.
13	CLOSING COSTS	08/22/17	SL	15.00		16	6,681.				6,681.	2,858.		445.	3,303.
14	COTS	10/01/17	SL	7.00		16	133.				133.	119.		14.	133.
15	TABLE & CHAIRS	10/03/17	SL	7.00		16	360.				360.	321.		39.	360.
16	LISTENING CUBE	10/03/17	SL	7.00		16	745.				745.	665.		80.	745.
17	ARCH 36X48	10/03/17	SL	7.00		16	100.				100.	89.		11.	100.
18	IPAD	10/03/17	SL	5.00		16	994.				994.	994.		0.	994.

2024 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	IPAD	10/03/17	SL	5.00		16	611.				611.	611.		0.	611.
20	WOODCREST TABLE & CHAIRS	10/07/17	SL	7.00		16	740.				740.	661.		79.	740.
21	IKEA COMPUTER EQUIPMENT	10/12/17	SL	5.00		16	500.				500.	500.		0.	500.
22	SHELF WITH DORRS 3X24	10/17/17	SL	7.00		16	550.				550.	485.		65.	550.
23	IKEA COMPUTER EQUIPMENT	10/30/17	SL	5.00		16	76.				76.	76.		0.	76.
24	EQUIPMENTS	01/02/18	SL	7.00		16	3,144.				3,144.	2,695.		449.	3,144.
25	COT - WAYFAIR	01/04/18	SL	7.00		16	380.				380.	325.		55.	380.
26	DESKTOPS	01/29/18	SL	5.00		16	459.				459.	459.		0.	459.
27	INTERCOM SETUP	01/31/18	SL	7.00		16	1,900.				1,900.	1,606.		271.	1,877.
28	COT - WAYFAIR	03/30/18	SL	7.00		16	153.				153.	126.		22.	148.
29	5 CHAIRS	06/07/18	SL	7.00		16	80.				80.	63.		11.	74.
30	SCHURLE SIGNS	07/18/18	SL	7.00		16	1,390.				1,390.	1,076.		199.	1,275.
31	LED PANEL	07/26/18	SL	7.00		16	178.				178.	137.		25.	162.
32	DISHWASHER	08/08/18	SL	7.00		16	3,951.				3,951.	3,057.		564.	3,621.
33	SCHURLE SIGNS	09/10/18	SL	7.00		16	1,390.				1,390.	1,059.		199.	1,258.
34	MONITOR	09/11/18	SL	5.00		16	200.				200.	200.		0.	200.
35	PHONE SETUP	10/05/18	SL	7.00		16	95.				95.	72.		14.	86.
36	MONITOR	12/19/18	SL	5.00		16	984.				984.	984.		0.	984.

2024 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
37	MONITOR	12/19/18	SL	5.00		16	140.				140.	140.		0.	140.
38	MONITOR	12/20/18	SL	5.00		16	561.				561.	561.		0.	561.
39	MONITOR	12/21/18	SL	5.00		16	101.				101.	101.		0.	101.
40	ROCK WALL	06/18/20	SL	7.00		16	10,032.				10,032.	5,016.		1,433.	6,449.
41	2020 FURNITURE AND EQUIPMENT ADDITIONS	07/07/20	SL	5.00		16	3,703.				3,703.	2,592.		741.	3,333.
42	2020 COMPUTER ADDITIONS	12/10/20	SL	5.00		16	19,216.				19,216.	11,850.		3,843.	15,693.
43	2021 BUILDING IMPROVEMENT ADDITIONS	09/01/21	SL	15.00		16	102,065.				102,065.	15,876.		6,804.	22,680.
44	2021 COMPUTERS/EQUIPMENT ADDITIONS	09/01/21	SL	5.00		16	39,238.				39,238.	18,309.		7,848.	26,157.
45	2022 BUILDING IMPROVEMENT ADDITION	01/05/22	SL	15.00		16	1,076.				1,076.	144.		72.	216.
46	2022 BUILDING IMPROVEMENT ADDITION	02/04/22	SL	15.00		16	420.				420.	54.		28.	82.
47	2022 BUILDING IMPROVEMENT ADDITION	02/21/22	SL	15.00		16	23,428.				23,428.	2,994.		1,562.	4,556.
48	2022 BUILDING IMPROVEMENT ADDITION	03/08/22	SL	15.00		16	1,290.				1,290.	158.		86.	244.
49	2022 BUILDING IMPROVEMENT ADDITION	03/16/22	SL	15.00		16	496.				496.	61.		33.	94.
50	2022 BUILDING IMPROVEMENT ADDITION	03/23/22	SL	15.00		16	6,184.				6,184.	756.		412.	1,168.
51	2022 BUILDING IMPROVEMENT ADDITION	04/14/22	SL	15.00		16	442.				442.	51.		29.	80.
52	2022 HVAC UNIT	04/15/22	SL	15.00		16	30,748.				30,748.	3,587.		2,050.	5,637.
53	2022 BUILDING IMPROVEMENT ADDITION	06/13/22	SL	15.00		16	1,290.				1,290.	136.		86.	222.
54	CABINET DOOR	07/05/22	SL	5.00		16	1,859.				1,859.	558.		372.	930.

2024 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - KANSAS CITY AUTISM TRAINING CENTER, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	PICNIC TABLE	123113	SL	7.00	16	1,775.			1,775.	1,775.		0.
2	PLAYGROUND EQUIPMENT	123113	SL	7.00	16	2,784.			2,784.	2,784.		0.
3	FURNITURE	123113	SL	7.00	16	2,352.			2,352.	2,352.		0.
4	HUTCH & SHELVING	123113	SL	7.00	16	1,619.			1,619.	1,619.		0.
5	PA SPEAKER	110914	SL	5.00	16	150.			150.	150.		0.
6	VIDEO/PHONE SYSTEM	123114	SL	7.00	16	23,000.			23,000.	23,000.		0.
7	CALSSROOM ACTIVITY TABLE	052215	SL	7.00	16	470.			470.	470.		0.
8	CLOSING COSTS	113015	SL	15.00	16	66,834.			66,834.	36,388.		4,456.
9	BUILDING	113015	SL	39.00	16	1116000.			1116000.	231,307.		28,615.
10	NEW WATER HEATER	082217	SL	5.00	16	3,706.			3,706.	3,706.		0.
11	LAND IMPROVEMENT	082217	SL	15.00	16	29,645.			29,645.	12,516.		1,976.
12	BUILDING	082217	SL	39.00	16	1497780.			1497780.	243,230.		38,405.
13	CLOSING COSTS	082217	SL	15.00	16	6,681.			6,681.	2,858.		445.
14	COTS	100117	SL	7.00	16	133.			133.	119.		14.
15	TABLE & CHAIRS	100317	SL	7.00	16	360.			360.	321.		39.
16	LISTENING CUBE	100317	SL	7.00	16	745.			745.	665.		80.
17	ARCH 36X48	100317	SL	7.00	16	100.			100.	89.		11.
18	IPAD	100317	SL	5.00	16	994.			994.	994.		0.

2024 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - KANSAS CITY AUTISM TRAINING CENTER, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
19	IPAD	100317	SL	5.00	16	611.			611.	611.		0.
20	WOODCREST TABLE & CHAIRS	100717	SL	7.00	16	740.			740.	661.		79.
21	IKEA COMPUTER EQUIPMENT	101217	SL	5.00	16	500.			500.	500.		0.
22	SHELF WITH DORRS 3X24	101717	SL	7.00	16	550.			550.	485.		65.
23	IKEA COMPUTER EQUIPMENT	103017	SL	5.00	16	76.			76.	76.		0.
24	EQUIPMENTS	010218	SL	7.00	16	3,144.			3,144.	2,695.		449.
25	COT - WAYFAIR	010418	SL	7.00	16	380.			380.	325.		55.
26	DESKTOPS	012918	SL	5.00	16	459.			459.	459.		0.
27	INTERCOM SETUP	013118	SL	7.00	16	1,900.			1,900.	1,606.		271.
28	COT - WAYFAIR	033018	SL	7.00	16	153.			153.	126.		22.
29	5 CHAIRS	060718	SL	7.00	16	80.			80.	63.		11.
30	SCHURLE SIGNS	071818	SL	7.00	16	1,390.			1,390.	1,076.		199.
31	LED PANEL	072618	SL	7.00	16	178.			178.	137.		25.
32	DISHWASHER	080818	SL	7.00	16	3,951.			3,951.	3,057.		564.
33	SCHURLE SIGNS	091018	SL	7.00	16	1,390.			1,390.	1,059.		199.
34	MONITOR	091118	SL	5.00	16	200.			200.	200.		0.
35	PHONE SETUP	100518	SL	7.00	16	95.			95.	72.		14.
36	MONITOR	121918	SL	5.00	16	984.			984.	984.		0.

2024 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - KANSAS CITY AUTISM TRAINING CENTER, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
37	MONITOR	121918	SL	5.00	16	140.			140.	140.		0.
38	MONITOR	122018	SL	5.00	16	561.			561.	561.		0.
39	MONITOR	122118	SL	5.00	16	101.			101.	101.		0.
40	ROCK WALL	061820	SL	7.00	16	10,032.			10,032.	5,016.		1,433.
41	2020 FURNITURE AND EQUIPMENT ADDITIONS	070720	SL	5.00	16	3,703.			3,703.	2,592.		741.
42	2020 COMPUTER ADDITIONS	121020	SL	5.00	16	19,216.			19,216.	11,850.		3,843.
43	2021 BUILDING IMPROVEMENT ADDITIO	090121	SL	15.00	16	102,065.			102,065.	15,876.		6,804.
44	2021 COMPUTERS/EQUIPMENT	090121	SL	5.00	16	39,238.			39,238.	18,309.		7,848.
45	2022 BUILDING IMPROVEMENT ADDITIO	010522	SL	15.00	16	1,076.			1,076.	144.		72.
46	2022 BUILDING IMPROVEMENT ADDITIO	020422	SL	15.00	16	420.			420.	54.		28.
47	2022 BUILDING IMPROVEMENT ADDITIO	022122	SL	15.00	16	23,428.			23,428.	2,994.		1,562.
48	2022 BUILDING IMPROVEMENT ADDITIO	030822	SL	15.00	16	1,290.			1,290.	158.		86.
49	2022 BUILDING IMPROVEMENT ADDITIO	031622	SL	15.00	16	496.			496.	61.		33.
50	2022 BUILDING IMPROVEMENT ADDITIO	032322	SL	15.00	16	6,184.			6,184.	756.		412.
51	2022 BUILDING IMPROVEMENT ADDITIO	041422	SL	15.00	16	442.			442.	51.		29.
52	2022 HVAC UNIT	041522	SL	15.00	16	30,748.			30,748.	3,587.		2,050.
53	2022 BUILDING IMPROVEMENT ADDITIO	061322	SL	15.00	16	1,290.			1,290.	136.		86.
54	CABINET DOOR	070522	SL	5.00	16	1,859.			1,859.	558.		372.

2024 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - KANSAS CITY AUTISM TRAINING CENTER, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
55	2022 BUILDING IMPROVEMENT ADDITIO	031622	SL	15.00	16	1,295.			1,295.	158.		86.
56	2022 BUILDING IMPROVEMENT ADDITIO	092822	SL	15.00	16	3,630.			3,630.	323.		242.
57	FURNITURE	120122	SL	7.00	16	1,005.			1,005.	156.		144.
58	2023 BUILDING IMPROVEMENT ADDITIO	012623	SL	15.00	16	1,432.			1,432.	88.		95.
59	2023 BUILDING IMPROVEMENT ADDITIO	042023	SL	15.00	16	3,109.			3,109.	138.		207.
60	2023 BUILDING IMPROVEMENT	092223	SL	15.00	16	6,620.			6,620.	110.		441.
61	2023 FURNITURE NEW RUGS	081423	SL	7.00	16	1,455.			1,455.	87.		208.
62	2023 FURNITURE SPACES INC	123123	SL	7.00	16	21,959.			21,959.			3,137.
63	LAND	123115	L			279,000.			279,000.			0.
	* TOTAL 990 PAGE 10 DEPR					3333703.		0.	3333703.	642,539.		105,953.

2025 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

KANSAS CITY AUTISM TRAINING
CENTER, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
1	PICNIC TABLE	123113	SL	7.00	1,775.		1,775.	1,775.	0.
2	PLAYGROUND EQUIPMENT	123113	SL	7.00	2,784.		2,784.	2,784.	0.
3	FURNITURE	123113	SL	7.00	2,352.		2,352.	2,352.	0.
4	HUTCH & SHELVING	123113	SL	7.00	1,619.		1,619.	1,619.	0.
5	PA SPEAKER	110914	SL	5.00	150.		150.	150.	0.
6	VIDEO/PHONE SYSTEM	123114	SL	7.00	23,000.		23,000.	23,000.	0.
7	CALSSROOM ACTIVITY TABLE	052215	SL	7.00	470.		470.	470.	0.
8	CLOSING COSTS	113015	SL	15.00	66,834.		66,834.	40,844.	4,456.
9	BUILDING	113015	SL	39.00	1116000.		1116000.	259,922.	28,615.
10	NEW WATER HEATER	082217	SL	5.00	3,706.		3,706.	3,706.	0.
11	LAND IMPROVEMENT	082217	SL	15.00	29,645.		29,645.	14,492.	1,976.
12	BUILDING	082217	SL	39.00	1497780.		1497780.	281,635.	38,405.
13	CLOSING COSTS	082217	SL	15.00	6,681.		6,681.	3,303.	445.
14	COTS	100117	SL	7.00	133.		133.	133.	0.
15	TABLE & CHAIRS	100317	SL	7.00	360.		360.	360.	0.
16	LISTENING CUBE	100317	SL	7.00	745.		745.	745.	0.
17	ARCH 36X48	100317	SL	7.00	100.		100.	100.	0.
18	IPAD	100317	SL	5.00	994.		994.	994.	0.
19	IPAD	100317	SL	5.00	611.		611.	611.	0.
20	WOODCREST TABLE & CHAIRS	100717	SL	7.00	740.		740.	740.	0.
21	IKEA COMPUTER EQUIPMENT	101217	SL	5.00	500.		500.	500.	0.
22	SHELF WITH DORRS 3X24	101717	SL	7.00	550.		550.	550.	0.
23	IKEA COMPUTER EQUIPMENT	103017	SL	5.00	76.		76.	76.	0.
24	EQUIPMENTS	010218	SL	7.00	3,144.		3,144.	3,144.	0.
25	COT - WAYFAIR	010418	SL	7.00	380.		380.	380.	1.
26	DESKTOPS	012918	SL	5.00	459.		459.	459.	0.
27	INTERCOM SETUP	013118	SL	7.00	1,900.		1,900.	1,877.	23.
28	COT - WAYFAIR	033018	SL	7.00	153.		153.	148.	5.
29	5 CHAIRS	060718	SL	7.00	80.		80.	74.	6.
30	SCHURLE SIGNS	071818	SL	7.00	1,390.		1,390.	1,275.	115.
31	LED PANEL	072618	SL	7.00	178.		178.	162.	16.
32	DISHWASHER	080818	SL	7.00	3,951.		3,951.	3,621.	330.
33	SCHURLE SIGNS	091018	SL	7.00	1,390.		1,390.	1,258.	132.
34	MONITOR	091118	SL	5.00	200.		200.	200.	0.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2025 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

KANSAS CITY AUTISM TRAINING CENTER, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
35	PHONE SETUP	100518	SL	7.00	95.		95.	86.	9.
36	MONITOR	121918	SL	5.00	984.		984.	984.	0.
37	MONITOR	121918	SL	5.00	140.		140.	140.	0.
38	MONITOR	122018	SL	5.00	561.		561.	561.	0.
39	MONITOR	122118	SL	5.00	101.		101.	101.	0.
40	ROCK WALL	061820	SL	7.00	10,032.		10,032.	6,449.	1,433.
	2020 FURNITURE AND EQUIPMENT ADDITIONS								
41	ADDITIONS	070720	SL	5.00	3,703.		3,703.	3,333.	370.
42	2020 COMPUTER ADDITIONS	121020	SL	5.00	19,216.		19,216.	15,693.	3,523.
43	2021 BUILDING IMPROVEMENT ADDITIONS	090121	SL	15.00	102,065.		102,065.	22,680.	6,804.
44	2021 COMPUTERS/EQUIPMENT ADDITIONS	090121	SL	5.00	39,238.		39,238.	26,157.	7,848.
45	2022 BUILDING IMPROVEMENT ADDITION	010522	SL	15.00	1,076.		1,076.	216.	72.
46	2022 BUILDING IMPROVEMENT ADDITION	020422	SL	15.00	420.		420.	82.	28.
47	2022 BUILDING IMPROVEMENT ADDITION	022122	SL	15.00	23,428.		23,428.	4,556.	1,562.
48	2022 BUILDING IMPROVEMENT ADDITION	030822	SL	15.00	1,290.		1,290.	244.	86.
49	2022 BUILDING IMPROVEMENT ADDITION	031622	SL	15.00	496.		496.	94.	33.
50	2022 BUILDING IMPROVEMENT ADDITION	032322	SL	15.00	6,184.		6,184.	1,168.	412.
51	2022 BUILDING IMPROVEMENT ADDITION	041422	SL	15.00	442.		442.	80.	29.
52	2022 HVAC UNIT	041522	SL	15.00	30,748.		30,748.	5,637.	2,050.
53	2022 BUILDING IMPROVEMENT ADDITION	061322	SL	15.00	1,290.		1,290.	222.	86.
54	CABINET DOOR	070522	SL	5.00	1,859.		1,859.	930.	372.
55	2022 BUILDING IMPROVEMENT ADDITION	031622	SL	15.00	1,295.		1,295.	244.	86.
56	2022 BUILDING IMPROVEMENT ADDITION	092822	SL	15.00	3,630.		3,630.	565.	242.
57	FURNITURE	120122	SL	7.00	1,005.		1,005.	300.	144.
58	2023 BUILDING IMPROVEMENT ADDITION	012623	SL	15.00	1,432.		1,432.	183.	95.
59	2023 BUILDING IMPROVEMENT ADDITION	042023	SL	15.00	3,109.		3,109.	345.	207.
60	2023 BUILDING IMPROVEMENT	092223	SL	15.00	6,620.		6,620.	551.	441.
61	2023 FURNITURE NEW RUGS	081423	SL	7.00	1,455.		1,455.	295.	208.
62	2023 FURNITURE SPACES INC	123123	SL	7.00	21,959.		21,959.	3,137.	3,137.
63	LAND	123115	L		279,000.		279,000.		0.
	* TOTAL 990 PAGE 10 DEPR				3333703.		3333703.	748,492.	103,802.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone