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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.irs.gov/form990.

2016 Open to Public Inspection

A	For the	e 2016 c	alendar year, or tax year beginnin	g 08/05/16	and ending 12/3	1/1	6		
	Check if ap		C Name of organization	· · · · · · · · · · · · · · · · · · ·				D Employer	identification number
	Address c		Leawoo	d Foundation					
\sqcap	Name cha	·	Doing business as						164065
		•	Number and street (or P O box if mail is not	•			Room/suite	E Telephone	number 339-6700
	Initial retur		4800 Town Center Dr City or town, state or province, country, and					913 .	333 0700
	terminated			KS 66211				a 0	ipts \$ 287,634
	Amended	retum	Leawood F Name and address of principal officer	K5 00211	·			G Gross rece	
	Application	n pendina	Alice Hawk				H(a) Is this a gro	up return for su	bordinates? Yes X No
			2841 W 118th Ter	race			H(b) Are all sub	ordinates includ	led? Yes No
			Leawood		6211				see instructions)
_	Tax-exen	not status	X 501(c)(3) 501(c) () ◀ (insert no)	4947(a)(1) or 527				
÷	Website		ww.leawoodfoundat		4547(a)(1) 01 527		H(c) Group exer	notion number	>
<u>.</u>		organization		ciation Other		L Ye		016	M State of legal domicile KS
	art I		immary	Claudii					
			scribe the organization's mission or	most significant activitie	s				
	1	•	Schedule O	most organicant delivine					
nce									
Ta									
Revenue CEINNACTIVITIES & Governance	1 2 0	Check the	is how	ontinued its operations i	or disposed of more than	25% c	of its net assets		
Ö	1 2		of voting members of the governing t	-			71 110 1101 00001	3	10
•ජ ග	"		of independent voting members of th	-	L RECEIVE	- D	ı	4	10
itie	"				1 1		اب ر	5	0
*	3		nber of individuals employed in caler	•		1479	XI	6	0
×	7-3		nber of volunteers (estimate if neces	• •	₹ NOV 1 720	117	RS-OS	7a	0
\$	/a		elated business revenue from Part V				길딸	7b	0
	l Di	<u>vet unrei</u>	ated business taxable income from I	-orm 990-1, line 34	L OGDEN, I	UTI	Prior Ye		Current Year
\bigcirc	3 0	Cantubut	ions and grants (Part VIII, line 1h)						229,448
뎚	9 6		service revenue (Part VIII, line ?g)						0
چ ک	10	•	nt income (Part VIII, column (A), line	es 3 4 and 7d)					8,261
	11 (renue (Part VIII, column (A), lines 5,		2)				-1,660
ලා	1		enue – add lines 8 through 11 (must			<u> </u>			236,049
33	13 (nd similar amounts paid (Part IX, col		(/1), iii 0 12)				158,016
2017	14		paid to or for members (Part IX, colu	• • • •					0
			•	• • •	\ lines 510\				0
xpenses	160	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e)							0
ē	loar		draising expenses (Part IX, column)		0				
X			• • • • •	• • •	· ·	 			2,895
	1 '' '		penses (Part IX, column (A), lines 11 enses Add lines 1317 (must equal	•	o 25\	-			160,911
	1				e 23)	-			75,138
	19	Revenue	less expenses Subtract line 18 from	n line 12			Beginning of Cu	rrent Year	End of Year
ets c	a 20 ¹	Total ass	ets (Part X, line 16)					0	290,725
Ass	21		ilities (Part X, line 26)					0	0
Net Assets or	22 1		ts or fund balances Subtract line 21	from line 20				0	290,725
	art II		gnature Block						
			Denuty I geclare that I have examined the	is return, including accomp	anving schedules and state	ments.	and to the best of	of my knowle	dge and belief, it is
tr	ue, corre	ect, and co	omplete peclaration of preparer other th	nan officer) is based on all i	nformation of which prepare	er has a	ny knowledge	•	
		T	1/ 1/1/1/1/1/ h	// / // // // // // // // // // // // /	easurer			1	1/10/2017
Sig	an		Suprature of officer	UN 6 / //				Date	1 1 1
He	_		Michael Best		Tre	eası	ırer		
			Type or print name and title	·					
		Print/Typ	e preparer's name	Preparer's signatur	re . N		Date	Check	f PTIN
Pai	id		D Sowers	Larry D Sow	////	í /	11/10)/17 self-en	ployed P00333868
	ерагег		Tamer D. C.	owers, CPA,	PA //	V	 _	Firm's EIN	43-1914739
	e Only	Firm's na	4747 W 135		200				
		[Topused V		//			Phone no	913-239-2390
Mar	v the ID	Firm's ad	s this return with the preparer show		ins)				X Yes No
_	<u> </u>		s this return with the preparer show						Form 990 2016
DAA		OIR REUL	icuon Act Houce, see ule separate ilis	น นงนบทอ.					1

	,			
			Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1.	x	
2	complete Schedule A	2	X	<u> </u>
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	-		
J	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)	<u> </u>		
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
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,			ĺ
	Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? 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? If "Yes," complete Schedule D, Part IV	9		X
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted	l		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	X
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			I
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	<u> </u>	X
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		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more		ļ	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	1ic	<u> </u>	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	1	1	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	 	X
е	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	1	ĺ	1
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	 -	X
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1	1	.
	Schedule D, Parts XI and XII	12a	├	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	1405		x
_	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	 	X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	├──	X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	 	 ^
Ь	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	145	j	x
_	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	\vdash	-
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	15	}	x
6	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	13	 	+==
J	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
7		13	 	†
•	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 (see instructions)	17		x
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	- ''	\vdash	1
•	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	}	x
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		T	T -
-	If "Yes," complete Schedule G, Part III	19	L	X

_P3	art IV Checklist of Required Schedules (continued)			
		 -	Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		x	ĺ
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_	<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
	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		ĺ	ĺ
	organization's current and former officers, directors, trustees, key employees, and highest compensated		ł	x
04-	employees? If "Yes," complete Schedule J	23	 	-
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		İ	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	1 240	İ	x
	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	 	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1240	1	
_	to defease any tax-exempt bonds?	24c	 	
d oc-	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	 	
25a		250		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior		ł	1
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	ا م	ļ	x
	If "Yes," complete Schedule L, Part I	25b	├	<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	ł		ł
	current or former officers, directors, trustees, key employees, highest compensated employees, or	1 20	ļ	x
	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,	†	ĺ	1
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27	ł	x
00	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	 	-
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			ı
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	20	1	x
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	 	 ^
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	201	1	x
	Schedule L, Part IV	28b	 	 ^
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200	ł	x
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29	x	+
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	1	\vdash
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30	ł	x
0.4	conservation contributions? If "Yes," complete Schedule M	30	+-	 ^ -
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31	1	x
22	Part I	31	 	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32	1	x
22	complete Schedule N, Part II	32	 	† -
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33	1	x
24	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	+	+==
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	34	1	x
250	or IV, and Part V, line 1	35a	 	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	334	+	+==
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35b	1	1
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt pop-chantable.	330	†	+-
50	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable	36	1	x
37	related organization? If "Yes," complete Schedule R, Part V, line 2	30	+-	†
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		}
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	_37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	 3/	+-	
JU	192 Note: All Form 900 flors are required to complete Schedule O	38	1	x

DAA

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0	1 1	1	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1 1	1	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		ŧ	
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		1	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	1 1	ŧ	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1	ŧ	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X_
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	1 1	ļ	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1		
	account)?	4a		X
b	If "Yes," enter the name of the foreign country		1	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		ı	
	(FBAR)		1	:
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		_ <u>X</u> _
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	1	j	
	organization solicit any contributions that were not tax deductible as chantable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	}	l	
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		1	:
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		1	Ė
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was] [
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		Ė
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		1	Ė
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	1	1	ŧ
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			ĺ
а	Initiation fees and capital contributions included on Part VIII, line 12	-		ĺ
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-[ĺ
11	Section 501(c)(12) organizations. Enter			l
а	Gross income from members or shareholders	-		Í
b	Gross income from other sources (Do not net amounts due or paid to other sources			ŧ
	against amounts due or received from them)	-	:	f
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-{		1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	42-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		-
L	Note. See the instructions for additional information the organization must report on Schedule O			İ
þ	Enter the amount of reserves the organization is required to maintain by the states in which			Ī
_	the organization is licensed to issue qualified health plans 5-to-the amount of processes as band.	-[l
C 140	Enter the amount of reserves on hand Did the experience reserve on hand	14a		X
14a 	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes " has it filed a Form 720 to report those payments? If "No " paying an explanation in Schedule O.	14b		
b DAA	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		m 99	0 (2016)
J, 50		. 0		,·-/

	990 (2016) Leawood Foundation 48-1164065			age o
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, an			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se	e instruct	ions.	
	Check if Schedule O contains a response or note to any line in this Part VI			4
Sec	tion A. Governing Body and Management			
		<u></u>	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 10			Ė
	If there are material differences in voting rights among members of the governing body, or			į
	if the governing body delegated broad authority to an executive committee or similar			Ė
	committee, explain in Schedule O			Ė
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10			į
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customanly performed by or under the direct	} }		
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	1 1		
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	1 1		
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			ĺ
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	1 1		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code.)		
		r 	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	1 1		İ
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		ļ- <u></u> -
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe 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		<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b		├ -
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			İ
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			Ī
а	The organization's CEO, Executive Director, or top management official	15a	-	X
þ	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			ŧ
	with a taxable entity during the year?	16a		X
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			1
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			1
	organization's exempt status with respect to such arrangements?	16b	<u> </u>	<u> </u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (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 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 interest policy, and			
	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
G	ceater Kansas City Community Found 1055 Broadway Blvd Ste 130			
_Ka	ansas City MO 64105	<u>816-84</u>	2-0	<u>)944</u>

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

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

|X| Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(1) Alice Hawk President (2) Susie Rawlings Secretary (3) Michael Best	nours for related organizations below dotted line) 1.00 0.00 1.00 0.00 1.00 0.00	Individual trustee X	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
President (2) Susie Rawlings Secretary	1.00 0.00			ж				0	0	n
(2) Susie Rawlings Secretary	1.00 0.00			x				o	o	n
(2) Susie Rawlings Secretary	1.00 0.00			X	-	-	Į	0)	01	n
Secretary	1.00	x			l		_	<u>_</u>		
	1.00	x		1	1	\ \	l	•		
	1.00	X	l	į .	ļ		ļ	_	_	
(3)Michael Best		l	-	X	L.		_	0	0	0
			l		Į	} }	}		1	
ļ	ሰ ሰሰ					 				
Treasurer		X	<u> </u>	X				0	0	0
(4) Mary Ann Waldenme			}	ł		{	1			1
]	0.50			ļ	j	ļļ	J	_]		
Director	0.00	X	<u> </u>	<u> </u>		1_1		0	0	0
(5) Chuck Udell		ł		ļ	Ì	1 1	ı			
ļ	0.50			ļ	}]]	-			
Director	0.00	X		L_	_			0	0	0
(6) Charles Lusk		(1	•	(1 1	- 1			
1	0.50	ļ	ł	ļ	Į.			_	_	}
Director	0.00	X			L_	1_1		0	0	0
(7) Renny Arensberg			-				- [
Į.	0.50	1	ł	}	1		ł	_	_	_
Director	0.00	X	<u> </u>	<u> </u>	L_			0	0	0
(8) Marc Elkins										
	0.50	İ	1	Ì		1 1	ı	•		_
Director	0.00	X		<u> </u>	L			0	0	0
(9) Debby Throckmorto		_								
	0.50			{		1 1	- 1			ĺ
Director	0.00	X		}_				0	0	0
(10) Brandon Sarboroug										
	0.50		1	ł		1 1	-			
Director	0.00	X			<u>L</u>	L		0	0	0
(11)										1
]							
DAA		<u></u>	<u> L</u>	<u> </u>	<u></u>	لــــــــــــــــــــــــــــــــــــــ				Form 990 (2016

Part V	Section A. Officers	Directors, Trus	stees	, Ke	y Er	nplo	yees	, an	d Highest Compensated	Employees (continued)			
	(A) Name and title	(B) Average hours per week (list any	bo	x, unie	Pos check ess pe	rson (than o	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	ar	(F) stimated mount of other npensatio	n
	,	hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/10 99-M ISC)	(W-2/1099-MISC)	fi org an	from the ganization nd related janization:	1
													-
			-	-									- ,
			-		-		 -						
	al from continuation shee	ets to Part VII, S	Section 1	on A	<u> </u>	<u> </u>		>					
	al (add lines 1b and 1c) al number of individuals (ind	cluding but not lir	nıted	to th	nose	liste	ed abo	ove)	who received more than \$1	100,000 of	<u> </u>		
гер	ortable compensation from	the organization	<u> </u>	0								Ţ	es No
em	ployee on line 1a? If "Yes,"	complete Sched	ule J	for s	uch	ındı	vidua	i	yee, or highest compensate		-	3	x
org									and other compensation from mplete Schedule J for such			4	x
5 Did									unrelated organization or in	dıvidual		5	х
Section E	3. Independent Contracto	rs								#400 000 -£			
1 Cor	npensation from the organiz	zation Report co	mpe	ed in nsati	aepe on fo	or the	ent co e cale	ntra enda	ctors that received more that or year ending with or within	the organization's tax year			<u></u>
	(A) Name and business address								Descri	(B) ption of services		Comp	C) ensation
								\downarrow					
								↓_					
													
								1					
2 Tot	al number of independent of	contractors (inclu	ding	but r	not li	mite	d to t	hose	e listed above) who				
rec	eived more than \$100,000 o	of compensation	from	the	orga	nıza	ition l	<u> </u>		0	L	Form	990 (201

	·	Check if Schedul	e O conta	ains a response or	note to any line in	this Part VIII		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns	1a					
ira Oun	b	Membership dues	1b		1		Ī	
S,E	С	Fundraising events	1c		1		1	
ar/ar/	d	Related organizations	1d		1		1	
s, G	е	Government grants (contributions)	1e		1		1	
Pis	f	All other contributions, gifts, grants,			1		1	
the		and similar amounts not included above	e 1f	229,448	1	1	1	
EQ.	g	Noncash contributions included in lines	1a-1f \$	26,889		1	1	
Sol	h	Total. Add lines 1a-1f	•	▶	229,448	1		
Program Service Revenue Contributions, Gifts, Grants Arounts				Busn. Code				
Ven	2a					<u> </u>		
Re	b			,				
/ice	С							
Sen	d							
E	е	•						
ogra	f	All other program service re	venue					
4	g	Total. Add lines 2a-2f		>				
	3	Investment income (including	g dividends	, interest,				
		and other similar amounts)		> _	6,431		_ 	6,431
	4	Income from investment of t	ax-exempt	bond proceeds 🕨				
	5	Royalties		>				
		(ı) Rea	al	(ii) Personal	1			
	6a	Gross rents			1			
	b	Less rental exps						
	С	Rental inc or (loss)	<u> </u>		#			
	d			•				
	/a	Gross amount from (i) Secur sales of assets		(ii) Other				
		other than inventory	51,755		1			
	b	Less cost or other	1	Į				
	ı	basis & sales exps	19,925		1			
	С	Gain or (loss)	1,830		1			
	d		~	•	1,830	1		1,829
ē	8a	Gross income from fundraising e	events		Į.			
enc		(not including \$			ŧ			
Ş		of contributions reported on line	1c)	Ì	1			
Other Revenu		See Part IV, line 18	a		1			
돐		Less direct expenses	bĹ	1,660				
		Net income or (loss) from fu		vents •	-1,660			
	9a	Gross income from gaming activ	/ities		1			
		See Part IV, line 19	a		I			
		Less direct expenses	b∟		‡			
		Net income or (loss) from g	_	ities •				
	10a	Gross sales of inventory, les	ss	}	1			
		returns and allowances	a _		1			
l		Less cost of goods sold	ь		‡			
	С	Net income or (loss) from sa						
		Miscellaneous Rever	nue	Busn. Code	1			
ì	11a			<u> </u>				
	b							
	С			ļ				
	d			L				
				▶ [
	12	Total revenue. See instruc	tions	▶	236,049	1	Ō	8,260

Part IX Statement of Functional Expenses

	Check if Schedule O contains a response			7.0 901011111 (7.1)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	158,016	158,016		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	i			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	 			
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	2,895		2,895	
b	Legal				
C	- · · · · · · · · · · · · · · · · · · ·				
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)			 	
12	Advertising and promotion				·
13	Office expenses			 	
14	Information technology				
15	Royalties			 	
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
4.0	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 24	Insurance Other expanses, Itemize expanses not severed	 			
24	Other expenses I temize 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	(A) amount, not time zee expenses on ochequie ()				
b					
C			 -		
d		 			
	All other expenses	 			
25	•	160,911	158,016	2,895	0
<u>25</u> 26	Joint costs. Complete this line only if the	100,911	130,016	2,093	
	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)				

P	art)	Balance Sheet				
		Check if Schedule O contains a response or note to any lin	e in this Part X			
		•		(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			1	16,154
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, dir	ectors,			
	}	trustees, key employees, and highest compensated employees.				
	}	Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as	defined under section			
	ſ	4958(f)(1)), persons described in section 4958(c)(3)(B), and cont	nbuting employers and		1 1	
	Ì	sponsoring organizations of section 501(c)(9) voluntary employee	es' beneficiary		1 1	
ţ]	organizations (see instructions) Complete Part II of Schedule L		<u> </u>	6	
Assets	7	Notes and loans receivable, net			7	
⋖	8	Inventones for sale or use		<u> </u>	8	
	9	Prepaid expenses and deferred charges	1		9	
	10a	Land, buildings, and equipment cost or				
	{	other basis Complete Part VI of Schedule D		-	1 1	
	b	Less accumulated depreciation 10b	L	 	10c	074 574
	11	Investments—publicly traded secunties			11	274,571
	12	Investments—other secunties See Part IV, line 11		<u></u>	12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		<u> </u>	15	200 725
	16	Total assets. Add lines 1 through 15 (must equal line 34)		0	+	290,725
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities	4. 5	ļ	20	
	21	Escrow or custodial account liability Complete Part IV of Schedu			21	
Liabilities	22	Loans and other payables to current and former officers, director	rs,			
≣		trustees, key employees, highest compensated employees, and			22	
Ľ.	22	disqualified persons Complete Part II of Schedule L			23	
	23	Secured mortgages and notes payable to unrelated third parties		 	24	
	24	Unsecured notes and loans payable to unrelated third parties	l thurd			
	25	Other liabilities (including federal income tax, payables to related parties, and other liabilities not included on lines 17-24). Comple				
	ĺ	of Schedule D	le Fall A		25	
	26	Total liabilities. Add lines 17 through 25		C	_	0
	<u></u>	Organizations that follow SFAS 117 (ASC 958), check here	▶ X and		1	
S		complete lines 27 through 29, and lines 33 and 34.				
Š	27	Unrestricted net assets			27	290,725
Fund Batances	28	Temporanly restricted net assets			28	
ă	29	Permanently restricted net assets			29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), chec	k here ▶ ☐ and			
ō	}	complete lines 30 through 34.		1		
Net Assets or	30	Capital stock or trust principal, or current funds			30	
ASS	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
et/	32	Retained earnings, endowment, accumulated income, or other f	unds		32	
Z	33	Total net assets or fund balances			33	290,725
	34	Total liabilities and net assets/fund balances		(34	290,725

orm	990 (2016) Leawood Foundation	48-1164065			Pa	age 12
Pa	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this	Part XI				
1	Total revenue*(must equal Part VIII, column (A), line 12)		1		236,	
2	Total expenses (must equal Part IX, column (A), line 25)		2		160,	
3	Revenue less expenses Subtract line 2 from line 1		3		75,	138
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A	A))	4	L		
5	Net unrealized gains (losses) on investments		5		18,	382
6	Donated services and use of facilities		6			
7	Investment expenses		7			
8	Pnor penod adjustments		8_			
9	Other changes in net assets or fund balances (explain in Schedule O)		9_		197	205
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Par	t X, line	1 1			
	33, column (B))		10		290	725
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this	Part XII				
					Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual	Other				ł
	If the organization changed its method of accounting from a prior year or checked "Oth	er," explaın ın			- 1	1
	Schedule O				- 1	1
2a	Were the organization's financial statements compiled or reviewed by an independent	accountant?		2	a	X
	If "Yes," check a box below to indicate whether the financial statements for the year we	re compiled or				1
	reviewed on a separate basis, consolidated basis, or both			[
	Separate basis Consolidated basis Both consolidated and sepa	rate basis		•		1
b	Were the organization's financial statements audited by an independent accountant?			2	ь	X
	If "Yes," check a box below to indicate whether the financial statements for the year we	re audited on a				1
	separate basis, consolidated basis, or both				1	
	Separate basis Consolidated basis Both consolidated and sepa	rate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes respons	sibility for oversight		į į	1	1
	of the audit, review, or compilation of its financial statements and selection of an indep	endent accountant?		2	С	1
	If the organization changed either its oversight process or selection process during the	tax year, explain in		•		
	Schedule O			,		
3a	As a result of a federal award, was the organization required to undergo an audit or au	dits as set forth in		1		
	the Single Audit Act and OMB Circular A-133?			<u>_3</u>	a	
b	If "Yes," did the organization undergo the required audit or audits? If the organization d	id not undergo the		}	-	}
	required audit or audits, explain why in Schedulo O and describe any etone taken to un	ideran such audite) 3	ь	1

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 chantable 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.

Open to Public

Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Leawood Foundation

Employer identification number 48-1164065

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported (ii) EIN (iii) Type of organization listed in your governing other support (see organization (described on lines 1-10 support (see above (see instructions)) document? instructions) instructions) (A) (B) (C) (D) (E)

		WOOd I Oul				11030			ge z
Pi	art II Support Schedule for O								
	(Complete only if you ched						ualify	under	
	Part III. If the organization	fails to qualify	under the tests	listed below, p	olease complete	Part III)			
	tion A. Public Support								
Cale	ndar 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	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			· - -					
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3					ļ			
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)								
6	Public support. Subtract line 5 from line 4		<u> </u>			<u> </u>			
	tion B. Total Support		1		T	1			
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2010	-	(f) Total	
7	Amounts from line 4	 	 			 	∤-		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			·					
9	Net income from unrelated business activities, whether or not the business is regularly carned 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					<u> </u>			
12	Gross receipts from related activities, etc. (see instructions)					12		
13	First five years. If the Form 990 is for the	organization's first,	second, third, fourt	h, or fifth tax year a	as a section 501(c)	(3)			
	organization, check this box and stop here						<u>.</u>		<u>. </u>
Sec	tion C. Computation of Public Su	pport Percent	tage						
14	Public support percentage for 2016 (line 6,	column (f) dıvıded	by line 11, column ((f))			14		_%_
15	Public support percentage from 2015 Sche	dule A, Part II, line	14				15		<u>%</u>
16a	33 1/3% support test—2016. If the organi				1/3% or more, che	ck this			
	box and stop here. The organization qualif							•	· []
b	33 1/3% support test—2015. If the organic				is 33 1/3% or more	, check		_	
	this box and stop here. The organization q							•	•
17a	10%-facts-and-circumstances test—201								
	10% or more, and if the organization meets		•		• •				
	Part VI how the organization meets the "fac	ts-and-circumstan	ces" test The orgar	nization qualifies as	s a publicly support	ed		.	
_	organization							,	۱ ا
b	10%-facts-and-circumstances test—201					ine			
	15 is 10% or more, and if the organization r								
	Explain in Part VI how the organization mee	ets the "facts-and-o	circumstances" test	The organization	qualifies as a publi	cly			
40	supported organization		1 . 40 . 40	4 4				•	, □
18	Private foundation. If the organization did instructions	not check a box of	n iine 13, 16a, 16b,	1/a, or 1/b, check	tinis 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 expensive fails to suplify under the tests listed below, places complete Bort II.

Sec	tion A. Public Support	1-5		<u> </u>	<u> </u>	/		
Cale	ndar 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")					229,44	18	229,448
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge	l <u>-</u>						
6	Total. Add lines 1 through 5					229,44	18	229,448
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	L						
b c	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b							
8	Public support. (Subtract line 7c from						1	
	line 6)		<u> </u>	<u> </u>	L	<u> </u>		229,448
	tion B. Total Support				T	1		
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016		(f) Total
9	Amounts from line 6		 		 	229,44	18	229,448
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					6,4	31	6,431
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b		 		ļ	6,431		6,431
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)							
13	Total support. (Add lines 9, 10c, 11, and 12)		}			235,8	79	235,879
14	First five years. If the Form 990 is for the c	organization's first	second third four	th or fifth tay year	as a section 501(c)		/31	233,679
	organization, check this box and stop here	-	, second, uma, rodi	ui, oi mui tax year	us a scollori so i(c)	(0)		▶ □
Sec	tion C. Computation of Public Su		tage					
15	Public support percentage for 2016 (line 8,			(f))		1	5	97.27%
16	Public support percentage from 2015 Scheo	` '	•			10	6	%_
Sec	tion D. Computation of Investmen							
17	Investment income percentage for 2016 (lin			column (f))		1	7	3 %_
18	Investment income percentage from 2015 S	Schedule A, Part I	II, line 17			_1	8	%_
19a	33 1/3% support tests—2016. If the organ 17 is not more than 33 1/3%, check this box							×
ь								F -
b 33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1 line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								▶ 🗌
20	Private foundation. If the organization did							▶ []

Page 4

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
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- 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
- Did the organization have any supported organization that does not have an IRS determination of status 2 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)
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- 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
- 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
- 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
- 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)
- 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)
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? C
- 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 chantable 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.
- 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).
- 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)
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a 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.
- 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.
- 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.
- 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
- 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)

		Yes	No
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	3a		
	3b		
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	3с		
	4a		
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	5a	1]
	5b	ļ <u></u>	
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	6	<u> </u>	<u> </u>
	7		
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	8	1	
	9a	 	
	9b		
	9c	 	
	10a	, [1
			T
	10b	1	1
AI	Form S	990 or 99	0-EZ) 2016

Leawood Foundation

Schedule A (Form 990 or 990-EZ) 2016

48-1164065

4	Enter greater of line 2 or line 3								
5	Income tax imposed in prior year	5							
6	Distributable Amount. Subtract line 5 from line 4, unless subject to								
em	nergency temporary reduction (see instructions).	6							
7	Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see								
	instructions)								

1

2

3

Adjusted net income for pnor year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Enter 85% of line 1

Schedule A (Form 990 or 990-EZ) 2016

and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2017. Add lines 3

Part VI See instructions

Breakdown of line 7

b Excess from 2013
 c Excess from 2014
 d Excess from 2015
 e Excess from 2016

and 4c

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

Schedule I (Form 990) (2016) e X Open to Public Inspection Cultural/Educational 2016 OMB No 1545-0047 (h) Purpose of grant Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form or assistance Employer Identification number ☐ Yes 48-1164065 noncash assistance (g) Description of 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of noncash assistance ▶ Attach to Form 990. 157,391 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) 48-6075890 GOV General Information on Grants and Assistance (p) EIN For Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? Leawood Foundation 66211 (a) Name and address of organization KS or government 4800 Town Center Dr of Leawood Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE (Form 990) Leawood (1) City Part 3 3 3 <u>₹</u> 9 (9) 8 6

Schedule 1 (1	Schedule I (Form 990) (2016) Leawood Foundation	dation	4	48-1164065		Page 2
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22	Domestic Individua	als. Complete if the c	irganization answere	d "Yes" on Form 990, Part	IV, line 22
	Part III can be duplicated if additional space is needed.	onal space is needed.				•
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of noncash assistance
		recipients	cash grant	noncash assistance	FMV, appraisal, other)	,
1						
2						
က						
4						
2						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information	ide the information re	equired in Part I, line	2; Part III, column (b); and any other additional	information

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Leawood Foundation

▶ Information about Schedule M (Form 990) 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 48-1164065

Pa	irt Types of Property							
		(a)	(b)	(c) Noncash contribution	(d)			
		Check if	Number of contributions or	amounts reported on	Method of determining			
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contribution amount	s		
1	Art Works of art							
2	Art — Historical treasures							
3	Art — Fractional interests	L						
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities — Publicly traded	X	2	26,889				
10	Securities — Closely held stock							
11	Securities Partnership, LLC,							
	or trust interests			<u> </u>				
12	Secunties — Miscellaneous							
13	Qualified conservation							
	contribution — Historic	}	ļ]				
	structures							
14	Qualified conservation							
	contribution Other							
15	Real estate Residential							
16	Real estate — Commercial							
17	Real estate — Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()						
26	Other ▶ (
27	Other ▶ () [
28	Other ► ()	,					
29	Number of Forms 8283 received by	the organiza	ation during the tax year	for contributions for				
	which the organization completed Fo				29			
							Yes	No
30a	During the year, did the organization	receive by	contribution any property	reported in Part I, lines 1 th	rough			
	28, that it must hold for at least three	years from	the date of the initial co	ntribution, and which isn't red	quired			ĺ
	to be used for exempt purposes for t	-				30a		X
b	If "Yes," describe the arrangement in		•					
31	Does the organization have a gift ac		olicy that requires the rev	new of any nonstandard				ĺ
	contributions?	,	,	•		31		х
32a	Does the organization hire or use thi	rd parties o	r related organizations to	solicit, process, or sell nond	cash			
	contributions?	• • •	9 -]	32a		X
ь	If "Yes," describe in Part II							
33	If the organization didn't report an an	nount in col	umn (c) for a type of pro	perty for which column (a) is	checked,			
	describe in Part II		(-)		·			<u> </u>

Part II Suppl

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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.

2016

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

Open to Public Inspection

Name of the organization

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

Leawood Foundation

48-1164065

Employer identification number

Form 990 - Organization's Mission

The Foundation is organized exclusively for charitable, religious, educational and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt under Section 501(c)(3) of the IRC.

Form 990, Part III, Line 4d - All Other Accomplishment

The Foundation is organized exclusively for charitable, religious,
educational and scientific purposes, including, for such purposes, the
making of distributions to organizations that qualify as exempt described
under Section 501(c)(3) of the IRC

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Beginning Balance \$ 197,205