Form **990** 

# **Return of Organization Exempt From Income Tax**

me Tax OMB No 1545-0047

2018

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A	For the 2	2018 cale	ndar year, or tax year beginning , 2018, and ending			, 20					
3	Check if a	pplicable	C Name of organization-LEARNING CLUB OF KCK		D Employ	er identification n	umber				
	Address c	hange	Doing business as LEARNING CLUB OF KCK			45-5372794					
	Name cha	ange	Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telepho	ne number					
	Initial retui	-	2225 TROUP AVENUE			913-244-5838					
	Final return	return/terminated City or town, state or province, country, and ZIP or foreign postal code									
	Amended	return	KANSAS CITY, KANSAS 66104		G Gross re	eceipts \$	583,729				
	Applicatio	n pending	F Name and address of principal officer	a) Is this a gro	up retum for	subordinates?    Yes	ı ☑ No				
			Bradley Grabs, 2225 Troup Avenue, Kansas City, Kansas 66104	(b) Are all s	ubordinate	s included? 🔲 Yes	No 🗌				
1	Tax-exem	npt status	✓ 501(c)(3)	If "No	," attach	a list (see instruction	ons)				
J	Website:	▶ ww	w learningclubkck org	(c) Group	exemption	number >					
K	Form of or	rganization	✓ Corporation ☐ Trust ☐ Association ☐ Other ► \ L Year of formation	2012	M State	of legal domicile	KS				
P	art I	Summ									
	1 I	Briefly de	escribe the organization's mission or most significant activities:								
ŝ	1 1	Provide a	fter school and summer academic tutoring and enrichment programs for 150 low incom	ne childre	n who liv	e in the urban					
& Governance			ansas City								
ě			is box ▶☐ if the organization discontinued its operations or disposed of mo	ore than	25% of	its net assets.					
ő			of voting members of the governing body (Part VI, line 1a)		3		11				
જ	4 1	Number	of independent voting members of the governing body (Part VI, line 1b) .		4		9				
ţ	5	Total nur	mber of individuals employed in calendar year 2018 (Part V, line 2a)		5		16				
Activities			mber of volunteers (estimate if necessary)		6		140				
ĕ			related business revenue from Part VIII. column (G),-line=12		7a		0				
	b !	Net unre	lated business taxable income from Form 990 Vine 38	<u> </u>	7b		0				
			98	Prior Yea		Current Y					
ē			tions and grants (Part VIII, line 17).		399,726		576,447				
Ę			service revenue (Part VIII, line 29)								
Revenue	10	Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)		2,300		7,232				
-	11 (	Other re	venue (Part VIII, column (A), lines 5, 60 & DE Nc, and 11e)		100 000		50				
			enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		402,026		583,729				
	1		nd similar amounts paid (Part IX, column (A), lines 1-3)								
			paid to or for members (Part IX, column (A), line 4)		152 757		205 207				
ès			other compensation, employee benefits (Part IX, column (A), lines 5–10)	<del></del>	153,757	<u> </u>	205,397				
ens			onal fundraising fees (Part IX, column (A), line 11e)				<del></del>				
Expenses	I .		draising expenses (Part IX, column (D), line 25)		19,678	ļ	53,751				
_	1		penses (Part IX, column (A), lines 11a–11d, 11f–24e)		173,435	<u> </u>	259,148				
			penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		228,591		324,581				
. 0	<del> </del>	neveriue		ning of Cur	<del> </del>	End of Ye					
ts or	20 -	Total acc	sets (Part X, line 16)		708,513	<u> </u>	1,033,094				
Net Assets	20		polities (Part X, line 26)								
ž,	22		ets or fund balances. Subtract line 21 from line 20		708,513		1,033,094				
	art II		ture Block	<del></del>	<del></del>	·					
			ry, I declare that I have examined this return, including accompanying schedules and statements	, and to th	e best of	my knowledge and	belief, it is				
tru	ue, correct,	abo comp	lete Declaration of preparer (other than officer) is based on all information of which preparer has a	any knowle	dge						
		P	Smally Alabs		5/3	7// 9					
Si	gn	Sign	nature of officer	Dat	-	7.					
He	ere	TE BI	PADLEY GRABS PRESIDENT & EXECUT	IVE	DIRI	SCTOR					
	F	Тур	e or print name and title								
P۶	aid S	Print/Ty	/pe preparer's name Preparer's signature Date		Check	☐ if PTIN					
	eparer	=		<del></del>	self-em	ployed					
	se Only		name ►	Firm	s EIN 🕨						
		Firm's	address ►	Phor	e no.						
_			s this return with the preparer shown above? (see instructions)	<u> </u>	<u> </u>	<u> </u>					
Fo		ork Redu	action Act Notice, see the separate instructions. Cat No 112	282Y		Form	<b>990</b> (2018)				
	9						~ 2				

Part	Statement of Program Service Accomplishments  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	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by
4	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 \$ 89,667 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 \$ 109,594 including grants of \$ 0 ) (Revenue \$ 0)
	Train local high school students to tutor our younger students They receive training in pedagogy, educational techniques, curriculum as
	well as behavior management and their own personal & professional development each week. The High School students tutor our younger students for 1.5 hours each week.
4c	(Code: ) (Expenses \$ 962 including grants of \$ 0 ) (Revenue \$ 0)
	Motivational Prizes and Snacks-Students 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.
	at each session, which reaches good eating habite and hope disability to the session with the session of the se
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
40	Total program service expenses  200.223

Sela	Checklist of nequired schedules		r	T
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		١,	į
	complete Schedule A	1	<b>/</b>	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	<del> </del>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	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		1
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		1
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		1
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		1
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	1	
b	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		1
С	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		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>√</b>
14a	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? If "Yes," complete Schedule G, Part 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		1
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
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		1

Part	V Checklist of Required Schedules (continued)			
			Yes	No
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		<b>√</b>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		<b>√</b>
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>&gt;</b>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<b>&gt;</b>
<b>c</b>	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		<b>y</b>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<b>√</b>
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		<b>√</b>
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		>
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<b>V</b>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<b>√</b>
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		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<b>√</b>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>V</b>
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		<b>√</b>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<b>✓</b>
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? If "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note</b> . All Form 990 filers are required to complete Schedule O.	38	<b>✓</b>	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
4.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   0		162	140
1a b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	1_		
	reportable gaming (gambling) winnings to prize winners?	1c	<b>√</b>	

Part '	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 16			
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)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<b>✓</b>
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 over,	1		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			<u> </u>
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
	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			,
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	ļ	<b>/</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C.L.		
-	gifts were not tax deductible?	6b		-
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		1
	and services provided to the payor?	7b	ļ	<del>                                     </del>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	· ·		<del> </del>
С	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u> </u>	ļ	<del>                                     </del>
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	_	7
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7 <del>f</del>		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	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?	8		✓
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	1
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	1		1
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	4		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
100	against amounts due or received from them.)	12a		
12a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	120	ļ	<del></del>
b 13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	1	ŀ
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		<del> </del>
	Note. See the instructions for additional information the organization must report on Schedule O.	10.5		
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		İ	ĺ
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	1
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
, <del>-</del>	excess parachute payment(s) during the year?	15	L	✓
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		✓
	If "Yes," complete Form 4720, Schedule O.			

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	s in Schedule O. S	ee ins		
04!	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u></u>		. 🗸
Secti	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 11			1
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar		l		
	committee, explain in Schedule O.	\			
b	Enter the number of voting members included in line 1a, above, who are independent .	1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?	relationship with	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 oth		3		<b>✓</b>
4	Did the organization make any significant changes to its governing documents since the prior Form 9		4		1
5	Did the organization become aware during the year of a significant diversion of the organizati	on's assets? .	5		1
6	Did the organization have members or stockholders?		6		1
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		✓
b	Are any governance decisions of the organization reserved to (or subject to approva	l by) members,			
	stockholders, or persons other than the governing body?		7b		<b>✓</b>
8	Did the organization contemporaneously document the meetings held or written actions ur	dertaken during			
	the year by the following:			<del></del>	
а	The governing body?		8a	<b>/</b>	
b	Each committee with authority to act on behalf of the governing body?		8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cann the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9		1
Sacti	on B. Policies (This Section B requests information about policies not required by the			ode l	
Jecu	on B. Policies (This Section B requests information about policies not required by the	c internal riever	uc O	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		1
	If "Yes," did the organization have written policies and procedures governing the activities of				
	affiliates, and branches to ensure their operations are consistent with the organization's exen		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body bef		11a		<b>/</b>
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>√</b>	ļ
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b	<b>✓</b>	
С	Did the organization regularly and consistently monitor and enforce compliance with the	policy? If "Yes,"	120		1
40	describe in Schedule O how this was done		12c		<del>                                     </del>
13 14	Did the organization have a written whistleblower policy?		14	<del></del>	1
	Did the process for determining compensation of the following persons include a review		17		1
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation				
а	The organization's CEO, Executive Director, or top management official		15a		7
b	Other officers or key employees of the organization		15b		1
	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 sim	ilar arrangement	<u> </u>		
	with a taxable entity during the year?		16a		<b>/</b>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization				
	participation in joint venture arrangements under applicable federal tax law, and take steps		-		
	organization's exempt status with respect to such arrangements?		16b		
	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed None	-\ 000			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable (2) and a gradely for public inspection, Indicate how you made those available. Check all the		(Sec	ซเอก ร	5U1(C)
	(3)s only) available for public inspection. Indicate how you made these available. Check all the   Own website Another's website Upon request Other (explain in Science)				
40	_ , ,	•	oroc*	nell-	ادعم ر
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume financial statements available to the public during the tax year.	aus, conflict of in	୯୮୯୪(	holic	y, and
20	State the name, address, and telephone number of the person who possesses the organization	on's books and re	cords	<b>•</b>	
	Bradley Grahs 2225 Troup Ave Kansas City, KS 66104 913-244-5838				

Da	-	-	
Гα	u	-	

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	or any relate	d orga	aniz	atic	n c	ompe	ensa	ated any currer	t officer, director	r, or trustee.
				•	C)					
(A)	(B)	/40.0			ition	e than o		(D)	(E)	(F)
Name and Title	Average					is both		Reportable	Reportable	Estimated
	hours per week (list any	201					<del>,</del>	compensation from	compensation from related	amount of other
	hours for	Individual trustee or director	İng	Officer	Key employee	휧풀	Former	the	organizations	compensation
	related organizations	P E	Institutional trustee	e e	9	oy est	) ag	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	학학	na		윷	8 6		(** 2 1000 111100)		and related
	line)	uste	trus		8	Pen	ļ			organizations
		•	tee			Highest compensated employee				
(1) Bradley Grabs	45									
President & Executive Director		1		1		ĺ	ĺ	64,910	o	0
(2) Dawn Grabs	5		_				Г			<del></del>
Vice President, Secretary & Director	· †	1		1		}	1	4,825	0	0
(3) Barbara Bailey	1									
Director		✓					L	0	0	0
(4) Case Dorman	1									
Director	<u> </u>	1			<u> </u>			0	0	0
(5) Judy Marckx	1		İ				l	1		
Director	<u> </u>	1		ļ	ļ	<u> </u>		0	0	0
(6) Pat McInemey	1						İ	1		_
Director	ļ <u>.</u>	<b>✓</b>					ļ	0	0	0
(7) Sr Vickie Perkins	1	,					ĺ	1		•
Director (2) Issue Countille	1 1	<b>✓</b>	-		-		├	0	0	0
(8) Irene Caudillo Director		1						0	0	0
(9) Jayson Strickland	1 1	-	-		├-	<del> </del>	┢╌	ļ		
Director	-+	1						0	o	0
(10) Chuck Kopel	1		-		<del>                                     </del>	<b></b>	┢			
Director	-	1		ŀ				0	0	0
(11) Kelsey Finley	1		$\vdash$	_						
Director	1	1					1	0	0	0
(12)										
(13)							-			
(14)										

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office individua	unles	Pos neck is pe	rson	than both sor/trust Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportab compensation related organization (W-2/1099-N	n from ons	Esti amo compo froi orgar and	mated ount of ther ensation the nization related izations	ı
(15)						_	<b>E</b> .							<del></del>
			<u> </u>			_		_						
					<u> </u>									
(17)								_						
(18)														
(19)														
(20)								-						
(21)				:				_						
		<u> </u>	ļ			_								
			-	-					ļ				<u> </u>	
(23)												· · - · · · · · · · · · · · · · · · · ·		
(24)														
(25)			-											
1b c d	Sub-total	VII, Sectio	n A	•	•		· •	<ul><li> </li><li> </li></ul>	69,735 0 69,735		0 0			0
2	Total number of individuals (including but reportable compensation from the organic		to th	ose	e list	ted	above	e) w	ho received m 0	ore than \$1	00,000	) of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc						emp	oloyee, or high	est compe	nsated	3	Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of regreater the	portai an \$	ble ( 150,	con ,000	npei )? <i>[</i> ;	nsatio	on a s,"	and other comp complete Sch	pensation from the dule of the	om the r such	† † 		<b>✓</b>
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co? If "Yes," o	ompe compl	nsa lete	tion <i>Scl</i>	fro nedu	m any ule J 1	or s	related organiz such person	cation or inc		5		<b>√</b>
	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Repyear	compensat cort compe	ed ind nsatio	depo on fo	end or th	ent he c	contralend	act lar y	year ending wit	ea more that h or within	the org	ganızatio	on's ta	3X
	(A) Name and business add	Iress							(B) Description of s	ervices		(C) Compens	ation	
			-											
							-	_						
	(							-			· · · · · ·			
2	Total number of independent contractor received more than \$100,000 of compens							th	nose listed ab	ove) who				

Part VIII		Statement of Reve Check if Schedule C		nonce or note to	any line in this	Part VIII						
		Officer if Schedule C	Contains a res	portse of flote to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514				
ू इ इ	1a	Federated campaigns	s 1a	T								
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .										
S, G	С	Fundraising events .										
ar /	d	Related organizations					ļ					
s, G	е	Government grants (cor	ntributions) 1e									
io	f	All other contributions, g										
but		and similar amounts not inc	cluded above 1f	576,447								
i di	g	Noncash contributions include	ded in lines 1a-1f. \$	0	[							
aŭ G	h	Total. Add lines 1a-1	f	<b>&gt;</b>	576,447							
				Business Code								
Ven	2a											
æ	b											
કું	С											
e e	d					-						
Ē	е						<u> </u>					
Program Service Revenue	f	All other program ser	vice revenue .									
ă.	g	Total. Add lines 2a-2	2f	<u>, , , , , </u>								
	3	Investment income	, •		1							
		and other similar amo	•	▶	7,232	<u>,</u>		7,232				
	4	Income from investmen	nt of tax-exempt b	ond proceeds ►								
	5	Royalties	(i) Real	, <b>.</b>								
			(i) Real	(ii) Personal								
	6a	Gross rents										
	b	Less: rental expenses										
	С	Rental income or (loss)	<u></u>	<u> </u>								
	d	Net rental income or	<del></del>			,						
	7a	Gross amount from sales of	(i) Securities	(ii) Other				j				
		assets other than inventory	301,000	<u> </u>	ł							
	b	Less: cost or other basis	204 000									
	_	and sales expenses .	301,000	<del> </del>								
	C	Gain or (loss)	<u> </u>	<del></del>	0		ļ					
	d	Net gain or (loss) .		· · · · <b>P</b>	<u> </u>							
venue	8a	Gross income from fuevents (not including \$	-									
Other Revenu		of contributions report See Part IV, line 18 .										
Ş		Less: direct expenses		<u> </u>								
-		Net income or (loss) 1		events . ►		<del></del>						
	9a	Gross income from ga										
		See Part IV, line 19 .	-		İ			}				
		Less: direct expense					ļ					
		Net income or (loss)		ıvıties ▶								
	10a	Gross sales of in						}				
		returns and allowanc	_				,					
		Less: cost of goods s										
	С	Net income or (loss) t										
	<u> </u>	Miscellaneous F	levenue	Business Code								
	11a	Rebate			50	<del> </del>	ļ.,					
	b	•										
	C	A.U					<u> </u>					
	d	All other revenue .			50							
	e	Total. Add lines 11a-					<del> </del>	7,232				
	12	Total revenue. See i	nstructions .		583,729		I	1,232				

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) Fundraising Do not include amounts reported on lines 6b, 7b, (A) Total expenses Program service expenses 8b. 9b. and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . Grants and other assistance to domestic 2 individuals. See Part IV, line 22 . . . . . Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . Benefits paid to or for members . . . . Compensation of current officers, directors, trustees, and key employees . . . . . . 138,868 108,317 30.551 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 10,687 48,576 37,889 Other salaries and wages . . . . Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 728 3.640 2.912 Other employee benefits . . . . . . . 2.863 11,450 10 14,313 Payroll taxes . . . . . . . . . 11 Fees for services (non-employees): Management . . . . . а Legal . . . . . . . b 768 768 Accounting . . . . . C Lobbying . . . . . . . . . . . . d Professional fundraising services. See Part IV, line 17 Investment management fees . . . . . . Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . Advertising and promotion . . . . 817 327 490 12 4.290 1,716 2.574 13 Office expenses 884 354 530 14 Information technology 15 3,600 0 3.600 16 0 119 119 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 21 Payments to affiliates . . . . . 2.290 2.290 22 Depreciation, depletion, and amortization . 4,044 5,055 1,011 23 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.) 718 2,875 Printing & Postage 3.593 574 1,340 Telephone 1.914 b Educational Materials & Supplies 2,435 2,435 O C Emergency Assistance For Families 4,367 4,367 0 d All other expenses 23,619 22,830 789 e Total functional expenses. Add lines 1 through 24e 58,925 259,148 200,223 25 Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and 

**Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year Cash—non-interest-bearing . . . . . . . . . . . . 20.865 1 27,801 687,648 2 984,683 2 3 3 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . . . . 6 7 7 8 8 9 Prepaid expenses and deferred charges . 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation . . . . 10b 10c 20,610 11 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 . 12 Investments—program-related. See Part IV, line 11. 13 13 14 14 15 15 708,513 1,033,094 Total assets. Add lines 1 through 15 (must equal line 34) . . . . 16 16 17 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D . Loans and other payables to current and former officers, directors, Liabilities 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . . 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 0 Total liabilities. Add lines 17 through 25 . 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. -0-30 -0-30 Capital stock or trust principal, or current funds . . . . . . . . . -0- 31 -0-31 Paid-in or capital surplus, or land, building, or equipment fund . . . 708,513 **32** 1,033,094 32 Retained earnings, endowment, accumulated income, or other funds . 708,513 33 1.033.094 33 

Total liabilities and net assets/fund balances .

708,513 34

1,033,094

Form 990 (2018)

Page	1	2
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m 990 (2					Page <b>12</b>
art XI	Check if Schedule O contains a response or note to any line in this Part XI				
1 Tc	otal revenue (must equal Part VIII, column (A), line 12)	1	• • •		583,729
	otal revenue (must equal Part IX, column (A), line 12)	2			259,148
	evenue less expenses. Subtract line 2 from line 1	3			324,581
	et assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			708,513
	et unrealized gains (losses) on investments	5			
	onated services and use of facilities	6			
	vestment expenses	7			
	ior period adjustments	8			
	ther changes in net assets or fund balances (explain in Schedule O)	9			
	et assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	B, column (B))	10		1,6	033,094
<b>1</b> Ac	Check if Schedule O contains a response or note to any line in this Part XII	· ·		Yes	
lf					
lf Sc	ccounting method used to prepare the Form 990:	xplain	in ,	Yes	_
If So <b>2a</b> W If re	counting method used to prepare the Form 990:  Cash  Accrual  Other the organization changed its method of accounting from a prior year or checked "Other," exchedule O. ere the organization's financial statements compiled or reviewed by an independent accountant? "Yes," check a box below to indicate whether the financial statements for the year were conviewed on a separate basis, consolidated basis, or both:	xplain	in ,	Yes	s No
lf So <b>2a</b> W If re □	counting method used to prepare the Form 990:  Cash  Accrual  Other the organization changed its method of accounting from a prior year or checked "Other," exchedule O.  Accrual Other Other, exchedule O.  Accrual Other  Other  Other  Other  Other, exchedule O.  Other, exchedule O.  Other, exchedule O.  Other, exchedule O.  Other  Other, exchedule O.  Other	xplain	in ,	a	s No
If So 2a W If re D W	counting method used to prepare the Form 990:  Cash  Accrual  Other the organization changed its method of accounting from a prior year or checked "Other," exchedule O. ere the organization's financial statements compiled or reviewed by an independent accountant? "Yes," check a box below to indicate whether the financial statements for the year were conviewed on a separate basis, consolidated basis, or both:    Separate basis	xplain npiled	in , 2 or 2	a	s No
If Sc 2a W If re D W If se	counting method used to prepare the Form 990:  Cash  Accrual  Other the organization changed its method of accounting from a prior year or checked "Other," exchedule O. ere the organization's financial statements compiled or reviewed by an independent accountant? "Yes," check a box below to indicate whether the financial statements for the year were conviewed on a separate basis, consolidated basis, or both:    Separate basis  Consolidated basis  Both consolidated and separate basis ere the organization's financial statements audited by an independent accountant?	xplain npiled	in , 2 or 2	a	s No
If Sc 2a W If re D W If se	counting method used to prepare the Form 990:  Cash  Accrual  Other the organization changed its method of accounting from a prior year or checked "Other," exchedule O. ere the organization's financial statements compiled or reviewed by an independent accountant? "Yes," check a box below to indicate whether the financial statements for the year were conviewed on a separate basis, consolidated basis, or both:    Separate basis  Consolidated basis  Both consolidated and separate basis ere the organization's financial statements audited by an independent accountant? "Yes," check a box below to indicate whether the financial statements for the year were audit eparate basis, consolidated basis, or both:   Separate basis  Consolidated basis  Both consolidated and separate basis	xplain npiled ted on	in , 2	a	s No
If Sc 2a W If re D W If se C If	counting method used to prepare the Form 990:  Cash  Accrual  Other the organization changed its method of accounting from a prior year or checked "Other," exchedule O. ere the organization's financial statements compiled or reviewed by an independent accountant? "Yes," check a box below to indicate whether the financial statements for the year were conviewed on a separate basis, consolidated basis, or both:    Separate basis	xplain npiled ted on	in , 2	a	s No
if Sc Sc Sc If Sc Sc If Sc If Of If	counting method used to prepare the Form 990:  Cash  Accrual  Other the organization changed its method of accounting from a prior year or checked "Other," exchedule O. ere the organization's financial statements compiled or reviewed by an independent accountant? "Yes," check a box below to indicate whether the financial statements for the year were conviewed on a separate basis, consolidated basis, or both:    Separate basis	xplain npiled ted on	in , 2 or 2 a a	a	s No
b W If see If of Sa Sa As	counting method used to prepare the Form 990:  Cash  Accrual  Other the organization changed its method of accounting from a prior year or checked "Other," exchedule O. ere the organization's financial statements compiled or reviewed by an independent accountant? "Yes," check a box below to indicate whether the financial statements for the year were conviewed on a separate basis, consolidated basis, or both:   Separate basis	xplain npiled ted on oversig untant	in , 2 or 2 or 2 or 2 or 2 or 3 or 3 or 3 or	a b	s No

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## SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization LEARNING CLUB OF KCK

## **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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

45-5372794

Par	t I Reason for Public Char	ity Status (All	organizations must	comple	te this p	art.) See instruction	ons.	
The o	organization is not a private foundat						NI	
1	1 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 (F	orm 990	or 990-E	Z).)		
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	A medical research organization	n operated in co	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii).Enter the	
	hospital's name, city, and state	:						
5								
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7								
8	A community trust described in	section 170(b)	(1)(A)(vi). (Complete I	Part II.)				
9	An agricultural research organiz	zation described	in section 170(b)(1)	(A)(ix) op	erated in	conjunction with a l	and-grant college	
	or university or a non-land-grar university:		•			·	<del>-</del>	
10	An organization that normally receipts from activities related	to its exempt fu	nctions—subiect to c	ertain exc	ceptions.	and (2) no more that	n 33¹/₃% of its	
	support from gross investment acquired by the organization af	income and uni ter June 30-197	related business taxal 75. See <b>section 509</b> (a	ole incom 1 <b>1/21</b> . (Col	ie (iess so nolete Pa	ection 511 tax) from art III.)	Dusinesses	
11	An organization organized and	*	•		•	•		
12	☐ An organization organized and	•	- '	-			ry out the purposes	
•-	of one or more publicly support							
	Check the box in lines 12a throu	•		•				
а		-	• • • • • • • • • • • • • • • • • • • •		-	·	-	
_	the supported organization							
	supporting organization. Yo							
b		-				supported organizati	on(s), by having	
_	control or management of t							
	organization(s). You must o				•		•	
c	Type III functionally integr						ally integrated with,	
d			-				orted organization(s)	
u	that is not functionally integ							
	requirement (see instruction							
е		•	-				all Type III	
ŭ	functionally integrated, or T						on, type in	
f	Enter the number of supported o	• •		-				
g			orted organization(s).		,		· · [	
	(i) Name of supported organization		(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of	
	,,,	,,	(described on lines 1-10	listed in you	ur governing ment?	support (see	other support (see	
			above (see instructions))	l goca	ment*	instructions)	instructions)	
	į			Yes	No			
<u></u>				1				
(A)								
(B)								
(U)								
(C)								
<del></del>				L				
(D)								
				ļ <u>.</u>	<b>_</b>			
(E)								
				ļ				

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	on A. Public Support dar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and	(a) 2014	(3) 2010	(0) 2010	(4) 2017	(0) 2010	(i) Total
•	membership fees received. (Do not						
	include any "unusual grants.")	191,242	252,588	303,201	399,726	576,447	1,723,204
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						<del></del>
4	Total. Add lines 1 through 3	191,242	252,588	303,201	399,726	576,447	1,723,204
5	The portion of total contributions by	,				i	
	each person (other than a					}	
	governmental unit or publicly		1			1	
	supported organization) included on	į					
	shown on line 11, column (f)						445 440
•							145,110 1,578,094
6 Sooti	Public support. Subtract line 5 from line 4 on B. Total Support	l					1,576,094
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	191,242	252,588	303,201	399,726	576,447	1,723,204
8	Gross income from interest, dividends,						.,
U	payments received on securities loans,	ļ				Ì	
	rents, royalties, and income from						
	similar sources	285	615	961	2,300	7,232	11,393
9	Net income from unrelated business						
	activities, whether or not the business		i			1	
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets	İ				ŀ	
	(Explain in Part VI.)					50	50
11	Total support. Add lines 7 through 10						1,734,647
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for th						
<del></del>	organization, check this box and stop her			<del></del>		· · · · ·	· · <b>P</b> []
	on C. Computation of Public Suppor			4 1 (0)	<del></del>	44	00.07.0/
14	Public support percentage for 2018 (line 6					15	90 97 %
15 165	Public support percentage from 2017 Sch 33 <sup>1</sup> / <sub>3</sub> % support test—2018. If the organic						%
100	box and <b>stop here.</b> The organization qual						
b	331/3% support test—2017. If the organization						
	this box and <b>stop here.</b> 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			_	•		• •
ь	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						. ▶ 🗆
18	Private foundation. If the organization die	d not check a b	oox on line 13,	16a, 16b, 17a	, or 17b, checi	this box and	see
	instructions	<u> </u>	· · · · ·	<u> </u>	<u></u>		🕨 🗆

Schedu	le A (Form 990 or 990-EZ) 2018					ı	Page <b>3</b>
Part	Support Schedule for Organiza (Complete only if you checked th					d to qualify u	nder Part II.
	If the organization fails to qualify						
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees				1		/
_	received. (Do not include any "unusual grants")						
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				/	ļ	
	or expended on its behalf						
5	The value of services or facilities	· · · · · · · · · · · · · · · · · · ·			<del>                                     </del>		
3	furnished by a governmental unit to the				/		
	organization without charge			/	/		
6	Total. Add lines 1 through 5						<del></del>
	Amounts included on lines 1, 2, and 3			/			
	received from disqualified persons				1		
b	Amounts included on lines 2 and 3						'
	received from other than disqualified						
	persons that exceed the greater of \$5,000		/	ĺ			
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b		/				
8	Public support. (Subtract line 7c from	a.	/				
	line 6.)	ı.					
	on B. Total Support			<del> </del>			
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6			<u> </u>			<del></del>
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar sources.						
_	· ·	<b></b> /					<del>                                     </del>
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975				1		
c	Add lines 10a and 10b	<u>"                                    </u>					<del>                                     </del>
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.) /					<u> </u>	
14	First five years. If the Form 990 is for the	=			-		
	organization, check this box and stop he		<u> </u>	· · · · ·			· · · <b>&gt;</b> 🗀
	on C. Computation of Public Suppor					· · · · · · · · · · · · · · · · · · ·	<del></del>
15	Public support percentage for 2018 (line 8						<u>%</u>
16	Public support percentage from 2017 Sch			<del></del>	· · · · · · · · · · · · · · · · · · ·	16	%
	on D. Computation of Investment In			u line 10!	.mn (6)	4	0/
17 10	Investment/income percentage for 2018 ( Investment income percentage from 2017			•		17	<u>%</u>
18 19a	331/3% support tests—2018. If the organ					1 1	
. 34	TO THE PURE TOUR METER IN THE OIGHT						. ,

171's not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . > 331/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

## 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	on 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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	5 5 5 4 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5	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 <b>Part VI</b> when and how the organization made the determination.	3b		
	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
<b>4a</b>	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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).			
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	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 <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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 <b>Part VI</b> .	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 <b>Part VI.</b>	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 <b>Part VI.</b>	9c		
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		
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to	Γ	1	1

determine whether the organization had excess business holdings.)

10b

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
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		ļ
	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		
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			[ [
	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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	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.			
	organizations and what conditions of restrictions, if any, applied to ddon powers during the tax year.	1		L
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			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		<u> </u>
<u>Secti</u>	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			
<del></del>	the supported organization(s).	1		<u> </u>
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax 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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3	—	
Coati		<u> </u>		Ц
	on E. Type III Functionally Integrated Supporting Organizations  Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see it		-41	
1	The organization satisfied the Activities Test. Complete <b>line 2</b> below.	nstru	CHOII	S).
a b	The organization satisfied the Activities rest. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	coo in	etaiet	onel
2	Activities Test. Answer (a) and (b) below.	300 111	Yes	
		$\overline{}$		
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 <b>Part VI identify</b>			
	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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			ı
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			1
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	- Ja		1
b	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		<b>-</b>

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	_						
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
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)				
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>b</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						
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	y int	tegrated Type III support	ing organization (see				
instructions).							

Part	Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)	,
Secti	on 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	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets		······································	
5	Qualified set-aside amounts (prior IRS approval required)	<del></del>		
6	Other distributions (describe in Part.VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6		<del> </del>	
10	Line 8 amount divided by line 9 amount			
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ). See			
	instructions.		·	
3	Excess distributions carryover, if any, to 2018	and wantspeeds although a department of the statement. It has also been been also although the statement of	** *** **** ****	
а	From 2013		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
b	From 2014		and the state of t	****
С				
d	From 2016			· · · · · · · · · · · · · · · · · · ·
е	From 2017		<del></del>	I
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2018 distributable amount			70.00
i	Carryover from 2013 not applied (see instructions)		<del> </del>	
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			4
4	Distributions for 2018 from			
	Section D, line 7:	·		
	Applied to underdistributions of prior years		<u> </u>	
	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015	N KANANDANAN BANDAR MALAN LA 2 K. OK. O NJAPAZ WE O THE PHYSIPPE		
С	Excess from 2016		<u> </u>	
d	Excess from 2017			,
	Excess from 2018	-2, -2, -2, -2, -3, -3, -3, -3, -3, -3, -3, -3, -3, -3		32.00

Page	8

Part VI	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.)
SCHEDUL	E A , PART II, SECTION B, LINE 10
Rebate Inco	ome of \$50 Received
	·
	·
	,
	`
	J

### SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

**Supplemental Financial Statements** 

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

➤ Attach to Form 990.
➤ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Open to Public

Employer identification number Name of the organization 45-5372794 LEARNING CLUB OF KCK Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) . 3 Aggregate value at end of year . . . . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure ☐ Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . . . . . . . 2b b 2c Number of conservation easements on a certified historic structure included in (a) . . . . C Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 . . . . . . . . . . . . . . . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: 

Part									
3	Using the organization's acquisition, a collection items (check all that apply):		her reco	rds, chec	k any of the	e follow	ving that are a	significant	use of its
а	☐ Public exhibition		d	□ Loan	or exchang	e progr	ams		
b	☐ Scholarly research		e	☐ Othe	r	_	·		
C	Preservation for future generations	<b>;</b>							
4	Provide a description of the organizat XIII.	tion's collections a	and expla	ain how t	hey further	the org	anization's exe	mpt purpos	se in Part
5	During the year, did the organization	solicit or receive	donation	s of art,	historical tr	easures	s, or other simi	ar	
	assets to be sold to raise funds rather	than to be mainta	ined as p	part of the	e organizatio	on's co	llection?	☐ Yes	B □ No
Part									
	Complete if the organization	answered "Yes'	on For	m 990, I	Part IV, line	9, or	reported an ai	nount on	Form
	990, Part X, line 21.	· · · · · · · · · · · · · · · · · · ·			····		····		
1a	Is the organization an agent, trustee, included on Form 990, Part X?								. □ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	llowing t	able:				
							1	mount	
С	Beginning balance	<b></b>				1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amour	nt on Form 990, Pa	art X, line	21, for e	escrow or cu	stodial	account liabilit	y? 🗌 Yes	□ No
b	If "Yes," explain the arrangement in Pa	art XIII. Check here	e if the ex	kplanatio	n has been	provide	d on Part XIII.		
Par	V Endowment Funds.	•							
	Complete if the organization	answered "Yes'	' on For	m 990, I	Part IV, line	10.			
		(a) Current year	(b) Pri	or year	(c) Two years	s back	(d) Three years bad	k (e) Four y	ears back
1a	Beginning of year balance			·			·		
b	Contributions								
С	Net investment earnings, gains, and losses								
đ	Grants or scholarships								
e	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance						· -		
2	Provide the estimated percentage of the	he current year en	d balanc	e (line 1g	, column (a)	) held a	 1S:	· · · · · · · · · · · · · · · · · · ·	
а	Board designated or quasi-endowmer		%						
b	Permanent endowment ▶	%							
C	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and	2c should equal 10	00%.						
3a	Are there endowment funds not in the	e possession of th	e organi	zation the	at are held a	and adı	ministered for t	ne	
	organization by.							Y	es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related or	rganizations listed	as requi	red on So	chedule R?			3b	
4	Describe in Part XIII the intended uses		n's endo	wment f	unds.				
Part	, , ,								
	Complete if the organization	answered "Yes'	' on For	m 990, f	Part IV, line	11a. S	See Form 990	Part X, lii	ne 10.
	Description of property	(a) Cost or other (investment)			or other basis other)		Accumulated preciation	(d) Book	value
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment				22,900		2,290		20,610
е	Other								
Total.	Add lines 1a through 1e. (Column (d) m	nust equal Form 99	90, Part )	K, columr	n (B), line 10	c.)			20,610

## 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

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

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

LEARNING CLUB OF KCK	45-5372794
STATEMENT 1Part III, line 2 of Page 2 of Form 990	
The Learning Club began a new program where it trains local urban core High School students to tutor young	er students Both groups benefit
because the High School Students receive training in educational techniques & behavior management while the	ne younger students may relate
better with tutors closer in age to their peer group	
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 3Part VI, line 11b of Page 6 of Form 990	
Board of Directors review the Form 990 at the Board Meeting immediately following the filing of Form 990.	
STATEMENT 4Part VI, line 19 of Page 6 of Form 990	
Form 990 containing financial statements is made available to the public upon request. The governing docum	ents and the conflict of
interest policy are also made available to the public upon request	
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