

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No 1545-1150

2011

Open to Public Inspection

Α	For the	2011 calendar year, or tax year beginning , 2011, and end	ing		, 20
В	Check if a		D Em	ployer id	dentification number
	Address	change HISTORIC WEST-HEIGHT NEIGHBORHOOD	ı	48-	- 1164169
	Name cha	Number and street (or P O. box, if mail is not delivered to street address) Room/su	ute E Tel	ephone r	number
H	Initial retu	LATAT NEBERSER CT			
Ħ	Terminate Amended	City or town, state or country, and ZIP + 4	oup Exe	emption	
	Application	mber	•		
G	Accoun	nting Method: ☐ Accrual Other (specify) ►	H Check	▶ 🗆	if the organization is not
ı	Websi	te: >	require	ed to at	tach Schedule B
J T	Tax-exer	mpt status (check only one) — 🔀 501(c)(3) 🔲 501(c) () ◀ (Insert no.) 🔲 4947(a)(1) or 🔲 52	7 (Form	990, 99	0-EZ, or 990-PF).
Κ	Check •	if the organization is not a section 509(a)(3) supporting organization or a section 527 organ	nization and	its gros	s receipts are normally
	not mor	re than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcar	d) may be re	quired	(see instructions). But if
	_	anization chooses to file a return, be sure to file a complete return.			
		s 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total a	assets (Part I	i,	
_		column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	<u>.</u> .	▶ \$	S
L	art I	, , , , ,			•
		Check if the organization used Schedule O to respond to any question in this P	art I	<u> </u>	
	1	Contributions, gifts, grants, and similar amounts received		1	130
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	640
	4	Investment income		4	78
	5a	Gross amount from sale of assets other than inventory		4	
	b	Less: cost or other basis and sales expenses			
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising everys		5c	
	6	Gross income from garling (attach Schedule Goil greater than			
<u>a</u>	a				
aun	١ ۾	\$15,000)	utiono	-	
Revenue	Ь	from fundraising events reported on line-1) (attract Schedule G if the	utions		
Œ	1		2454		
	C	Less: direct expenses from gaming and fundraising events 6c	1185	1	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and	1100	1	
		line 6c)		6d	1269
	7a	Gross sales of inventory, less returns and allowances			1001
	b	Less: cost of goods sold		1	
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	>	9	2117
	10	Grants and similar amounts paid (list in Schedule O)		10	
	11	Benefits paid to or for members		11	
es	12	Salaries, other compensation, and employee benefits		12	
Expenses	13	Professional fees and other payments to independent contractors		13	
ğ	14	Occupancy, rent, utilities, and maintenance		14	1945
Ú	.0	Printing, publications, postage, and shipping		15	493
	16	Other expenses (describe in Schedule O)		16	
_	17	Total expenses. Add lines 10 through 16	▶	17	, 2438
ţ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	(321)
SSe	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must a		J,	
Net Assets	00	end-of-year figure reported on prior year's return)		19	11,523
Š	20	Other changes in net assets or fund balances (explain in Schedule O)		20	1 2 2
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶	21	11202

Pa	rt II Balance Sheets. (see the instructions					
	Check if the organization used Schedule	O to respond to a	ny question in this		<u></u>	<u> : . 🗆</u>
22	Cosh sovings and investments			(A) Beginning of year		(B) End of year
23	Cash, savings, and investments				22 23	11202
24	Other assets (describe in Schedule O)				24	
25	Total assets		<u> </u>		25	11202
26			<u>, </u>		26	
27	Net assets or fund balances (line 27 of column	(B) must agree wit	h line 21)		27	11202
Par	t III Statement of Program Service Accom					Expenses
	Check if the organization used Schedule				(Req	uired for section
	t is the organization's primary exempt purpose?					c)(3) and 501(c)(4) nizations and section
as n	cribe the organization's program service accomplist neasured by expenses. In a clear and concise mones on the concise mones benefited, and other relevant information for ea	anner, describe th	of its three largest per e services provided	orogram services, d, the number of	4947	(a)(1) trusts; optional thers.)
28	Maintain public grounds in Registered Historic District	4	Sht Manor			
	(Grants \$) If this amount	includes foreign gra	ants, check here .	🕨 🗆	28a	1275
29	Promote public awareness					
	contribution of District.					İ
			*****			2 2 2 2 2
30	(Grants \$) If this amount	includes foreign gra	ants, check here .	▶ ⊔	29a	2072
30						
		••••••				!
	(Grants \$) If this amount	includes foreign gra	ants, check here .	▶ □ │	30a	
31	Other program services (describe in Schedule O)					
			ants, check here .		<u>31a</u>	
32 Par	Total program service expenses (add lines 28a t				32	3347
ı- aı	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	O to respond to a	n one even it not com	ipensated. (see the in Part IV	struc	tions for Part IV.)
	CHOOK II the organization dood confording	(b) Title and average	(c) Reportable	(d) Health benefits,	Τ̈́	<u>· · · · </u>
	(a) Name and address	hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employe benefit plans, and deferred compensation		Estimated amount of their compensation
K	evin Kenny	. president		. 70		2
<u> 247</u>	4 Nebraska Ct, Kansas City K5 66102	•	- 3	- 0-	-	-0~
<u>`</u>	am Jasinskas S Nebraska, Kansas Cito KS 66102	secretary	-0-	~ 1 ~		· 2 ~
R	1 Ch Vacabl	THEASURER		 		
24:	1 CK Yarnell 1 24 Newrasica Ct Kansas City Ks 6600	2	0 -	-0-		-0-
	У					
					<u> </u>	
				<u> </u>	+	

					<u> </u>	
					Ì	
					+-	
			-		1	
					┼	
					1	

Par	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
	instructions for Fart v.) Check if the organization used Schedule O to respond to any question in this	<u>۲art د</u>	$\overline{}$	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		×
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?			×
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		-
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
·36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		χ
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			,
ь 38а	Did the organization file Form 1120-POL for this year?	37b	\$	
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	MED BOOK 5	>
39	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter:	~ 300		and a
а	Initiation fees and capital contributions included on line 9	1,10		
b	Gross receipts, included on line 9, for public use of club facilities	- 10 m	e de la composition della comp	نگوس سائد
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶	7.7 77 4 7.287	1	
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		×
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		5 6 Em	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	الله عد		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		× ;
41	List the states with which a copy of this return is filed. ► Kansas		•	
42a	The organization's books are in care of ► Rick Varnell +reasurer Telephone no. ► 913			
b	Located at ► 2 +2+ Nebrasica Ct, Kansas City KS ZIP + 4 ► 6610 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)?		Yes	No
	If "Yes," enter the name of the foreign country: ▶	42b		/
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Service Service	केंगिर, पर [े]	5 !
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		×
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	. Yes	► □ No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		×
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		ا آ
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		×
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х.
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45h	-	ا حر

d To	tal number of other independent cont	tractors each receiving ov	er \$100,000 ►	8		
	d the organization complete Schedule nexempt charitable trusts must attact					
	ties of perjury, I declare that I have examined thin, and complete Declaration of areparer (other the					
	I will t	Janell		Treasurer		
Sign Here	Signature of officer	Il arnell.	treasurer	Date 7/15/2012		
	Type or print name and title			<i>t</i>		
Paid Prepare	Print/Type preparer's name	Preparer's signature	Date	Check if PTIN self-employed		
Use On	1 .		Firm's EIN ▶			
	Firm's address ▶	Phone no				
May the IF	RS discuss this return with the prepar	er shown above? See ins	tructions	▶ 🗌 Yes 🗌 No		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2011

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Open to Public Inspection

Employer identification number

HIST	ORIC WESTHEIGH	T NEIGHBORHOO	S ASSOCIATION		_				48-11	64169		
Pa	rt l Reason	for Public Cha	rity Status (All orga	nization	s must c	omplete	this pa	rt.) See i	nstructio	ons.		
The	organization is not	a private founda	ation because it is: (Fo	r lines 1	through 1	1, check	only one	box.)			_	
1	A church, cor	vention of churc	hes, or association of	churches	s describ	ed in sec	tion 170	(b)(1)(A)(i).			
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
3	☐ A hospital or a	a cooperative ho	spital service organiza	ation desc	cribed in	section ⁻	170(b)(1)((A)(iii).				
4	A medical res	earch organization	on operated in conjun	ction with	n a hospit	al descri	bed in se	ction 170	D(b)(1)(A)	(iii). Enter	the	
	hospital's nan	ne, city, and state	e:									
5		on operated for b)(1)(A)(iv). (Com	the benefit of a colle- plete Part II.)	ge or uni	versity o	wned or	operated	by a go	vernment	tal unit de	escrib	ed in
6 7												
8			n section 170(b)(1)(A		nolete Pa	art II.)						
9	_		receives: (1) more that				om contri	ihutions	members	hin fees	and o	22015
•			d to its exempt funct									
			ent income and unrel									
			fter June 30, 1975. Se						•	.,		
10		•	operated exclusively						4)			
11		_	nd operated exclusively			-				or to car	TO 011	t the
• •			licly supported organ									
	• •		describes the type of				•					
	a ☐ Type I	ь 🗆	- -		III-Funct		-			Type III	-Othe	·r
_			that the organization			-	-	v hv one				
-			ers and other than one									
	or section 509		ors and other than one	3 01 111010	publicly	oupport	ou organi	izationio c	200011000	5551.6	000	·(~)(·)
f			a written determination	on from 1	the IRS f	that it ic	a Type	I Type I	ll or Tyn	مربو اللي	nortin	· C
•	•	check this box .				illat It is	a Type	i, Type i	ii, Oi Typ	e iii sub	portin	ıa D
_						 antributio	n from o	nu of the			• •	ш
g	following pers		he organization accer	Jieu ally	girt or co	Jilanbudo	ii iioiii a	ily Or the	7			
	• .		ndiventhi nemtuale eitl			har with		daaariba	d in /ii\ ar	ad	Yes	No
			ndirectly controls, eitlody of the supported of						u III (II) ai		165	
•	• • •	•	•	•						11g(i)		-
		•	on described in (i) abo							11g(ii)		<u>√</u>
_		· · · · · · · · · · · · · · · · · · ·	a person described in							11g(iii)		<u> </u>
h	· · · · · · · · · · · · · · · · · · ·	T	on about the supporte			r						
(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9		rganization sted in your		ou notify		ls the tion in col		nount o	of
Organization			above or IRC section		document?	col (i)	of your	(i) organı	zed in the	""	эрол	
			(see instructions))				oort?	Ļ	S?			
				Yes	No	Yes	No	Yes	No			
A)					i					ŀ		
	· · · · · · · · · · · · · · · · · · ·											
B)												
				ļ						ļ. <u>.</u>		
C)					:		[
							 	 				
D)												
		-		<u> </u>				 	 	 		
E)												
		 	-				\vdash		-	-		

Par	Support Schedule for Organiza	ations Desci	ibed in Sect	ions 170(b)(1)(A)(iv) and	70(b)(1)(A)(v	i) .
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify und	er the tests lis	sted below, p	lease comple	ete Part III.)	
	ion A. Public Support					T	
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")]	i			
2	Tax revenues levied for the		 		_	<u> </u>	
-	organization's benefit and either paid				1		
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3			-			
5	The portion of total contributions by]				
	each person (other than a		ĺ	1			
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
Sect	on B. Total Support						
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						
9	Net income from unrelated business						
3	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
11	Total support. Add lines 7 through 10	i					
12	Gross receipts from related activities, etc.	-	•			12	504(-)(0)
13	First five years. If the Form 990 is for the organization, check this box and stop her		i's first, secon	a, tnira, tourtn	, or titth tax ye	ear as a sectio	n 501(c)(3)
Secti	on C. Computation of Public Suppor		<u> </u>	<u> </u>			· · · ·
14	Public support percentage for 2011 (line 6			1. column (fl)		14	%
15	Public support percentage from 2010 Sch		-			15	<u>%</u>
16a	331/3% support test-2011. If the organiz					3% or more, c	heck this
	box and stop here. The organization qual			-			_
b	331/3% support test—2010. If the organ						
	check this box and stop here. The organi	•	•	• • • • • •			_
17a	10%-facts-and-circumstances test—20						
	10% or more, and if the organization meet Part IV how the organization meets the "fa						
	organization						
h	10%-facts-and-circumstances test—20						
-	15 is 10% or more, and if the organizat						
	Explain in Part IV how the organization me						
	supported organization						
18	Private foundation. If the organization did				•		
	instructions		<u> </u>	<u></u>			. ▶ 🗆

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

(Complete only if you checked the box on line 9 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.)

Secti	on A. Public Support	dider the te	3t3 listed Del	ow, piease cc	inplete Lait I	<u> </u>	
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees		(=, =000		(4, 20,0	(5) = 5	(i) i Stai
	received. (Do not include any "unusual grants.")	110 k	MAININ	820	1785	740	3345
2	Gross receipts from admissions, merchandise sold or services performed, or facilities	10015	T VATOGY (,,,,,			
•	furnished in any activity that is related to the organization's tax-exempt purpose	unt	nows	140	230	2454	2824
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	Un	Known	960	2015	3194	6169
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.)						6169
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	<u>Un</u>	Known	960	2015	3194	6169
10a	· · · / / / / / / / / / / / / / / / / /						
	payments received on securities loans, rents, royalties and income from similar sources.			1.6	103	78	247
	· •			66	105	- /8	
D	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
_						70	2117
11	Add lines 10a and 10b			66	103	73	247
11	activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part IV.)			1			
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)			1026	2118	3272	6416
14	First five years. If the Form 990 is for the organization, check this box and stop her	e	· · · · ·	d, third, fourth,	-		1 501(c)(3) ▶ □
	on C. Computation of Public Suppor						
15	Public support percentage for 2011 (line 8					15	96 %
16	Public support percentage from 2010 Sch			<u> </u>	<u> </u>	16	95 %
	on D. Computation of Investment Inc					14=1	4
17	Investment income percentage for 2011 (li					17	4 %
18	Investment income percentage from 2010 331/3% support tests—2011. If the organization					18	5 %
19a	17 is not more than 331/2%, check this box a						
b	33 ¹ /3% support tests—2010. If the organiza						
D	line 18 is not more than 331/2%, check this b						
20	Private foundation. If the organization did		_				

Page 4	
See	

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
	I no longer have, or can find, tecords
	From 2007 and 2008, so my entries on
•••••	Form 990-EZ, Scha, Part III have
	"unknown" I can recreate from bank
	records at organizations bank if you so
	require
	······································
	······································
	······································
	<u> </u>

