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CANNED DEC 15 2017

Form **990**

Department of the Treasury Internal Revenue Service

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.

Information about Form 990 and its instructions is at www.rs.gov/form990

2016
Open to Public Inspection

AF	or the	2016 calendar year, or tax year beginning and	ending							
B c	heck if oplicable	C Name of organization	CE	D Employer identific	cation number					
	Address change	KC Healthy Kids								
X	Name change	Doing business as	<u></u>	20-4	613795					
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number						
]Final return/	650 Minnesota Avenue	<u></u>	816-	523-5353					
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	914,390.					
	Amende	Ransas City, RS 00101		H(a) Is this a group re						
	Applica tion pending			for subordinates	? Yes X No					
		same as C above		H(b) Are all subordinates in						
		mpt status: X 501(c)(3) 501(c) () (Insert no.) 4947(a)(1)	or 527	1	list (see instructions)					
		e: ▶ www.kchealthykids.org		H(c) Group exemption						
	K Form of organization: X Corporation									
ГРа	Part I Summary 1 Briefly describe the organization's mission or most significant activities: The mission of KC Healthy Kids									
ايو										
Governance	_	is to advance children's health by increa								
e.		Check this box if the organization discontinued its operations or dispo	sea or more	1 1	10					
8		Number of voting members of the governing body (Part VI, line 1a)		3	10					
ಪ		Number of independent voting members of the governing body (Part VI, line 1b)		5	17					
Activities &		otal number of individuals employed in calendar year 2016 (Part V, line 2a) Total number of volunteers (estimate if necessary)		6	200					
ţį		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.					
¥		Net unrelated business taxable income from Form 990-T, line 34		7b	0.					
		ver unrelated business taxable income from 1 on 1 550-1, line 54		Prior Year	Current Year					
	8 (Contributions and grants (Part VIII, line 1h)		1,040,432.	803,171.					
),re	9 1	Program service revenue (Part VIII line 2g)	_	52,412.	59,795.					
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4 English	61,870.	47,624.						
8	11 (Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 5 (Fig. 7g) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11c)	.	50.	-22,896.					
	12	Fotal revenue - add lines 8 through 11 (must equal Part VIII column (A), line 2)		1,154,764.	887,694.					
	13 (Grants and similar amounts paid (Part IX, column (A) lines 1-3)	,	0.	0.					
		Grants and similar amounts paid (Part IX, column (A), line 1-3) Benefits paid to or for members (Part IX, column (A), line 4)	[0.	0.					
G		Salaries, other compensation, employee benefits (Part 13, column (A), lines 5-10)		766,755.	748,105.					
Expenses	16a !	Professional fundraising fees (Part IX, column (A), June (Fe)		64,992.	64,992.					
Đ.	b ·	Total fundraising expenses (Part IX, column (D), line 25)	72.	<u>1.8</u> .25(1)						
Ω	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		413,831.	463,867.					
	18 ⁻	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,245,578.	1,276,964.					
	19 1	Revenue less expenses. Subtract line 18 from line 12		-90,814.	-389,270.					
et Assets or			Be	ginning of Current Year	End of Year					
sets	20	Total assets (Part X, line 16)	<u> </u>	2,411,254.	2,091,470.					
AB	21	Total liabilities (Part X, line 26)		48,570.	93,884.					
2	22	Net assets or fund balances. Subtract line 21 from line 20	<u></u>	2,362,684.	1,997,586.					
_		Signature Block								
		ties of perjury, I declare that I have examined this return, including accompanying schedule			knowledge and belief, it is					
true,	correct	, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.						
٥.		Signature of officer			2017					
oign ' - /										
Her	Here Gretchen Kunkel, President Type or print name and title									
Paid		Print/Type preparer's name STANLEY H HOUSE Preparer's signature	ا م	NO 407 43 7 1	 1					
	arer			08/07/17 self-employ						
-	Only	Firm's name House Park Dobratz & Wiebler, P Firm's address 605 W. 47th Street, Suite 301	.c.	Firm's EIN ▶	43-1562209					
Uat	J y	Kansas City, MO 64112		DL 01	6_031_3303					
May	the I	S discuss this return with the preparer shown above? (see instructions)		I Phone no. 8 1	6-931-3393 X Yes No					
IVICI	1110 11	C discuss this return with the preparer shown above; (see instructions)			X Yes No					

15

			Form 990 (2	2016)
<u>4e</u>	Total program service expenses ▶ 1,071,893.			
40 	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$			
4d	Other program services (Describe in Schedule O.)			
				<u> </u>
				
4c	(Code) (Expenses \$) (Reven	ue \$		
				<u> </u>
				<u> </u>
4b	(Code) (Expenses \$ including grants of \$) (Reven	ue \$		_ }
				<u> </u>
	diversifying our financial assets and building capacity and efficient operations.	cor effec	ctive	_
	individuals, institutions, and communities to take action opportunities for healthy eating and active living; and	4) Grows	ing and	
	communities and place-based improvements; 3) Educating	and mobil	izing	
	1) Shaping policy at all levels to support healthy eating living; 2) Advancing collaborative programs leading to	g and act	ive	
4a	Organizational activities support four primary strategic	goal are	as:	<u>·</u> ,
	revenue, if any, for each program service reported		366,766	
4	Describe the organization's program service accomplishments for each of its three largest program services, as a Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other			
J	If "Yes," describe these changes on Schedule O	L		
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Г	Yes X	No
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
	Did the assignation undertake any conferent account on the warry which were not listed on the			
	increasing opportunities for healthy eating and active 1	lving.		
	The mission of KC Healthy Kids is to advance children's	nealth by	<u> </u>	
1	Briefly describe the organization's mission.			
Par	t III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		, <u>, a</u>	
Form	990 (2016) KC Healthy Kids	20-46137	95 Pag	<u> 1e 2</u>

	990 (2016) KC Healthy Kids 20-4613	3795	P	age 3
Par	t IV Checklist of Required Schedules			
			Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	1		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes." complete Schedule D. Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		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?	1	1	
	If "Yes," complete Schedule D, Part IV	9	1	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	,	,	
	as applicable		14	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a]	X
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII .	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1		
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		X
ч	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	1.5		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	110	1	_X_
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.10		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111	Х	1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	, , , ,		
	Schedule D, Parts XI and XII	12a	х	İ
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	1.20		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .	12b	j	x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1.0	-	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1		
	or more? If "Yes," complete Schedule F. Parts I and IV	14b	1	х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	1		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	ì	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? If "Yes," complete Schedule F, Parts III and IV	16	}	х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<u> </u>	1	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	x	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	

	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	}		ł
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete) !	i)
	Schedule D, Part III	8		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?			1
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
-	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	7	,	
	as applicable		14	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a		Х
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII .	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		-	
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	1	x
Ч	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			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	110	ĺ	x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111	Х	1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	Ì
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b]	x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1	ļ	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	ĺ	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			Γ
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	İ	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? If "Yes," complete Schedule F, Parts III and IV	16	1	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	ļ
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	[
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G. Part III	19	<u> </u>	_x_
			990	(2016

Form 990 (2016) KC Healthy Kids
Part IV Checklist of Required Schedules (continued)

	Communed		vT	
			Yes	No X
-	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	\dashv	
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	\dashv	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			Х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	-	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		I	v
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		i	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			17
	Schedule J .	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			ı
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			ı
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	•		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III .	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	. Be 10	3,35	1.77
	instructions for applicable filing thresholds, conditions, and exceptions)	(E)	د الله الله الله الله الله الله الله الل	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
_	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes, " complete Schedule M .	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	1	х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
-	Part V, line 1	34	1	x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		<u> </u>	T
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	-500	<u> </u>	
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	1	
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27	1	х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37	 	
	Note, All Form 990 filers are required to complete Schedule O	38	x	
	1015 - 11 - 11 - 100 and regarded to complete correction of		_	(2016)

	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	1a	34			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming	-	-	.
·	(gambling) winnings to prize winners?	•		1c	Х	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1				
Za	filed for the calendar year ending with or within the year covered by this return	2a	17	-		i
h	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	•		За		X
-	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		tv over. a			
44	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a		X
b	If "Yes," enter the name of the foreign country.		,			
	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).	*	_	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		, ,	_5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	\$100,000 and did the	e orga	nization solicit			
ou	any contributions that were not tax deductible as chantable contributions?	•		6a		X
h	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or	gifts			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).				, ,	(1)
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices p	rovided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	uired			
•	to file Form 8282?			7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	<u> </u>	1 - 4°	, ,	Ľ
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontrac	t?	7e	<u> </u>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		•	7f	<u></u>	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	99 as required?	7 <u>g</u>		ــــــ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fi	le a Form 1098-C?	7h	ļ	igspace
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	е	· ;	7 12	257
	sponsoring organization have excess business holdings at any time during the year?			8		Ļ,
9	Sponsoring organizations maintaining donor advised funds.			,	-24	
а				9a		↓
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter	ı	ı			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	<u> </u>	ļ. , '	* * 2	, ,
þ	• ,	10b	<u>l</u>	↓	[: ·	1.44
11	Section 501(c)(12) organizations. Enter:	1	1		10x 32 12 12 12 12 12 12 12 12 12 12 12 12 12	
а	•	11a		, 10%		
þ	Gross income from other sources (Do not net amounts due or paid to other sources against				\$1 57 1 57	<u>`</u> .
	amounts due or received from them.)	11b		.,`~ _` ,	1000	1,
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		+
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>		k 1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			F.":	1	+
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	 	_
	Note. See the instructions for additional information the organization must report on Schedule O.				J	
þ	Enter the amount of reserves the organization is required to maintain by the states in which the	1	1	ř.	1	150
	organization is licensed to issue qualified health plans	13b			٠. ا	1
	Enter the amount of reserves on hand	13c	.L	+	 ~	+ +
14a				14a	\vdash	X
0	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedu	ieΟ.		14b	, 000	(2016)
				LOLL	11 330	(2010)

20-4613795 KC Healthy Kids 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 in Schedule O See instructions. XCheck if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 10 1a 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 in Schedule O. 10 b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body? X 8b **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Х 10a Did the organization have local chapters, branches, or affiliates? 10a 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 X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X 12c in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 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? X 15a a The organization's CEO, Executive Director, or top management official 15b b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in 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 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? Section C. Disclosure None List the states with which a copy of this Form 990 is required to be filed 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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 X Another's website X Upon request Other (explain in Schedule O) Describe in 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. State the name, address, and telephone number of the person who possesses the organization's books and records. Barbara Beddingfield - 816-523-5353

Form **990** (2016)

66101

650 Minnesota Ave, Kansas City, KS

Page 7

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KC Healthy Kids

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order, individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization n	T	orga I	nıza	tion	com	pen	sate			
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average		Position not check more than one unless person is both an					Reportable	Reportable	Estimated
	hours per					s both r/trust		compensation	compensation from related	amount of
	week (list any	5	Г	\Box	\Box			from the	organizations	other compensation
	hours for	direct	1	l		-		organization	(W-2/1099-MISC)	from the
	related	ا ا	stee			nsate		(W-2/1099-MISC)	(organization
	organizations	individual trustee or director	Institutional trustee	()	oyee .	ошо		,		and related
	below	ngna	Turbio Turbio	₂	empl	est c	ner			organizations
	line)	E E	13 ts	Officer	Ş.	Highest compensated employee	Forn			
(1) Louise Rice Hartwig	2.00		ļ				Ι.			
Director	<u> </u>	X	<u> </u>		<u> </u>	\sqcup		0.	. 0.	0.
(2) Brenda Kumm, M.S.	2.00]				ŀ			_
Director	<u> </u>	X		_	_	<u>├</u>	_	0.	0.	0.
(3) Mark A Van Blaricum, J.D., MHSA	2.00	∤	}		l	}	l			
Director	 	X	┡-	_	<u> </u>			0.	0.	0.
(4) Crystal Hart-Johnson	2.00	١.,	ļ	.,	l		İ	,		
Chair	1 2 00	X	├	X	├-	-		0.	0.	0
(5) Jerry W. Glazier	2.00	x	ĺ	J	ļ			0.	0.	_
Vice Chair (6) Margo Quiriconi, M.P.H., RN	2.00	┡	 	X	一	├-	}—	<u> </u>	<u> </u>	0
Treasurer	2.00	x	İ	x				0.	0.	0
(7) Glenn Allison Berry, Ed.D.	2.00	 ^	-	宀	⊢	-				
Secretary	2.00	X		x	ļ			0.	0.	0
(8) Randal Carlson, J.D.	2.00	 	1	-	Н	\vdash	-	†		
Director	2300	\mathbf{x}		1	1	1		0.	0.	0
(9) Mary Heinrich, M.P.H.	2.00	 								
Director		\mathbf{x}	1	1				0.	0.	o
(10) Sarah Hartwig	2.00	Г				Г				
Director		X				L]	0.	0.	0
(11) Gretchen H. Kunkel	40.00	Г			Г					
President		<u> </u>	L	X	L	L		107,500.	0.	3,225
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632007 11-11-16

Form **990** (2016)

Part VII Section A. Officers, Directors, Trus	tees, Key Emr	loye	ees,	and	Hig	ghes	t Co	mpensated Employee	s (continued)			
(A)	(B)			(C	>)			(D)	(E)		(F)	
Name and title	Average			Posi				Reportable	Reportable		Estimate	ed
	hours per					than o s both		compensation	compensation	ĺ	amount	of
	week	offic	cer and	d a di	recto	r/trus1	ee)	from	from related		other	
	(list any	ctor						the	organizations		ompensa	
	hours for	or dire	ا ا	- 1		ted		organization	(W-2/1099-MISC	' !	from th	
	related	Individual trustee or director	institutional trustee			Highest compensated employee		(W-2/1099-MISC)		I	organizat	
	organizations	al tru	賣		Key employee	E CO				ı	and relat	
	below line)	ng M	曹	Officer	ua.	ploy	Former			انا	rganızatı	ons
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		1	1		İ	1			<u>.</u>	ļ		
1b Sub-total	<u> </u>	•					▶	107,500.		0.	3,2	25.
c Total from continuation sheets to Part V	II Section A							0.		0.		0.
	ii, Section A			•		•		107,500.		0.	3.2	25.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but r			liete	d o		-\ .w.t	20.56		L			
_	iot iiitiitea to ti	1056	IISLE	u ai	JUVE	s) WI	10 16	SCEIVED HIOTE THAT TOO	ooo or roportable			1
compensation from the organization		_							** ** **		Yes	No
· · · · · · · · · · · · · · · · · · ·		4 .	_ 1				~-	highest compensated of	malayoo oa		7 5.	1
3 Did the organization list any former officer		uste	e, Ke	y er	при	byee	, or	nignesi compensated ei	npioyee on	<u> </u>		X
line 1a? If "Yes," complete Schedule J for s	such individual									<u> ⊢</u>	3	-
4 For any individual listed on line 1a, is the s									ne organization	<u> </u>		X
and related organizations greater than \$15											4	<u> </u>
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	unr/	elat	ed organization or indivi	dual for services	<u> </u>	.i) ,	<u> </u>
rendered to the organization? If "Yes." cor	nolete Schedu	e J	for s	uch	ner	son		<u> </u>			5	X
Section B. Independent Contractors												
Complete this table for your five highest co	ompensated in	depe	ende	nt c	ontr	racto	rs t	hat received more than S	100,000 of compe	ensatior	ı from	
the organization. Report compensation for												
(A)								(B)			(C)	
Name and business	s address	N	ON	E				Description of	services	Com	npensati	on
												
	 											
								,	1			
								<u> </u>	1			
2 Total number of independent contractors	(including but i	not l	mite	d to	tho	se li	stec	l above) who received m	ore than	- `	1,10	
\$100,000 of compensation from the organ	nization					0				<u>'</u>	4 / V /	ئر کند ۔
										Fc	rm 990	(2016)

L. <u> </u>		Check if Schedule O contain	ine a response	or note to any lin	e in this Part VIII			
- 5		Check ii Scriedule O contai	ins a response	The to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c	a Federated campaigns b Membership dues c Fundraising events d Related organizations d Government grants (contributions	1a	21,425.				
ntribution d Other S		All other contributions, gifts, grants similar amounts not included above Noncash contributions included in lines 1s	e . [1f]	781,746.				
<u> ೧</u> ೯	h	Total. Add lines 1a-1f			803,171.			
				Business Code	59,795.	59,795.	,	ļ
8	2 a	Program Service	rees	541610	39,793.	39,193.		
e Zi	b							
Program Service Revenue	C	·						
Bey	C	<u> </u>						
ğ	e	All other program service reven					-	
-	•	Total. Add lines 2a-2f	iu e		59,795.	10 44 (2)		-3
\dashv	3	Investment income (including of	dividends, intere	est, and				
	•	other similar amounts)	•	•	37,985.	<u> </u>		37,985.
	4	Income from investment of tax-	exempt bond p	roceeds				
	5	Royalties		_				
		· [(i) Real	(ii) Personal		1 5 m 1 m		
	6 a	a Gross rents						
	t	b Less: rental expenses						
	(c Rental income or (loss)			, , , , , , , , , , , , , , , , , , ,	The state of the	200 Cas	
		d Net rental income or (loss)	<u>. </u>			381		
	7 8	a Gross amount from sales of	(i) Securities	(iı) Other			2 - (المعادي الأراث
		assets other than inventory	9,639.	ļ				
	1	b Less: cost or other basis						
		and sales expenses	0.630					
	1	c Gain or (loss)	9,639.	<u> </u>	9,639.	11. 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_ ,1 ^ * * ,	9,639.
		d Net gain or (loss)			9,039.	A 18 45	** ***	9,039.
Other Revenue	8 8		25. of					
Æ		contributions reported on line		3,800.				
ē	١.	Part IV, line 18		06 606			1. 1. 1. 1.	
₹		b Less direct expenses	l tanana anasta	20,030.	-22,896.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ 	-22,896.
	ı	c Net income or (loss) from funda Gross income from gaming ac	_			THE SECTION	新海线 1000 大	10 July 2 at 1
	"	Part IV, line 19	uvilles. See	,			La Contract	
		b Less direct expenses	· · · ·					1 2 / 2 / 10 / 1
		c Net income or (loss) from gami	•	>				
	I .	a Gross sales of inventory, less i			10000000000000000000000000000000000000	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	1975 TO 19	3 32 (3)
		and allowances		a		11/11/21 15 12	Marine to	1
		b Less: cost of goods sold	ı	·	"我们是自己是一	6. 产生的。 第一次,	\$ 1 L 196 7 7 4	
		c Net income or (loss) from sales	s of inventory					
	<u> </u>	Miscellaneous Revenue	e	Business Code	<u> </u>	Comment of the second	. * 1	1, 32
	11	a			-	ļ	 	
		b			ļ		 	-
	1	C					 	
	1	d All other revenue					5	· · · · · · · · · · · · · · · · · · ·
	1	e Total. Add lines 11a-11d	•	>	887,694.	59,795.	0.	
	12	Total revenue See instructions.			1 001,034.	<u>. 35,133.</u>	1 0.	24,728. Form 990 (2016)
53200	09 11-	11-10						rom 220 (2016)

Form 990 (2016) KC Healthy Kids
Part IX Statement of Functional Expenses

dude amounts reported on lines 6b, and 10b of Part VIII. Is and other assistance to domestic organizations omestic governments. See Part IV, line 21 and other assistance to domestic duals. See Part IV, line 22 at and other assistance to foreign experiments, foreign governments, and foreign duals. See Part IV, lines 15 and 16 affits paid to or for members pensation of current officers, directors, ees, and key employees ensation not included above, to disqualified ans (as defined under section 4958(f)(1)) and ans described in section 4958(c)(3)(B) ar salaries and wages	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
omestic governments. See Part IV, line 21 its and other assistance to domestic iduals. See Part IV, line 22 its and other assistance to foreign inizations, foreign governments, and foreign iduals. See Part IV, lines 15 and 16 ifits paid to or for members pensation of current officers, directors, idees, and key employees idensation not included above, to disqualified ins (as defined under section 4958(f)(1)) and ins described in section 4958(c)(3)(B)	107,500.			
ts and other assistance to domestic iduals. See Part IV, line 22 ts and other assistance to foreign inizations, foreign governments, and foreign iduals. See Part IV, lines 15 and 16 fits paid to or for members pensation of current officers, directors, ees, and key employees instance in included above, to disqualified ins (as defined under section 4958(f)(1)) and ins described in section 4958(c)(3)(B)	107,500.			
duals. See Part IV, line 22 ts and other assistance to foreign nizations, foreign governments, and foreign iduals. See Part IV, lines 15 and 16 ifits paid to or for members pensation of current officers, directors, ees, and key employees pensation not included above, to disqualified ons (as defined under section 4958(f)(1)) and ons described in section 4958(c)(3)(B)	107,500.			
ts and other assistance to foreign inizations, foreign governments, and foreign iduals. See Part IV, lines 15 and 16 wifts paid to or for members pensation of current officers, directors, ees, and key employees pensation not included above, to disqualified wins (as defined under section 4958(f)(1)) and wins described in section 4958(c)(3)(B)	107,500.			
nizations, foreign governments, and foreign iduals. See Part IV, lines 15 and 16 offits paid to or for members pensation of current officers, directors, ees, and key employees pensation not included above, to disqualified ons (as defined under section 4958(f)(1)) and ons described in section 4958(c)(3)(B)	107,500.			,
iduals. See Part IV, lines 15 and 16 ifits paid to or for members pensation of current officers, directors, ees, and key employees pensation not included above, to disqualified ans (as defined under section 4958(f)(1)) and ans described in section 4958(c)(3)(B)	107,500.	05.100		,
ofits paid to or for members pensation of current officers, directors, ees, and key employees pensation not included above, to disqualified ens (as defined under section 4958(f)(1)) and ens described in section 4958(c)(3)(B)	107,500.	25 125		
pensation of current officers, directors, ees, and key employees tensation not included above, to disqualified ins (as defined under section 4958(f)(1)) and ins described in section 4958(c)(3)(B)	107,500.	05 100		
ees, and key employees pensation not included above, to disqualified ins (as defined under section 4958(f)(1)) and ins described in section 4958(c)(3)(B)	107,500.	25 125		
nensation not included above, to disqualified ins (as defined under section 4958(f)(1)) and ins described in section 4958(c)(3)(B)	107,500.			
ns (as defined under section 4958(f)(1)) and ns described in section 4958(c)(3)(B)	1	95,428.	4,192.	7,880
ns described in section 4958(c)(3)(B)	·			
r salaries and wages				·
	524,811.	479,946.	24,694.	20,171
on plan accruals and contributions (include		1		
on 401(k) and 403(b) employer contributions)	11,681.	10,629.	534.	518
r employee benefits	58,467.	53,171.	2,686.	2,610 2,035
oil taxes	45,646.	41,515.	2,096.	2,035
for services (non-employees)				
agement	266,807.	218,707.	35,111.	12,989
d				
punting	12,325.	9,134.	2,568.	623
pying				
ssional fundraising services. See Part IV, line 17	64,992.	S. 123 S. 18 18 18 18 18 18 18 18 18 18 18 18 18	4 1 1 1 2 1 1 1 1 1 1 1	64,992
stment management fees	4,812.		4,812.	
er (If line 11g amount exceeds 10% of line 25,				
nn (A) amount, list line 11g expenses on Sch 0.)		1		
ertising and promotion				
e expenses	13,359.	12,861.	208.	290
mation technology				····
alties				
upancy	34,740.	34,000.	240.	500
el	9,001.	7,086.	530.	1,385
nents of travel or entertainment expenses				
ny federal, state, or local public officials	İ			
ferences, conventions, and meetings	42,394.	37,029.	2,693.	2,672
rest		· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,	
nents to affiliates	<u> </u>			
reciation, depletion, and amortization	<u> </u>			
rance	8,968.	7,780.	632.	556
r expenses, Itemize expenses not covered	late and a minimum	CARLAL AND SHEET	SECTION STREET	- 455 (17 to 17 to
e. (List miscellaneous expenses in line 24e. If line		然是於其漢語的		er in the first lake.
amount exceeds 10% of line 25, column (A) unt, list line 24e expenses on Schedule O.)		连续强力 化二十二		
od Service	21,449.	19,810.	1,581.	58
			1,301.	
			3 687	587
war wire i i i i i i i i i i i i i i i i i i				78
ther expenses				128
ther expenses Add lines 1 through 24s		1,0/1,093.	00,333.	118,072
functional expenses. Add lines 1 through 24e			1	
I functional expenses. Add lines 1 through 24e costs. Complete this line only if the organization	ł ·	Ì	<u> </u>	
functional expenses. Add lines 1 through 24e	1	I	1 '	
e	unctional expenses. Add lines 1 through 24e osts. Complete this line only if the organization	and Subscriptions tage and Printing 7,840. er expenses 13,978. unctional expenses. Add lines 1 through 24e osts. Complete this line only if the organization and in column (B) joint costs from a combined	and Subscriptions tage and Printing 7,840. 7,616. 13,978. 13,261. 1,276,964. 1,071,893. 1,071,893.	and Subscriptions 9,206. 4,932. 3,687. tage and Printing 7,840. 7,616. 146. er expenses 13,978. 13,261. 589. unctional expenses. Add lines 1 through 24e 1,276,964. 1,071,893. 86,999. ed in column (B) joint costs from a combined acombined 4,932. 3,687.

		2016) KC Healthy Kids	 	<u> 20-</u>	4613795 Page 11
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
$\neg T$	1	Cash - non-interest-bearing	357,162.	1	231,791.
- 1	2	Savings and temporary cash investments		2	
-	3	Pledges and grants receivable, net	400,251.	3	526,892.
- [4	Accounts receivable, net		4	
- }	5	Loans and other receivables from current and former officers, directors,		<u> </u>	
- 1	3	trustees, key employees, and highest compensated employees. Complete	,	}	,
		Part II of Schedule L		5	<u> </u>
- }	6	Loans and other receivables from other disqualified persons (as defined under		_ <u> </u>	,
-	0	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
[*****	1		
- [employers and sponsoring organizations of section 501(c)(9) voluntary	 	6	
ts	_	employees' beneficiary organizations (see instr). Complete Part II of Sch L		7	
Assets	7	Notes and loans receivable, net	 	8	
_	8	Inventories for sale or use	 	9	21,924.
	9	Prepaid expenses and deferred charges		9	21,744.
1	10 a	Land, buildings, and equipment, cost or other			. 1.11 14, 12
	_	basis. Complete Part VI of Schedule D	, , , , , , , , , , , , , , , , , , , ,	40-	<u> </u>
1		Less: accumulated depreciation 10b	1,653,841.	10c	1,310,863.
- 1	11	Investments - publicly traded securities	1,033,041.	11	1,310,003
1	12	Investments - other securities. See Part IV, line 11	<u> </u>	12	ļ
- 1	13	Investments - program-related See Part IV, line 11	 	13	
- 1	14	Intangible assets	 	14	
- 1	15	Other assets See Part IV, line 11	2,411,254.	15	2,091,470.
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	48,570.	16 17	93,884.
	17	Accounts payable and accrued expenses	20,370.		33,004.
	18	Grants payable	 	18	
	19	Deferred revenue .	 -		
Į.	20	Tax-exempt bond liabilities		20	
- 1	21	Escrow or custodial account liability Complete Part IV of Schedule D	- 1	21	1, (& ** ** ***
es	22	Loans and other payables to current and former officers, directors, trustees,			
abilities		key employees, highest compensated employees, and disqualified persons.		-	-^
		Complete Part II of Schedule L		22	
- 1	23	Secured mortgages and notes payable to unrelated third parties		23	
- 1	24	Unsecured notes and loans payable to unrelated third parties	} 	24	
}	25	Other liabilities (including federal income tax, payables to related third]	
j		parties, and other liabilities not included on lines 17-24). Complete Part X of	1		ļ
	00	Schedule D	48,570.	25	93,884.
-+	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ► X and	40,370.	26	73,004.
1		• • • • • • • • • • • • • • • • • • • •		3, .	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Se	07	complete lines 27 through 29, and lines 33 and 34.	1,993,476.	07	1,813,399.
au	27	Unrestricted net assets	369,208.	27	
Bal	28	Temporarily restricted net assets	307,200.	28	184,187.
Net Assets or Fund Balances	29	Permanently restricted net assets	3 6 3 4 6 2 8	29	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here			[A 15]
ο S	30	and complete lines 30 through 34.	TP	-	***************************************
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ze l	32	Retained earnings, endowment, accumulated income, or other funds	2 362 604	32	1 007 500
-	33	Total net assets or fund balances	2,362,684. 2,411,254.	33	1,997,586.
	<u>34</u>	Total liabilities and net assets/fund balances	<u> </u>	34	2,091,470

Form **990** (2016)

	990 (2016) KC Healthy Kids	20-461	<u> 3795</u>	Pag	_{1e} 12
Pa	TXI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
		1 1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,69	
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u>1,270</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3	-389		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>2,36:</u>		
5	Net unrealized gains (losses) on investments .	5	2	4,1	72.
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,99	7,5	86.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			, , ,	'
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		•	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	1	-	\$
	separate basis, consolidated basis, or both:		, ~~	s ()	
	Separate basis Consolidated basis Both consolidated and separate basis			,	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	if "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	#	4	
	consolidated basis, or both			* . * ·	. 🤏 👍
	X Separate basis Consolidated basis Both consolidated and separate basis		1: `	1	-
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	7.1		٠. ا
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O.		,	<i>(</i> , <i>(</i>)
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit	1.4	٠, ,-	٠,
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь (j	

Form **990** (2016)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990.

Employer identification number

Name of	f the organization	4.1! 4						identification number
Dose		ealthy Kid	8		4 \ C-			0-4613795
Part I	- 					e instructions	i.	
The orga	anization is not a private found		•			MANA		
1	A church, convention of chi)(A)(i).		
2	A school described in secti		•					
3 🛌	A hospital or a cooperative					-		at a transfer of the second
4	A medical research organiza	ation operated in co	njunction with a nospital	described	in section	n 1/U(b)(1)(A	(III). Enter	the hospital's name,
_	city, and state:							
5	An organization operated for		ollege or university owner	or operate	ed by a go	vernmental u	nit describe	a in
	section 170(b)(1)(A)(iv). (C				O(L)(4)(A)	. A		
6	A federal, state, or local gov	_				· ·		
7 <u>X</u>			intial part of its support if	om a gove	mmentart	JULIE OF HOME	ie generai į	oublic described in
	section 170(b)(1)(A)(vi). (C		V4VAV-i) (Complete Don					
8	A community trust describe An agricultural research org				nd in coniii	netion with a	land-grant	collogo
9	or university or a non-land-g							
	university of a normand-g	fram conege or agric	culture (see matructions)	Litter tile i	iairie, city,	and state of	trie conege	· OI
10 11 12	An organization that norma activities related to its exemincome and unrelated busin See section 509(a)(2). (Col An organization organized a An organization organized a	npt functions - subje ness taxable income mplete Part III.) and operated exclus	ct to certain exceptions, e (less section 511 tax) fro / sively to test for public sa	and (2) no om busines fety See	more than ses acquii section 50	33 1/3% of red by the org	s support (anization a	from gross investment ifter June 30, 1975.
12	more publicly supported or							
	lines 12a through 12d that	=						Direck tile box iii
а [Type I. A supporting orga	• •	.,				-	aivina
a _	the supported organization	•	•		_			· ·
	organization You must o			,, .				-pp
ь [Type II. A supporting org	•		tion with its	s supporte	d organizatio	n(s), by hav	/ina
	control or management of							_
	organization(s). You mus			•				
c [Type III functionally inte	grated. A supportir	ng organization operated	ın connect	tion with, a	and functional	ly integrate	ed with,
	its supported organizatio	n(s) (see instructions	s). You must complete	Part IV, Se	ctions A,	D, and E.		
d [Type III non-functionally	y integrated. A sup	porting organization opei	ated in co	nnection w	rith its suppor	ted organiz	zation(s)
	that is not functionally int	tegrated. The organi	zation generally must sat	isfy a distr	ibution rec	urement and	an attenti	veness
_	requirement (see instruct	ions). You must co	mplete Part IV, Sections	A and D,	and Part	V.		
e	Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III	
	functionally integrated, or	r Type III non-functio	onally integrated supporti	ng organız	ation.			
	nter the number of supported o	•	•					
g Pi	rovide the following information (i) Name of supported	n about the support	ed organization(s). (iii) Type of organization	(iv) is the orga	anization listed	(v) Amount o	fmoneton	T (1-1) A
	organization	(11) 2.114	(described on lines 1-10		anization listed ing document?	support (see	•	(vi) Amount of other support (see instructions)
			above (see instructions))	Yes	No			Support (SOO Instructions)
					i			
		 	 	 				
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				l				
				<u> </u>	<u> </u>			
		<u> </u>		 	<u> </u>			
					İ			
Total		10 10 10 10 10 10 10 10 10 10 10 10 10 1	AL PURE		C ₃ · · · · ·	†		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 KC Healthy Kids Part II Support Schedule for Organizations Described. (Form 990 or 990-EZ) 2016 KC Healthy Kids 20-4613795 Page 2 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)

Sec	ction A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total				
	membership fees received (Do not										
	include any "unusual grants ")	361,016.	838,886.	860,840.	979,812.	806,971.	3847525.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to	1	1	ľ							
	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	361,016.	838,886.	860,840.	979,812.	806,971.	3847525.				
5	The portion of total contributions			, ,	, w	· ·					
	•	4.36.72.4	E 20, 2, 4 4 5	A 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4					
	governmental unit or publicly	Section of the second									
	supported organization) included	1 1 1 2 2 2 1 1 1					I				
	on line 1 that exceeds 2% of the	ر من الأسم الأولى المراجع الأولى المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع		\$ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\							
	amount shown on line 11,	المراجعة المراجعة المراجعة			* * * * * * * * * * * * * * * * * * *		1				
	column (f)		To de ser		2.5	, , , , , , , , , , , , , , , , , , ,	598,632.				
6	Public support. Subtract line 5 from line 4	. 75, 6 6 6 77	," ," / <u>"</u>	S # 5	,, ,	*	3248893.				
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total				
		361,016.	838,886.	860,840.	979,812.	806,971.	3847525.				
8	Gross income from interest,					-					
	dividends, payments received on		İ								
	securities loans, rents, royalties										
	and income from similar sources	51,782.	48,378.	40,995.	41,709.	37,985.	220,849.				
9	Net income from unrelated business										
	activities, whether or not the	•				ļ					
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital	}	1	}		}					
	assets (Explain in Part VI.)	1,355.	529.	1,509.	50.		3,443.				
11	Total support. Add lines 7 through 10	प्रकार कि जिल्हा	- Million Andrew		er kilopines	""。""	4071817.				
12	Gross receipts from related activities,	, etc (see instruction	ons)			12					
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	x year as a section	1 501(c)(3)					
Sec	organization, check this box and sto	p here ic Support Per	centage				<u> </u>				
				olumn (f))		14	79.79 %				
15	,, , , , ,	• • • • • • • • • • • • • • • • • • • •	•	()	•						
	,, ,	ŕ	•	n line 13, and line	 14 is 33 1/3% or m						
		-				,					
t	in 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) 598,632. in Public support. Subtractive 5 from line 4 598,632. in Public support supp										
						,	▶□				
17a	1 Giffs, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Tax revenues leved for the organization is benefit and ether paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 1 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included and intent 1 that exceeds 256 of the amount shown on line 11, column (f) 5 Public support, Subsest time 5 from Insel 4 3 Gross income from interest, dividending, payments received on securities loans, rents, royalties and income from similar sources 9. Net mome from unrelated business and income from similar sources 9. Net mome from unrelated business and income from similar sources 9. Net mome from unrelated business activities, whether or not the business is regularly carned on 0. Other income. Do not include gain or loss from the safe of capital assets (Explain in Part VI) 1 Total support. Add lines? Ithrough 10 2 Gross receipts from related activities, etc. (see instructions) 3 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(8) 2 regularly carned on 2015 Schedule A. Part II, line 14 5 Public support percentage for 2016 (ine 6, column (f) divided by line 11, column (f)) 5 Public support percentage for 2016 (ine 6, column (f) divided by line 11, column (f)) 5 Public support percentage for 2016 (ine 6, column (f) divided by line 11, column (f)) 5 Public support percentage for 2016 (ine 6, column (f) divided by line 11, column (f)) 5 1 (in 1 filt organization odd not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization did not check to box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization did not check to box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and st										
	Giffs, grants, contributions, and membership fees received (Do not include any "unusual grants") 361,016. 838,886. 860,840. 979,812. 806,971. 3847525. 361,016. 838,886. 860,840. 979,812. 806,971. 3847525. 361,016. 838,886. 860,840. 979,812. 806,971. 3847525. 361,016. 838,886. 860,840. 979,812. 806,971. 3847525. 361,016. 838,886. 860,840. 979,812. 806,971. 3847525. The value of services or facilities furnished by a governmental unit to the organization which or charge the organization should charge the organization should contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) Public support, Selectives the reliable of the column of the co										
t	membership fees received (Do not noticule any "unusual grants") 361,016. 838,886. 860,840. 979,812. 806,971. 3847525. 361,016. 838,886. 860,840. 979,812. 806,971. 3847525. The value of services or facilities unished by a governmental unit to the organization is behalf the value of services or facilities unished by a governmental unit to the organization without charge fotal. Add lines 1 through 3. The portion of fotal contributions by each person (other than a governmental unit to the organization included on line 1 that exceeds 2% of the amount shown on line 11, solumn (f) Public support ded organization included on line 1 that exceeds 2% of the amount shown on line 11, solumn (f) Automatis from line 4 Toross income from interest, dividenders, granters received on securities loans, rents, royaltes and morans from similar sources. Net moome from unrelated business activities, whether or not the business is regularly carned on Other income. Do not include gian or loss from the sale of capital assets (Explain in Part VI). Toross receipts from related activities, etc. (see instructions) 1, 355, 529, 1, 509, 50, 3, 443. Total support. Add lines 7 through 10 Total support. Add lines 7 through 10 Total support Add lines 8 and 10 through 10 Total support Add li										
							▶ []				
18											
							or 990-EZ) 2016				

632022 09-21-16

Schedule A (Form 990 or 990-EZ) 2016 KC Healthy Kids
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 organiz	ation 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	now, please comp	icto i dit ii.)				
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not					j	
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-	,					
formed, or facilities furnished in any activity that is related to the			1		1	
organization's tax-exempt purpose						
3 Gross receipts from activities that			<u>l</u>		İ	
are not an unrelated trade or bus-	1					
iness under section 513	<u> </u>		ļ			
4 Tax revenues levied for the organ-	į į					
ization's benefit and either paid to						
or expended on its behalf				<u> </u>		
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		<u> </u>	 	 		-
Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the				1		
amount on line 13 for the year			 	 		<u> </u>
c Add lines 7a and 7b		and the second of the second o	1 N. W. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A STATE OF THE STA		
8 Public support. (Subtract line 7c from line 6.)	lesse de la company	the state of the	1 J. Merely 1833	19 338×334 - 70°s	1 1 1 1 1 1 1 1 1	
Section B. Total Support		# N 0040	(-) 0014	(4) 0015	/=\ 2016	(5) Total
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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			<u> </u>			
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
,	-				 	
c Add lines 10a and 10b11 Net income from unrelated business			 			
activities not included in line 10b,		1				
whether or not the business is						
regularly carried on 12 Other income. Do not include gain		-			<u> </u>	
or loss from the sale of capital						
assets (Explain in Part VI) 13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3) organiz	ation.
check this box and stop here	. In organization	J 0., 0000110, IIII			(5)(5) 51941112	▶
Section C. Computation of Publ	ic Support Per	rcentage	· · · · · · · · · · · · · · · · · · ·			
15 Public support percentage for 2016 (column (f))		15	9
16 Public support percentage from 2015		· ·			16	
Section D. Computation of Inve						
17 Investment income percentage for 2	016 (line 10c, colu	mn (f) divided by	ine 13, column (f))		17	Ç
• -					18	_ ,
18 Investment income percentage from	2015 Schedule A,	, raciii, iiio ii				
18 Investment income percentage from 19a 33 1/3% support tests - 2016. If the			on line 14, and lir	ne 15 is more than	33 1/3%, and line 1	7 is not
	e organization did i	not check the box				7 is not
19a 33 1/3% support tests - 2016. If the	e organization did i and stop here. Th	not check the box e organization qui	alifies as a publicly	supported organiz	zation	▶□
19a 33 1/3% support tests - 2016. If the more than 33 1/3%, check this box a	e organization did i and stop here. The e organization did i	not check the box e organization qui not check a box o	alifies as a publicly on line 14 or line 19	supported organized and supported supported to support supported to support supported to support supported to support supported to support supported to support supported to support supported to support supp	zation ore than 33 1/3%, a	and

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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632024 09-21-16

Schedule /	A (Form	990 05	990-F7	7) 2016

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

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

emergency temporary reduction (see instructions)

instructions)

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Schedule A (Form 990 or 990-EZ) 2016

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ESTRUM.

b Excess from 2013

c Excess from 2014

d Excess from 2015e Excess from 2016

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

Information about Schedule C (form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

TOX) (OCO COPULATO MOS COMONO), MON				
 Section 501(c)(4), (5), or (6) organizat 	tions: Complete Part III.	· 		
Name of organization			Emp	loyer identification number
KC Heal	thy Kids			20-4613795
Part I-A Complete if the org	anization is exempt under	er section 501(c)	or is a section 527 or	ganization.
<u></u>				
4. Drawide a decoration of the organiz	ration's direct and indirect politic	al campaign activities	in Part IV	
Provide a description of the organiz		ai campaign activities		+
Political campaign activity expendit		•		\$
3 Volunteer hours for political campai	ign activities		•	
Part I-B Complete if the org	anization is exempt unde	er section 501(c)((3)	
1 Enter the amount of any excise tax				\$
·				\$
2 Enter the amount of any excise tax			,	
3 If the organization incurred a sectio	in 4955 tax, did it file Form 4720	tor this year?		Yes No
4a Was a correction made?			••	Yes No
b if "Yes," describe in Part IV.	anization is exempt und	er section 501/c)	except section 5016	1/31
<u> </u>				
1 Enter the amount directly expended				\$
2 Enter the amount of the filing organ	nization's funds contributed to of	ner organizations for s		_
exempt function activities	•		•	\$
3 Total exempt function expenditures	s. Add lines 1 and 2 Enter here a	nd on Form 1120-POL	-	
line 17b .			. · ·	\$
4 Did the filing organization file Form	1120-POL for this year?			. Yes No
5 Enter the names, addresses and en	nployer identification number (Ell	N) of all section 527 po	olitical organizations to which	th the filing organization
made payments For each organiza				
contributions received that were pr	omptly and directly delivered to a	a separate political org	janization, such as a separa	te segregated fund or a
political action committee (PAC). If	additional space is needed, prov	ride information in Part	t IV	
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
• •			filing organization's	contributions received and
			funds. If none, enter -0-	
	†			delivered to a separate political organization.
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2016

LHA

632041 11-10-16

Part II-A Complete if the org	ganization	s exen	npt under section	501(c)(3) and file	20-4 ed Form 5768 (ele	613/95 Page 2 ction under
section 501(h)).						
A Check ▶ ☐ If the filing organiza	ation belongs t	to an affi	liated group (and list in	Part IV each affiliated	group member's name	, address, EIN,
			•			
B Check ▶ if the filing organiza	ation checked	box A ar	nd "limited control" pro	visions apply		
Lim	its on Lobbyir	na Expei	nditures		(a) Filing	(b) Affiliated group
	complete if the organization is exempt under section 501(c)(3) are ection 501(h)). If the filing organization belongs to an affiliated group (and list in Part IV each af expenses, and share of excess lobbying expenditures). If the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) In gexpenditures to influence public opinion (grass roots lobbying) In gexpenditures (add lines 1a and 1b) In gexpenditures (add lines 1a and 1b) In purpose expenditures (add lines 1c and 1d) In purpose expenditures (add lines 1c and 1d) In purpose expenditures (add lines 1c and 1d) In to line 1e, column (a) or (b) is: The lobbying nontaxable amount is: 200,000 20% of the amount on line 1e. 20% of the amount on line 1e. 20% of the excess over \$500,0 0,000 but not over \$1,500,000 \$175,000 plus 15% of the excess over \$1,500,00 0,000 but not over \$1,500,000 \$175,000 plus 15% of the excess over \$1,500,00 0,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,00 0,000 but not over \$17,000,000 \$1,000,000 In ontaxable amount (enter 25% of line 1f) In er 1g from line 1a. if zero or less, enter -0 In amount other than zero on ether line 1h or line 1i, did the organization file Form 4 ection 4911 tax for this year? 4-Year Averaging Period Under section 501(h) Lobbying Expenditures During 4-Year Averaging Period Under section 501(h) Lobbying Expenditures During 4-Year Averaging Period P				organization's totals	totals
to Total labbying avangetures to off	uongo public s	2010100 (arges rests lobbying)		5,223.	
					7,197.	
	_		iy (direct lobbying)		12,420.	
		-1			1,264,544.	
	section 501(h)). If the filing organization belongs to an affiliated group (and list in Part IV each affiliated expenses, and share of excess lobbying expenditures). If the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) It lobbying expenditures to influence public opinion (grass roots lobbying) It lobbying expenditures (add lines 1a and 1b) It re exempt purpose expenditures (add lines 1a and 1b) It re lobbying expenditures (add lines 1a and 1b) It re lobbying expenditures (add lines 1a and 1					
. , , , ,	•			n columns	1,276,964. 202,696.	
Not over \$500,000					,,	
	0,000	\$100,00	00 plus 15% of the exce	ess over \$500,000	÷ ;	· •
Over \$1,000,000 but not over \$1,5	500,000					
Over \$1,500,000 but not over \$17	,000,000	\$225,00	00 plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,	000			5 3 3,4
						
g Grassroots nontaxable amount (er	nter 25% of line	e 1f)		••	50,674.	
h Subtract line 1g from line 1a. if zei	ro or less, ente	er -0-	•		0.	
i Subtract line 1f from line 1c If zero	o or less, ente	r -0-			0.	
		ne 1h or l	line 11, did the organiza	ation file Form 4720	_	
reporting section 4911 tax for this						Yes No
(O			~ ~		.f.al fi	
(Some organizations t			• •		T the five columns be	iow.
						
	1	. <u>5</u>				
	(a) 201	13	(b) 2014	(c) 2015	(d) 2016	(e) Total
(or fiscal year beginning in)]			
2a Lobbying nontaxable amount	229,	589.	185,879.	177,322.	202,696.	795,486.
b Lobbying ceiling amount		" ફેર્વિફો		高等的		•
(150% of line 2a, column(e))	1. 25 5°		4 4 4 4 5 5 5		A STATE OF THE STA	1,193,229.
		254	0.506	11 161	10 400	44
c Total lobbying expenditures	8,	354.	9,596.	11,161.	12,420.	41,531.
d Grassroots nontaxable amount	57.	397.	46.470.	44,331.	50,674.	198,872.
e Grassroots ceiling amount		اور الأجراد	A town was I & Was	1/2 1/2 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4	11 / 12 mm	130,072.
(150% of line 2d, column (e))			医红红沙沙			298,308.
_f Grassfoots lobbying expenditures	4,	<u> 170.</u>	4,947.	3,394.	5,223.	17,734.

Schedule C (Form 990 or 990-EZ) 2016

Schedule C (Form 990 or 990-EZ) 2016 KC Healthy Kids 20-46137

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1)? d Malings to members, legislators, or the public? d Malings to members, legislators, or the public? d Malings to members, legislators, or the public? d Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Total. Add lines 1c through 1: 2 a Dot the activities in line 1 cause the organization to be not described in section 501(c)(3)? b if "Yes," enter the amount of any tax incurred by organization managers under section 4912 d if the thing organization incurred a section 4912 d if the thing organization incurred a section 4912 tax, did in life Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 1 Dues, assessments and similar amounts from members 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expension 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." 2 Dues, assessments and similar amounts from members 2	1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 11 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b if "Yes," enter the amount of any tax incurred by organization managers under section 4912 dlift the filing organization incurred a section 4912 ax, did if life Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 2 Domplete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for folobying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b if "Yes," enter the amount of any tax incurred by organization managers under section 4912 d if the filing organization incurred a section 4912 tax, did if lie Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total A gargegate amount reported in section 6033(e)(1)(A) notices of nondeductible lobbying and political expenses for which the section 527(f) tax was paid). 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization specific organization specific organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenses for which were the content of the reasonable estimate	local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 11 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? bi I*Yes,** enter the amount of any tax incurred by organization managers under section 4912 d if the filling organization incurred a section 4912 tax, did if file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbing and political empagin activity expenditures from the prior year? 1 Dues, assessments and similar amounts from members 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 2 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." 2 Did the organization agree to carryover to the reasonable estim	of the lobbying activity	Yes	No	Amo	unt
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Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see	instructions); and Part II-B, line 1. Also, complete this part for any additional information.					
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Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see	instructions); and Part II-B, line 1. Also, complete this part for any additional information.					
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see	instructions); and Part II-B, line 1. Also, complete this part for any additional information.					

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

16 Open to Public Inspection

Name of the organization KC Healthy Kids Employer identification number 20-4613795

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
<u> </u>	organization answered "Yes" on Form 990, Part IV, lin	e 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 advise	ed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		used only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose of	conferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a hist	oncally important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic stri	• •	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structu	re
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per	nodic monitoring, inspection, handling of	<u> </u>
	violations, and enforcement of the conservation easements if	-	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and enforcing conserva-	tion easements during the year
_			L-\/4\/D\/5\
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(
0	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservati	on accompants in its revenue and expense	Yes No
9	include, if applicable, the text of the footnote to the organization		
	conservation easements	tions imancial statements that describes	the organization's accounting for
Pai	t III Organizations Maintaining Collections of	f Art. Historical Treasures, or Ot	her Similar Assets
	Complete if the organization answered "Yes" on Form	-	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statem	nent and halance sheet works of art
-	historical treasures, or other similar assets held for public ex		· · · · · · · · · · · · · · · · · · ·
	the text of the footnote to its financial statements that descri		ries of public convice, provide, in Fart XIII,
b	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, e		
	relating to these items:		sile service, provide the following amounts
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	gain, provide
	the following amounts required to be reported under SFAS 1		, p
а	Revenue included on Form 990, Part VIII, line 1	, . ,	> \$
	A to make deal . F 000 D. 134		→ \$
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2016

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Sched	ule D (Form 990) 2016 KC Healt	hy Kids					20	<u> -46</u>	<u> 13795</u>	Pa	ge 2
Par		ollections of Ar	t, Histo	rical Tre	asures, or	Othe	Similar A	ssets	(continu	ıed)	
3	Using the organization's acquisition, accessio	n, and other record	s, check	any of the f	ollowing that	are a si	gnificant use	of its co	ollection it	ems	
	(check all that apply).										
а	Public exhibition	c	ı 🔲 L	oan or exc	hange progra	ms					
b	Scholarly research	e		Other							
c	Preservation for future generations										
4	Provide a description of the organization's col	lections and explain	n how the	y further th	e organizatio	n's exen	npt purpose	ın Part I	XIII.		
	During the year, did the organization solicit or										
	to be sold to raise funds rather than to be mai							. [Yes		No
Parl						Yes" on	Form 990, P	art IV, I	ne 9, or		
	reported an amount on Form 990, Part	X, line 21.									
1a	Is the organization an agent, trustee, custodia	in or other intermed	lary for co	ontributions	s or other ass	ets not i	ncluded				
	on Form 990, Part X?								Yes		No
	If "Yes," explain the arrangement in Part XIII a	nd complete the fo	llowing ta	ple.							
-		-	_						Amount		
С	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year	•		_			1e				
_	Ending balance	•					1f				
	Did the organization include an amount on Fo	rm 990, Part X, line	21, for e	scrow or cu	istodial accou	unt liabil	ıty?		Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par							10.				
		(a) Current year	(b) Pi	rior year	(c) Two year	s back	(d) Three yea	rs back	(e) Four	years t	ack
1a	Beginning of year balance				L						
b	Contributions										
C	Net investment earnings, gains, and losses										
ď	Grants or scholarships										
е	Other expenditures for facilities	.									
	and programs										
f	Administrative expenses				I						
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end baland	e (line 1g	, column (a)) held as:						
а	Board designated or quasi-endowment		%								
ь	Permanent endowment	%									
C	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.									
За	Are there endowment funds not in the posses		ation that	are held a	nd administer	ed for th	ne organizati	on	_		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the	organization's endo	owment fu	unds							
Par	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 99	0, Part IV	, line 11a. 9	See Form 990	, Part X	line 10				
	Description of property	(a) Cost or	other	(b) Cos	t or other	(c) A	ccumulated		(d) Book	value	•
		basis (invest	ment)	basis	(other)	_	preciation				
1a	Land					/ -24 -51.55					
b	Buildings										
С	Leasehold improvements										
d	Equipment										
е	Other										
Total	. Add lines 1a through 1e (Column (d) must e	gual Form 990. Par	X. colum	n (B). line 1	(Oc.)			>			Ö.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2016

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Fundraising event expense

Part XI, Line 2d - Other Adjustments:

26,696.

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Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 KC Healthy Kids	20-4613795 Page 5
Schedule D (Form 990) 2016 KC Healthy Kids Part XIII Supplemental Information (continued)	
Part XII, Line 2d - Other Adjustments:	
Fundraising event expense	26,696.
	-

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2016

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

nternal Revenue Service Information a	bout Schedule G (Form 990 or 990-EZ)	and its	instru	ctions is at www.irs.c	ov/form990	,"	rspection
lame of the organization			-			yer ide	ntification number
KC Heal	thy Kids				20-4	1613	795
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Ye	es" or	Form 990, Part IV, I	ine 17 Form	990-EZ	filers are not
1 Indicate whether the organization rais	ed funds through any of the followin			Check all that apply.			
 a X Mail solicitations b X Internet and email solicitations 			_				
c X Phone solicitations	g X Special		_	-			
d X In-person solicitations	3		J				
2 a Did the organization have a written of	r oral agreement with any individual	(ınclud	ing of	ficers, directors, trus		_	
key employees listed in Form 990, Pa						Yes	
b If "Yes," list the 10 highest paid indiv compensated at least \$5,000 by the		ant to a	greer	nents under which th	ne fundraiser	s to be	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundre have cu or con contribu	istody Irol of	(iv) Gross receipts from activity	(v) Amount to (or retaine fundrais listed in co	ed by) er	(vi) Amount paid to (or retained by) organization
		<u> </u>			iisted iii co) (I)	
DAVID P. ROSS - PO BOX 18296,	FUNDRAISING	Yes	No X	109,250.	6.4	,992.	44,258.
MO 64133	FUNDRAISING			105,250.		,,,,,,,	41,230,
				l			
		ļ					
		<u> </u>		-			
					<u> </u>		
		†					
		<u></u>					
		 					
				ĺ			
		1		1	 		
		<u>L</u>					
				100 250		000	44.050
Total 3 List all states in which the organization	on is requestered or licensed to solicit	contrib	rtions	109,250.		,992.	44,258.
or licensing	of is registered of illerised to solicit (JOHEND	utions	o or rias been nouned	i it is exempt	iioiii ie	gistration
							
	<u></u>						
							
	·						

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

Schedule G (Form 990 or 990-EZ) 2016

	edul I rt I		e organization answered		IV, line 18, or reported	
		of fundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events	1
			(a) Event #1	(5) 210111 112	None	(d) Total events
			I AM HERE			(add col (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue			25 225		-	25 225
Rev	1	Gross receipts	25,225.		_ 	25,225.
	2	Less Contributions	21,425.			21,425.
	3_	Gross income (line 1 minus line 2)	3,800.		. 	3,800.
			40.400			10.400
	4	Cash prizes	10,400.			10,400.
	5	Noncash prizes				
Se	_					
Direct Expenses	6	Rent/facility costs	1,102.			1,102.
Ϋ́			6 536			6 526
rect	7	Food and beverages	6,536.			6,536.
ā	l	Entertainment				
	8	Other direct expenses	8,658.			8,658.
	10		9 ın column (d)		>	26,696.
		Net income summary. Subtract line 10 from li	ne 3, column (d)			-22,896.
Pa	ırt		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	I	a > Dull tabalisatant		(B T-1-1 /- 1-1
ē			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col (c))
Revenue						(c)
Be		Gross revenue		1		
	<u> </u>					
s	2	Cash prizes				
Expenses						
ă	3	Noncash prizes				<u></u>
**	4	Rent/facility costs				
Direc	~	t to the racinity coole			· · · · · · · · · · · · · · · · · · ·	
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No	No	2 12 300
	7	Direct expense summary Add lines 2 through	n 5 ın column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)	····	<u> </u>	<u> </u>
_		tor the etata(a) in which the ergonization condu	oto gamina activitico.			
9		nter the state(s) in which the organization condu- the organization licensed to conduct gaming ac-		states?	· · · · · · · · · · · · · · · · · · ·	Yes No
		"No," explain:		otates:		res No
	_					
	_					
		ere any of the organization's gaming licenses re	-		ear?	Yes No
ı	o If'	"Yes," explain:				
				· · · · · · · · · · · · · · · · · · ·		
	_					

632082 09-12-16

Schedule G (Form 990 or 990-EZ) 2016

Schedule G (Form 990 or 990-EZ) 2016 KC Healthy Kids	20-4613795	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes [No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	. 13a	%
b An outside facility	13b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	ds [.]	
Name ►		
Address >		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes [No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount	ount	
of gaming revenue retained by the third party > \$		
c If "Yes," enter name and address of the third party.		
Name ▶		
Address >		
16 Gaming manager information		
Name		
Gaming manager compensation ▶ \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions		
a is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	Yes	☐ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the	
organization's own exempt activities during the tax year \$ Part.IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and 15c, 16, and 17b, as applicable Also provide any additional information. See instructions	Part III, lines 9, 9b, 10b	, 15b,
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		
		
		
632083 09-12-16 Schedule	e G (Form 990 or 990-l	EZ) 2016

Schedule G (Form 990 or 990-EZ)	KC Healthy Kids	20-4613795 Page 4
Schedule G (Form 990 or 990 EZ) Part IV Supplemental Info	rmation _(continued)	
		•
		
		
	· · · · · · · · · · · · · · · · · · ·	
		<u> </u>
- 	-	
		

632084 04-01-16 Schedule G (Form 990 or 990-EZ)

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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 990-EZ.

OMB No 1545-0047 16 Open to Public

KC Healthy Kids

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Employer identification number 20-4613795

Form 990, Part I, Line 1, Description of Organization Mission:
healthy eating and active living.
Form 990, Part VI, Section A, line 2:
Two Board Members are related by family.
Form 990, Part VI, Section B, line 11b:
The Board of Directors reviews the 990 and resolves any questions with the
outside accountants prior to filing.
Form 990, Part VI, Section B, Line 12c:
The Code of Conduct requires that Board, staff and selected contractors
must disclose conflicts as appropriate. The Code of Conduct policy is
reviewed annually.
Form 990, Part VI, Section B, Line 15a:
The compensation of the Executive Director is reviewed and set by the Board
of Directors.
Form 990, Part VI, Section C, Line 18:
The Organizations's Form 990 is available upon request and is posted on
GuideStar.
Form 990, Part VI, Section C, Line 19:
The Organization's governing documents, financial statements and other
documents are available by request. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization KC Healthy Kids	Employer identification number 20-4613795
Form 990 - prior year financial information	···
Certain prior year numbers have been restated to ref1	ect prior year
adjustments.	
Name change during the current year	
During 2016, the Organization changed its name from H	Jartwig Legacy
Foundation to KC Healthy Kids. A copy of the updated	
	I IND deceiminacion
letter is attached.	
	
	
	