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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public

A	For the	2016 calendar year, or tax year beginning , 2016, and en		<u>v. </u>	, 20	-1.						
В		applicable. C Name of organization LEARNING CLUB OF KCK	1	D Employe	er identification nun	nher						
$\bar{\Box}$		dress change Doing business as LEARNING CLUB OF KCK 45-5372794										
Ħ	Name of		/suite	E Telephone number								
H	Initial re	, ,	. 66.1.6	_ rolopho.								
$\overline{\Box}$		Im/terminated City or town, state or province, country, and ZIP or foreign postal code			913-244-5838							
\exists			G Gross ro	vocante ©	304,162							
Amended return KANSAS CITY, KANSAS 66104 G Gross receip Application pending F Name and address of principal officer H(a) Is this a group return for suborn												
	прриса	Bradley Grabs, 2225 Troup Avenue, Kansas City, Kansas 66104	_									
	Toy ove				s included?							
<u>:</u>	Website				•	•,						
K		organization Corporation Trust Association Other L Year of for		exemption		17 -						
_	art I	Summary	nation 2012	I WI State	of legal domicile.	Ks						
_	1	Briefly describe the organization's mission or most significant activities:										
•	Ι'		4001									
Governance		Provide after school and summer academic tutoring and enrichment programs for core of Kansas City	120 low incom	e chilaren	i who live in the u	irban						
ž	2	Check this box ► if the organization discontinued its operations or dispose	d of more the	250/ of	ito not acceto							
Š	3	Number of voting members of the governing body (Part VI, line 1a)	u oi more mai	3	its riet assets.							
و ھ	4	Number of independent voting members of the governing body (Part VI, line 1	b)			<u>10</u>						
es	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	D)	5		8						
Ξ	6	Total number of volunteers (estimate if necessary)		6		10						
Activities &	7a	Total unrelated business revenue from Part VIII, column Com VED		7a		105						
	Ь	Net unrelated business taxable income from Form 990-1, line 34		7a 7b		0						
	-	1,3,1	Prior Ye		Current Year	<u>0</u>						
	8	Contributions and grants (Part VIII, line 1h). APR 2.8 2017	1110111									
Ę	9	Program service revenue (Part VIII, line 2g)		252,588		303,201						
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, a) COEN. UT		045								
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		615		961						
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		272 222								
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		253,203		304,162						
	14	Benefits paid to or for members (Part IX, column (A), line 4)										
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		00.036		147.005						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		88,836		117,865						
Per	b	Total fundraising expenses (Part IX, column (D), line 25) ▶										
ă	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		12.525		10.017						
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		13,525		16,017						
	19	Revenue less expenses. Subtract line 18 from line 12		102,361 150,842		133,882						
B or	+	Tiovolido loso experioco. Cabitade inici lo menti inici 12	Beginning of Cu		End of Year	170,280						
ets c	20	Total assets (Part X, line 16)		309,642	····							
Ass	21	Total liabilities (Part X, line 26)		309,642		179,922						
Net Assets Fund Balan	22	Net assets or fund balances. Subtract line 21 from line 20	·····	309642		179,922						
	art II	Signature Block	<u> </u>	303042		113,322						
Un	der pena	lities of perjury, I declare that I have examined this return, including accompanying schedules and sta	atements and to t	he best of m	ny knowledge, and be	elief it is						
tru	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	arer has any know	ledge		chor, it is						
		1 Bradle Drab		4/2	0/17							
Sign Here Signature of officer Date												
										Type or print name and title		<u> </u>
Pa	id	Print/Type preparer's name Preparer's signature	Date	Charle F	PTIN							
	_{llu} epare			Check L self-emp	" ployed							
	epare se Onl		Firm	n's EîN ▶								
US	e VIII	Firm's address ▶		one no								
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)			Yes	No						
For	Paperv	work Reduction Act Notice, see the separate instructions.	No 11282Y		Form 99							

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Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Provide after school and summer academic tutoring and enrichment programs for low income children who live in the urban core of
	Kansas City.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
-7	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 59,108 including grants of \$ 0) (Revenue \$ 0)
	Provide one-on-one tutoring with respect to homework, reading and math as well as educational games. Staff and volunteers strive to
	work with parents and teachers of the children to meet their educational and behavioral needs.
4b	(Code:) (Expenses \$ 32,240 including grants of \$ 0) (Revenue \$ 0)
	Provide weekly engaging, hands-on enrichment programs which expand the horizons of our students and plant seeds for future
	careers. We emphasize science and technology, healthy living, arts, and career exploration.
4c	(Code:) (Expenses \$ 5,373 including grants of \$ 0) (Revenue \$ 0)
	Motivational Prizes and SnacksStudents earn points for their academic achievements and for arriving on time. With their points,
	they can buy prizes ranging from basic school supplies to a new bike. Students who save their points are rewarded with interest
	points while teaching them the value of saving and resisting immediate gratification. Healthy snacks, including fresh fruit, are served
	at each session, which teaches good eating habits and helps students focus on their work.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 10,747 including grants of \$ 0) (Revenue \$ 0)
4e	Total program service expenses ► 107.468

Part	V 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	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		\
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
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		✓
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
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? If "Yes," complete Schedule D, Part IV	9		√
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		→
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			·
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		<i>√</i>
þ	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		✓
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		√
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e 11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
þ	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		√
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
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
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		1
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		✓
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		1
		Forr	n 990	(2016)

-art	Checklist of Required Schedules (continued)			
~	Did the approximation approximate and or many hospital facilities 2 16 40/cs 2 asymptote Cabadyla Ll		Yes	No
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		✓
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		▼
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		<u> </u>
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
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		√
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
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 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		√
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		1
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		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	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		<u>,</u> ✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		./
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		▼
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		√
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		1
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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 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? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	27		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37	<u> </u>	
	19? Note. All Form 990 filers are required to complete Schedule O.	38	1	

Check if Schedule O contains a response or note to any line in this Part V 1a Elter the number proported in Box 3 of form 1996. Enter 0- if not applicable 1b 0 0 b Enter the number of Forms W-2G included in line 1a. Enter 0- if not applicable 1b 0 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaining (gambling) winnings to prox winners? 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax 2 1 10 b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3c Dot the organization have unrelated business gross income of \$1,000 or more during the year? 3c Dot the organization have unrelated business gross income of \$1,000 or more during the year? 4c A lary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. 5c If "Yes" in the Si filed a Form 890-T for the year? If "Not To line 8,0 provide an explanation or other financial account in a foreign country. 5c If "Yes" can be a file of the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. 5c If "Yes" in the Si or 50, did the organization have an attent transaction, or other financial account in a foreign country. 5c If "Yes" did the organization a party to a prohibited tax shelter transaction? 5c If "Yes" in the Si or 50, did the organization file form 888-7. 5d Dose the organization a party to a prohibited tax shelter transaction? 5c If "Yes," indicate the number of foreign state that was or is a party to a prohibited tax shelter transaction? 5c If "Yes," indicate the number of foreign state that was or is a party to a contribution and party for goods and services provided to the payor? 5d If "Yes," indicate the number of foreign s	Part	V Statements Regarding Other IRS Filings and Tax Compliance	_							
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Statements, filed for the calendar year ending with or within the year covered by this return 2 1 1 b f at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 a and 2a is greater than 250, you may be required to e-file (see instructions). 3a Uf the organization have urrelated business gross income of \$1.00 or more outling the year? 3b If *Yes,* has it filed a Form 99.0°T for this year? If *No* to line 3b, provide an explication in Schedule O . 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a firancial account in a foreign country (such as a bank account, securities account, or other financial accounts in a foreign country. P See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Dd any taxable party notify the organization that if was or is a party to a prohibited tax shelter transaction? If *Yes* to line 5a or 5b, did the organization that if was or is a party to a prohibited tax shelter transaction? If *Yes* did the organization where yes policitation an express statement that such contributions or gifts were not tax deductible? 7b If *Yes*, did the organization induce with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8b If *Yes*, indicate the number of Forms 8282 filed during the year year. 9b If *Yes*, indicate the number of Forms 8282 filed during the year year. 9c If the organization needs of the spayor? 9c If *Yes*, indicate the number of Forms 8282 filed during the year year. 9c If the organization received a contribution of qualified intellectual property, did the organization file Form 8993 as required? 9c If the organization received	2a									
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 10 the organization have unrelated business gross income of \$1,000 or more during the year? 11 "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a firancial account in a foreign country; 10 the year, and the fire account, or other financial accounts? 10 the fire accounts of the foreign country (such as a bank account, securities account, or other financial account)? 10 the fire accounts? 10 the fire accounts accounts? 10 the fire accounts? 10 the fire accounts? 10 the fire accounts accoun					i					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the reganization have unrelated business gross income of \$1,000 or more during the year? 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, or other financial account, or other financial accounts over a financial account in a foreign country; ▶ 5 If "Yes," enter the name of the foreign country: ▶ 5 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 Was the organization a party to a prohibited tax shelter transaction? or it "Yes" to line 5 or 5b, did the organization that the vas or is a party to a prohibited tax shelter transaction? or it "Yes" to line 5 or 5b, did the organization file form 8866-T? 5 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chantable contributions? 5 Did not reganization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chantable contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization and the payor? 8 Difference of the form 82622 file during the year organization and party for goods and services provided to the payor? 9 If "Yes," indicate the number of Forms 8262 filed during the year organization proceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 If the organization sell, exchange, or otherwise dispose of tangble personal property for which it was required to file Form 82622? 10 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 11 If the organi	b	the state of the s	2b	1	-					
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If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did the sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Did the sponsoring organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 501(c)(2) qualified nonprofit health insurance issuers. Is the organization incensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand The plantation is field a Form 720 to report these payments? If "No," provide an explanation in Schedule O. The plantation is field a Form 720 to report these payments? If "No," provide an explanation in Schedule O. The plantation is field a Form 720 to report these payments? If "No," provide an explanation in Schedule O. The plantation is field a Form 720 to report these payments? If "No," provide an explanation in Schedule O. The plantation is field a Form 720 to report these payments? If "No," provide an explanation in Schedule O. The plan	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1					
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Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders. Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 501(c)(2) organizations. Enter: Ital Beside from 1041? Ital Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? Ital July Jul					<u> </u>					
sponsoring organization have excess business holdings at any time during the year?	_		7h		<u> </u>					
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? . 9a / b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . 9b / Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 . 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders . 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b if "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves any payments for indoor tanning services during the tax year? . 14a / b if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	0	•			,					
Did the sponsoring organization make any taxable distributions under section 4966?	a				┡					
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		•	9a		1					
a Initiation fees and capital contributions included on Part VIII, line 12	_				1					
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	10	Section 501(c)(7) organizations. Enter:								
Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders	а	Initiation fees and capital contributions included on Part VIII, line 12								
a Gross income from members or shareholders	b									
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 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. 13b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c Did the organization receive any payments for indoor tanning services during the tax year? 14a ✓ 15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 15c Interception of Form 1041? 15c Interception 1041? 15c Interception 1041? 16c Interception 1041? 17c Interception 1041? 18c Interception 1041? 18c Interception 1041? 19a Interception 1041?					İ					
against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year .	-	<u> </u>								
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	D									
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		122							
Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 13a 13b 13c 14a ✓ 14a ✓ 15 "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b										
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans										
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
the organization is licensed to issue qualified health plans										
c Enter the amount of reserves on hand	b	the experimentary is licensed to see a supplied health plans								
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a ✓ b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . 14b	-	100								
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . 14b		<u> </u>	40-	<u> </u>	 , 					
				-	 					
		11 100, 1100 to mod a rotti 120 to report these payments: If 140, provide air explanation in Schedule O.		n 99 0	(2016)					

Form 99	0 (2016)		ı	Page 6
Part \				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S		tructi	
Carti	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u> </u>	<u> </u>
Section	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 10			
ıa	If there are material differences in voting rights among members of the governing body, or	1		İ
	if the governing body delegated broad authority to an executive committee or similar			l
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 8	J		·
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	√	
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? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6		✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		,	
a	The governing body?	8a_	V	
ь 9	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	8b_		
J	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Section	on B. Policies (This Section B requests information about policies not required by the Internal Rever		ode.)	
			Yes	No
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	l		,
40	describe in Schedule O how this was done	12c		1
13 14	Did the organization have a written whistleblower policy?	13		√
15	Did the process for determining compensation of the following persons include a review and approval by	1-4		 •
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			·
а	The organization's CEO, Executive Director, or top management official	15a	✓	1
b	Other officers or key employees of the organization	15b		
	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		1
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	-	
Section	on C. Disclosure	100	L	<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio available for public inspection. Indicate how you made these available. Check all that apply.	n 501(c)(3)s	only)
	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	terest	policy	y, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	:▶	
	Bradley Grabs, 2225 Troup Ave., Kansas City, Ks 66104 913-244-5838			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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 no	r any relate	d org	anız	atio	n c	ompe	nsa	ited any currer	t officer, director	, or trustee.		
	(C)											
(A)	(B)	(B) Position						(D)	(E)	(F)		
Name and Title	Average		(do not check more than one box, unless person is both an					Reportable	Reportable	Estimated		
	hours per week (list any	office	er and			or/trust		compensation from	compensation from related	amount of other		
	hours for	약협	5	Officer	<u>چ</u>	ᆲ	Former	the	organizations	compensation		
	related	Individual trustee or director	<u>ਵ</u> ਿੱ	Cer	Key employee	Ples	H H	organization	(W-2/1099-MISC)	from the		
	organizations below dotted	ठ्ट ह	임		흥	8 8		(W-2/1099-MISC)	1	organization and related		
	line)	rust	2	Ì	yee	npe				organizations		
	į	8	Institutional trustee			Highest compensated employee	İ	ļ	ļ			
	 		 			_ <u>~</u>	-					
(1) Bradley Grabs	45											
President and Executive Director		✓		✓		L		50,448	0	0		
(2) Dawn Grabs	5											
Vice President, Secretary & Director		✓		✓		<u></u>	<u> </u>	4,200	0	0		
(3) Barbara Bailey	1						ļ	1				
Director	ļ	✓					L	0	0	0		
(4) Case Dorman	11	ł	} }									
Director		✓	Ш		_			0	0	0		
(5) Juey Marckx	11		1			Ì	Ì]				
Director		✓	Ш	L			L.,	0	0	0		
(6) Pat McInerney	11						Į .					
Director	ļ	✓	L			L	<u> </u>	0	0	0		
(7) S Vickie Perkins	11											
Director	ļ	✓		<u> </u>		L	<u> </u>	0	0	0		
(8) Kathy Ryan	11					1	İ					
Director		✓	Ш		L_	ļ	<u> </u>	0	0	0		
(9) Irene Caudillo	11			ŀ				1	1			
Director		✓				<u> </u>		0	0	0		
(10) Jayson Strickland	11		1	1		}		1				
Director		✓	Ш	ļ		L	_	0	0	0		
(11)	<u> </u>											
(12)							-					
(13)							-					
(14)	 		Н	-			-					
	1	L	L	L	ŀ	l	I	1		<u> </u>		

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yees	s, ai	nd h	lighe	st C	ompensated E	mployees (c	ontınu	ied)		
	(C) Position													
	(A)	(B)	l (don	ot ch			e than o	one	(D)	(E)		((F)	
	Name and title Average box, unless person is both							an	Reportable	Reportable			mated	
		hours per week (list any			_	г —		~	compensation from	compensation related	rom		ount of ther	
		hours for	Individual trustee or director	Inst	Officer	Key employee	불특	Former	the	organization			ensatio	n
		related organizations	중	t t	Ĕ	em) Šeš	Be	organization (W-2/1099-MISC)	(W-2/1099-MI	SC)		m the nization	,
		below dotted	₫ #	ona	i	흥	# S		(**-2) 1033-10100)	Ì			related	
		line)	TST.	盲		8	[B		Į	Į	- [organ	ızatıons	5
			, 8	Institutional trustee			Highest compensated employee							
							8		<u> </u>					
(15)		ļ	1		ļ	ļ	1	l	ļ	ļ				
			<u> </u>											
(16)		<u> </u>			ĺ		ļ			ĺ	- 1			
(17)														
		<u> </u>						<u> </u>	L					
(18)		ļ			 		İ		,					
(19)							[
(20)														
]			_	_
(21)												<u></u>		
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(22)														
			<u> </u>				i		<u> </u>					
(23)										-				
					L					<u> </u>				
(24)														
			<u> </u>											
(25)														
							İ	L.		1 .				
1b	Sub-total							>	54,648		0			0
С	Total from continuation sheets to Part	VII, Sectio	n A					▶			0			0
d	Total (add lines 1b and 1c)							▶	54,648		0			0
2	Total number of individuals (including but				list	ed a	above	e) w	ho received m	ore than \$10	0,000	of		
	reportable compensation from the organi						_				·			
													Yes	No
3	Did the organization list any former of							emp	oloyee, or high	est compen	sated			
	employee on line 1a? If "Yes," complete S	Schedule J	for su	ıch	indi	ividi	ıal					3		✓
4	For any individual listed on line 1a, is the	sum of re	portal	ble d	con	nper	nsatio	n a	nd other comp	ensation fro	m the	, 🗀		
	organization and related organizations	greater that	an \$1	150,	000)? <i>I</i> 1	f "Ye	s, "	complete Sch	nedule J for	such	,		
	individual											4	L. I	√ _
5	Did any person listed on line 1a receive of									zation or indi	vidua	I		
	for services rendered to the organization?	? If "Yes," c	:ompl	ete	Sch	nedu	ıle J f	or s	such person			5		✓
Section	on B. Independent Contractors						_							
1	Complete this table for your five highest													
	compensation from the organization. Rep	ort compe	nsatio	on fo	or th	ne c	alend	ar y	ear ending wit	h or within th	ne org	ganızatio	n's ta	ax
	year.		_											
	(A)								(B)			(C)		
	Name and business add	ress							Description of s	ervices		Compens	ation	
								Π						
								-						
				_		_								
2	Total number of independent contractor	rs (includir	ng bu	ıt n	ot I	imit	ed to	th	ose listed ab	ove) who				
	received more than \$100,000 of compens								None					

Par	VIII	Statement of Reve						
		Check if Schedule C) contains a res	ponse or note to	any line in this (A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue excluded from tax
					}	exempt function revenue	business revenue	under sections 512-514
ts ts	1a	Federated campaigns	s 1a					
Gran	b	Membership dues .	1b			:		
s, G	С	Fundraising events .	1c					Î
Sift lar	d	Related organizations	s 1d		·	i		
ī, (ini	е	Government grants (cor						İ
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, g		,	, ,			
	1	and similar amounts not inc	ــــــــــــــــــــــــــــــــــــــ	303,201				
	g	Noncash contributions inclu		-0-	Ì			
	<u>h</u>	Total. Add lines 1a-1	<u> †</u>		303,201			
Program Service Revenue	_			Business Code		-		
eve	2a			<u> </u>	<u> </u>			
8	b							
Ž	c d							+
Š	e	•						
Ē	f	All other program ser	vice revenue	ļ				
P.	g	Total. Add lines 2a-2						
	3	Investment income	(including divid	ends, interest,				1
		and other similar amo	ounts)		961			961
	4	Income from investmen	nt of tax-exempt b	ond proceeds ▶				
	5	Royalties	<u> </u>					
			(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	C	Rental income or (loss)		<u> </u>		*		
	d	Net rental income or	(i) Securities				<u> </u>	<u> </u>
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	ь	Less cost or other basis		<u> </u>				
		and sales expenses .			,			1
	C	Gain or (loss)						
	d	Net gain or (loss) .	L	<u> </u>				
	-	· tot gam or (1000)						
Ē	8a	Gross income from fu	undraising				ļ	
Ver		events (not including \$						
Other Reven		of contributions report						
ē		See Part IV, line 18 .	· · · · a					
₹	b	Less: direct expenses						_
	С	Net income or (loss) f		events . >	ļ			<u> </u>
	9a	Gross income from ga						
		See Part IV, line 19 .	-		1		1	
	b	Less: direct expenses Net income or (loss) t						
		Gross sales of in		Ivilles P	-		<u> </u>	-
	IVA	returns and allowance						
	b	Less: cost of goods s	_		1			1
	C	Net income or (loss) t						
	- <u>-</u>	Miscellaneous F		Business Code				
	11a							
	b							
	С							
	d	All other revenue .						
	е	Total. Add lines 11a-						
	12	Total revenue. See in	nstructions	🕨	304 162		}	961

Form 99	0 (2016)				Page 10
Part	IX Statement of Functional Expenses				
Sectio	n 501(c)(3) and 501(c)(4) organizations must com	plete all columns. A	ll other organization	s must complete co	lumn (A).
	Check if Schedule O contains a respons	se or note to any lin	e in this Part IX		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	79,496	60,417	19,079	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	30,118	30,118		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,759	1,407	352	
9	Other employee benefits				· · ·
10	Payroll taxes	6,492	5,193	1,299	
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	511		511	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	310		310	
12	Advertising and promotion				··
13	Office expenses	995		995	
14	Information technology	338		338	
15 16	Royalties	3,600	3,600		
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	2,080	2,080		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Printing & Postage	2,092		2,092	
þ	Telephone	1,438		1,438	
C	Educational Materials & Supplies	813	813		
d	Field Trips & Enrichment Programs	694	694		
е	All other expenses	3,146	3,146		
25	Total functional expenses. Add lines 1 through 24e	133,882	107,468	26,414	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Р	art X	Balance Sheet			<u>×</u>
		Check if Schedule O contains a response or note to any line in this Par	tX		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	3,093	1	2,627
	2	Savings and temporary cash investments	306,549	2	477,295
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.			-
	6	Complete Part II of Schedule L		5_	
छ		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	·	14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	309,642	16	479,922
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
<u>"</u>	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	-0-	26	-0-
ces	ļ	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
Net Assets or Fund Balances	29	Permanently restricted net assets		29	
ţ	30	Capital stock or trust principal, or current funds	-0-	30	-0-
350	31	Paid-in or capital surplus, or land, building, or equipment fund	-0-	31	-0-
Ä	32	Retained earnings, endowment, accumulated income, or other funds .	309,642	32	479,922
Ž	33	Total net assets or fund balances	309,642	33	479,922
	34	Total liabilities and net assets/fund balances	309,642		479,922
					Form 990 (2016)

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Schedule O.

2c

За

3h

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.

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

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

		IG (CLUB OF KCK	14 - Ot - 1 (A)			A 11-7-	45-53	
Par	_	Ļ	Reason for Public Cha						ns.
	_		ation is not a private founda		,	-	•	•	
1			church, convention of church						
2			school described in section		•			• •	
3 4			nospital or a cooperative hos medical research organization	-				,, ,, ,	iiil Enter the
4	ш		spital's name, city, and state	-	onjunction with a nost	niai desc	indea in s	ecuon mo(b)(m)(m)(my. Enter the
5			organization operated for		college or university	owned o	r operate	ed by a government	al unit described in
-	_		ction 170(b)(1)(A)(iv). (Com		g,		. оролого	, g	
6		Αf	ederal, state, or local gover	nment or govern	mental unit described	ın secti o	on 170(b)	(1)(A)(v).	
7			organization that normally						the general public
		de	scribed in section 170(b)(1)	(A)(vi). (Complet	e Part II.)				
8		A	community trust described is	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9		l An	agricultural research organi	zation described	d in section 170(b)(1)	(A)(ix) op	erated in	conjunction with a la	and-grant college
			university or a non-land-gra	nt college of agr	iculture (see instructio	ons). Ente	r the nan	ne, city, and state of	the college or
40	-		iversity:		- 4h 001 0/ - 6.4-			L	
10	ш	rec	organization that normally i ceipts from activities related	to its exempt fu	e man 33 73% of its st nctions—subject to c	upport fro ertain exc	om contri ceptions.	outions, membership and (2) no more that	n 331/3% of its
		Su	pport from gross investment	t income and uni	related businéss taxal	ole incom	ne (less se	ection 511 tax) from	businesses
11			quired by the organization a organization organized and		-		-		
12			organization organized and	-	•	-			n out the nurnoses
	لسا		one or more publicly suppo						
			eck the box in lines 12a thro						
а			Type I. A supporting organ	nzation operated	l, supervised, or contr	olled by	ts suppo	rted organization(s),	typically by giving
			the supported organization	(s) the power to	regularly appoint or e	lect a ma	jority of t		
			supporting organization. Ye	ou must comple	ete Part IV, Sections	A and B			
b			Type II. A supporting organ						
			control or management of	• • • •	=		persons	that control or mana	age the supported
		_	organization(s). You must						
С		Ш	Type III functionally integ its supported organization(ally integrated with,
		\Box	• • • • • • • • • • • • • • • • • • • •		-		•	• •	utod erappization(s)
d		ш	Type III non-functionally integrated that is not functionally integrated that it is not functionally integrated that it is not functionally integrated the integrated that it						
			requirement (see instructio						o an attentiveness
е		П	Check this box if the organ	-	-		-		all Type III
			functionally integrated, or						, ., , , po
f	E	nte	r the number of supported o	organizations .					
<u>g</u>	F	rov	ride the following information	n about the supp	orted organization(s).				
	(ī)	Nam	e of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of
]	(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
						V			
						Yes	No		·
(A)						[1		
(B)				ļ.	•	ļ	l		
(0)						 	-		
(C)						1			
(D)						1			
\~/ 							<u> </u>		
(E)						1			
						L	ļ		

	lle A (Form 990 or 990-EZ) 2016						Page 2
Part	 Support Schedule for Organization (Complete only if you checked the Part III. If the organization fails to 	ne box on line	e 5, 7, or 8 of	Part I or if the	organization	failed to qua	
Secti	on A. Public Support	quality und	er the tests iis	ted below, pi	ease comple	te Fait III.)	
	idar 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 include any "unusual grants.")	(a) 2012	98,111	191,242	252,588	303,201	845,142
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		36,111	131,242	232,366	303,201	043,142
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		98,111	191,242	252,588	303,201	845,142
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)			,			154,079
6	Public support. Subtract line 5 from line 4						691,063
Secti	on B. Total Support						
Caler	idar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4		98,111	191,242	252,588	303,201	845,142
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		147	285	615	961	2,008
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						847,150
12	Gross receipts from related activities, etc.	•			L L	12	
13	First five years. If the Form 990 is for the organization, check this box and stop her fon C. Computation of Public Suppor	re	<u></u>				
14	Public support percentage for 2016 (line 6			1 column (fl)		14	%
15	Public support percentage from 2015 Sch					15	
16a	331/3% support test-2016. If the organi					1/3% or more,	
	box and stop here. The organization qual			_			
b	331/3% support test—2015. If the organization				•		•
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts facts-and-circ	s-and-circumsta cumstances" te	ances" test, ch st. The organiz	eck this box a cation qualifies	nd stop here. as a publicly	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	ation meets the neets the "fac	ne "facts-and-c	rcumstances" stances" test.	test, check t The organization	his box and s on qualifies as	top here. a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

	if the organization falls to quality	under the te	sis listed bei	Jw, please co	Jinpiete Fait	n.)	
$\overline{}$	on A. Public Support		,				
Calen	dar 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 include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities		1	1			
	furnished in any activity that is related to the					ĺ	
	organization's tax-exempt purpose				ł		
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513		Į.	ļ	l N		i
4	Tax revenues levied for the	 -			 		
•	organization's benefit and either paid		1			:	
	to or expended on its behalf					1	
5	The value of services or facilities		 				
3	furnished by a governmental unit to the)				
	organization without charge						
•							
6 7-	Total. Add lines 1 through 5				ļ		
7a	Amounts included on lines 1, 2, and 3		<u> </u>		<u> </u>	ļ	
	received from disqualified persons .		 	ļ	 		
b	Amounts included on lines 2 and 3		1		1	1	
	received from other than disqualified		İ		1		
	persons that exceed the greater of \$5,000				ļ	1	
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)		1			1	
Secti	on B. Total Support	•		<u> </u>			
Calen	dar 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 .						
b	Unrelated business taxable income (less						
~	section 511 taxes) from businesses		1				
	acquired after June 30, 1975				ì	ļ	
_	Add lines 10a and 10b					-	ļ
	Net income from unrelated business		 	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
11	activities not included in line 10b, whether					1	
	or not the business is regularly carried on						
40	• •						<u> </u>
12	Other income. Do not include gain or			1	1	1	
	loss from the sale of capital assets						
42	(Explain in Part VI.)		ļ · · · · · · · · · · · · · ·		 	 	
13	Total support. (Add lines 9, 10c, 11, and 12.)					İ	
	•		<u> </u>	<u> </u>		<u> </u>	
14	First five years. If the Form 990 is for the				_		
	organization, check this box and stop he		<u> </u>	<u>· · · · · · · · · · · · · · · · · · · </u>	<u> </u>	<u> </u>	· · · P []
	on C. Computation of Public Suppor					T := 1	
15	Public support percentage for 2016 (line 8			3, column (f))			%
16	Public support percentage from 2015 Sch			<u> </u>	<u> </u>	16	%
	on D. Computation of Investment Inc						
17	Investment income percentage for 2016 (%
18	Investment income percentage from 2015						%
19a	331/3% support tests—2016. If the organi						
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2015. If the organiz						
	line 18 is not more than 331/3%, check this t			•			
20	Private foundation If the organization du	d not check a	boy on line 14	100 or 10b	ahaak thia hay	and soo instri	otions -

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.)

Secti	ion A. All Supporting Organizations			
_			Yes	No
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).	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.	3a		-
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.	3b		
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.	3c		
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.	4a		
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.	4b		
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.	4c		
5а	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).	5a		
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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
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).	7		
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).	8		
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 .	9a		
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 .	9b		
С	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 .	9с		
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.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	1	ì]

determine whether the organization had excess business holdings.)

Page	F

	iic N (0111 330 01 330 E2) 2010		'	rage 🐱
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			1
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		-
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u> </u>
Secti	on b. Type i Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	110
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	ł		
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			1
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	İ]
	supervised, or controlled the supporting organization.	2		L
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	}		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	Ì	
Secti	on D. All Type III Supporting Organizations		L	<u> </u>
0001	On D. All Type III Cupper and Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		1.00	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		1	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		<u></u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			_
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		<u> </u>
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1		
	supported organizations played in this regard.			
Conti	on E. Type III Functionally Integrated Supporting Organizations	3		L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ction	s).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		1	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1	}	}
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		1	
	•	2a	├	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more]
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these		1	
	activities but for the organization's involvement.	O.L		-
•	Parent of Supported Organizations. Answer (a) and (b) below.	2b	 -	
3 a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		1	
d	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	-	<u> </u>	
J	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	İ	

Schedule A (Fo	orm 990	or 990-EZ	2016
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Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		· · - · · - · - · - · · - · · · · · ·
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	1	
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	_	
7 Check here if the current year is the organization's first as a non-functional instructions).	ly int	tegrated Type III support	ing organization (see

d Excess from 2015 . e Excess from 2016

	ile A (Form 990 or 990-EZ) 2016			Page 7
Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	nizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6_	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	th the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9_	Distributable amount for 2016 from Section C, line 6	- 		
10	Line 8 amount divided by Line 9 amount	7		
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			,
3	Excess distributions carryover, if any, to 2016:			
а				
b				
c	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			·
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
	Freeze from 2014	J		1

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Open to Public Inspection

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

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

Name of the organization Employer identification number **LEARNING CLUB OF KCK** 45-5372794 STATEMENT 1--Part III, line 4d of Page 2 of Form 990 Field trips to allow students to broaden their horizons with a variety of activities such as the Kansas City Symphony, Discovery Center, and Deanna Rose Children's Farm. Most students have had little exposure to such experiences. STATEMENT 2--Part VI, line 2 of Page 6 of Form 990 Bradley Grabs and Dawn Grabs are both officers and members of the Board of Directors. They are husband and wife. STATEMENT 3--Part VI, line 11b of Page 6 of Form 990 Board of Directors review Form 990 at Board meeting immediately following the filing of Form 990. STATEMENT 4--Part VI, line 19 of Page 6 of Form 990 Form 990 containing financial statements is made available to the public on the Organization's website. The governing documents and conflict of interest policy are not made available to the public.