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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

ΑI	For the	2013 calenda	ar year, or tax year beginning , 2013, and ending			, 20			
В	Check if ap	plicable	C Name of organization	Emplo	yer ide	entification number			
Address change Name change Initial return			Lake Quivira Foundation	46-4039992					
			Number and street (or P O box, if mail is not delivered to street address) Room/suite			E Telephone number			
			490 Lakeshore Drive W.	913-631-3440					
=	Terminate			F Group Exemption					
=	Amended Application		lake Quivira, Kansas 66217-8525	Number ►					
	•	ing Method:		Check ▶ ☐ if the organization is not					
	Nebsite	•			ed to attach Schedule B				
				•		-EZ, or 990-PF).			
				On 11 33	0, 990	-L2, 01 330-11 j.			
		-	✓ Corporation ☐ Trust ☐ Association ☐ Other	nonata					
			7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	255615					
_					\$	105000			
Р	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the in						
	1		the organization used Schedule O to respond to any question in this Part I $$.			<u> </u>			
	1		ons, gifts, grants, and similar amounts received	·	1	105000.00			
	2	Program se	ervice revenue including government fees and contracts	· L	2	0			
	3	Membersh	ıp dues and assessments	. L	3	. 0			
	4	Investment	tincome,	. L	4	0			
	5a	Gross amo	ount from sale of assets other than inventory 5a	0					
	b	Less: cost	or other basis and sales expenses ,	0					
	C	Gain or (los		5c	- 0				
	6								
	a	Gross inc	i						
ne	<u> </u>	\$15,000) .	0						
Revenue	Ь	Gross inco	me from fundraising events (not including \$ 0 of contributions		j				
ě			aising events reported on line 1) (attach Schedule G if the	1	1				
ш	1		th gross income and contributions exceeds \$15,000) 6b	ام	.				
	С		t expenses from gaming and fundraising events 6c	00	1				
Ĺ	ď			1					
	-	line 6c)	e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtr		6d	0			
	70	•	s of inventory, less returns and allowances	ام	-				
en	7a			0	į				
Ö	b		, L		7 _	•			
≥	C	=	it or (loss) from sales of inventory (Subtract line 7b from line 7a)	· }	7c	0			
\neq	8		nue (describe in Schedule O)	:	<u>8</u> 9	0			
SCANNED JUST	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			105000.00			
	10		I similar amounts paid (list in Schedule O)	. }	10	0			
\succeq	11	Benefits pa	aid to or for members	· }-	11	0			
溪				· -	12	0			
#107expense	13	Profession	al fees and other payments to independent contractors	· -	13	0			
<u>-Ř</u>	14	Occupancy	y, rent, utilities, and maintenance -	·]_	14	0			
₩	15		ublications, postage, and shipping . O	·]_	15	0			
昙	16		enses (describe in Schedule O) 🧠 . 🖂	·	16	0			
	17		enses. Add lines 10 through 16	>	17	0			
Net Assets	18	18 Excess or (deficit) for the year (Subtract line 17 from line 9)							
	19		or fund balances at beginning of year (from line 27, column (A)) (must agree v	vith					
As	'	end-of-yea	ır figure reported on prior year's return)	· [19	0			
et	20	Other char	nges ın net assets or fund balances (explain ın Schedule O)	. [20	0			
Z	21 .	Net assets	or fund balances at end of year. Combine lines 18 through 20	>	21	105000.00			
For	Paper		ion Act Notice, see the separate instructions. Cat No 10642			Form 990-EZ (2013)			

No



Pa	rt II Balance Sheets (see the instructions	-				
	Check if the organization used Schedu	le O to respond to a		Part II		
22	Cook course and investments				-	
22 23	Cash, savings, and investments Land and buildings		-	0	22 23	105000.00
24	Other assets (describe in Schedule O)		-		24	0
25	Total assets				25	105000.00
26					26	103000.00
27	Net assets or fund balances (line 27 of colum	nn (B) must agree wit	h line 21)		27	105000.00
Par	t III Statement of Program Service Accor			Part III)		
	Check if the organization used Schedu	le O to respond to a	ny question in this l	Part III 🔲	(Re	Expenses quired for section
Wha	t is the organization's primary exempt purpose?	To Protect and Enha	nce Property in Lake	Quivira, Kansas	501	(c)(3) and 501(c)(4)
	cribe the organization's program service accompleasured by expenses. In a clear and concise				494	anizations and section (7(a)(1) trusts; optional others.)
	ons benefited, and other relevant information for		o doi vidad providada	, the named of	101	outers.)
28						
	(Grants \$) If this amount	nt includes foreign gra	ants, check here .	🕨 🗌	288	a 0
29						
	(Grants \$) If this amount	nt includes foreign gra	ants, check here .	<u></u> . ▶ 🔲	298	9 0
30		••••				
	70					
		nt includes foreign gra		<u> P U </u>	30a	9 0
31	Other program services (describe in Schedule O				04.	
22	(Grants \$) If this amount Total program service expenses (add lines 28a	nt includes foreign gra			31a	
	t IV List of Officers, Directors, Trustees, and K					<u> </u>
ш	Check if the organization used Schedu				13114	
	Oncok ii tilo organization acca concaa		(c) Reportable	(d) Health benefits,	Ť	· · · · · ·
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employed benefit plans, and deferred compensation	- 1) Estimated amount of other compensation
Brad	Bottern					
Presi	ident	1	0		0	0
Jerry	R. Neill					
Treas	surer	1	0		0	0
	y Goodger					
	President	<1	0		0	0
Beth						
Secr		<u> </u>	0		0	0
	ne Hidalgo				_	0
<u>Mem</u>		<1	0		0	
Mem	BEst	 <1	0		0	0
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Part					
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	v Yes	No	
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	169	₩	
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		1	
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		✓	
c	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		1	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	<u> </u>		١.	
b	Did the organization file Form 1120-POL for this year?	37b		✓	
38a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		1	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	308		-	
39	Section 501(c)(7) organizations. Enter:	1			
а	Initiation fees and capital contributions included on line 9				
b	Gross receipts, included on line 9, for public use of club facilities]			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶				
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		1	
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				
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization				
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	- 1	✓	
41	List the states with which a copy of this return is filed ► Kansas				
42a		913-63			
h	Located at ► 490 Lakeshore Dr. W. Lake Quivira, KS ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	66217	_	_	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	NO ✓	
	If "Yes," enter the name of the foreign country: ▶	720			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
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		. 1	▶ □	
			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		1	
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		1	
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		✓	
AE-	explanation in Schedule O	44d	 	-	
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓	
	Form 990-EZ (see instructions)	45h	1 /	/	

Form 99	90-EZ (2	013)		····				F	Page 4	
	D1 4	h						Yes	No	
46		he organization engage, directly or in indidates for public office? If "Yes," o							- ,	
Part		Section 501(c)(3) organizations		, , , , , , , , , , , , , , , , , , , ,			140		_ V	
		All section 501(c)(3) organization		estions 47–49b ar	nd 52, and o	complete the	tables	for lin	es	
		50 and 51.	_							
		Check if the organization used Sch	hedule O to respond	to any question i	n this Part \	<u> </u>			<u>, </u>	
47	Did t	he organization engage in lobbying	activities or have a	section 501(h) elec	ction in effec	t during the t	tax [Yes	No	
•		? If "Yes," complete Schedule C, Par					47			
48	Is the	e organization a school as described in	n section 170(b)(1)(A)(ıı)? If "Yes," comple	te Schedule	Ε	. 48			
49 a		he organization make any transfers to	•	_			. 49 a	+		
b		es," was the related organization a se					. 49b		<u> </u>	
50		plete this table for the organization's ovees) who each received more than								
	employees) who each received more than \$100,000 of compensation from the organization. If there is none, ent (b) Average (c) Reportable (d) Health benefits,									
	(a) Name and title of each employee		hours per week	compensation	benefit plan	benefit plans and deferred		(e) Estimated amount of other compensation		
			devoted to position	(Forms W-2/1099-MIS	com	pensation				
	- 									
										
f	Total	number of other employees paid over	er \$100,000	. ▶	!					
51		plete this table for the organization'			ent contracto	ors who each	received	i more	than	
	\$100	,000 of compensation from the orga	ne, enter "None."							
	(a)	Name and business address of each independ	lent contractor	(b) Type of service (c) Co			Compensation			
						•	•			
										
				-						
			 							
	Tatal			**** \$100,000						
52		number of other independent contra he organization complete Schedule A	•		. ► 200 and 404	7(a)(1)				
JZ		xempt charitable trusts must attach		. , , , ,		` ` ` `	► ☐ Yes	s □ l	No	
		of perjury, I declare that I have examined this r					owledge an	d belief,	ıt ıs	
true, co	rrect, an	nd complete. Declaration of preparer (other than	officer) is based on all info	ormation of which prepa	rer has any knov	vledge				
Sign	Signature of officer Date									
Here										
		Type or print name and title	· / /	LASUFER						
Paid		Print/Type preparer's name	Preparer's signature	 	Date	Check	ıf PTIN			
Prep	arer	self-employed					red			
		le i			ـ ا					

Use Only

Firm's name Firm's address ▶

May the IRS discuss this return with the preparer shown above? See instructions

► ☐ Yes ☐ No

Fırm's EIN ▶

Phone no