om **990**

(Rev. January 2020)

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury

Do not enter social security numbers on this form as it may be made public.

So to wreavity may form 1990 for instructions and the latest information.

Open to Public

Inter	nal Reve	nue Service	► Go to www.irs.go	ov/Form990 for instructions				Inspection
A	For the	2019 calen	dar year, or tax year beginning	, 2	019, and end	ing		, 20
В	Check if	applicable.	C Name of organization LEARNIN	G CLUB OF KCK			D Emplo	yer identification number
	Address	change	Doing business as LEARNING	CLUB OF KCK				45-5372794
	Name ci	hange	Number and street (or PO box if	mail is not delivered to street add	dress)	Room/suite	E Teleph	none number
	Initial ret	turn	2225 TROUP AVENUE				<u> </u>	913-244-5838
	Final retu	um/terminated	City or town, state or province, co	ountry, and ZIP or foreign postal o	ode	-		
$\overline{\Box}$	Amende	d return	KANSAS CITY, KANSAS 6610	4			G Gross	receipts \$ 652,630
	Applicat	ion pending	F Name and address of principal offi	icer		H(a) Is this a	roup return fo	or subordinates? 🔲 Yes 📝 No
_			Bradley Grabs, 2225 Troup Av	enue, Kansas City, Kansas	66104	7 H(b) Are all	subordinate	es included? 🗌 Yes 🔲 No
i	Tax-exe	mpt status	✓ 501(c)(3) 501(c) () ◀ (insert no)		If "No,"	attach a lis	st (see instructions)
J	Website	: > www.lea	arningclubkck.org		r	H(c) Group	exemption	number ▶
			Corporation Trust Associate	tion ☐ Other ►	L Year of for	mation 2012	M State	of legal domicile KS
Р	art I	Summa	ıry					
	1		scribe the organization's missi	ion or most significant act	ivıties:			
ė		-	ter school and summer academ			200 low income	e children	who live in the urban
Governance	Ì	core of Kar			A			
e.	2		s box ▶ ☐ if the organization	discontinued its operation	s or dispose	ed of more than	25% of	its net assets.
ò	3		f voting members of the gove	•). REC	CEIVED	3	11
	4		f independent voting member		art VI. line	DIVED.	0 4	9
Activities &	5		ber of individuals employed in				<u></u> Σ	19
₹	6		ber of volunteers (estimate if i		S JOL	1 3 2020	$\frac{9}{6}$	150
支	7a		lated business revenue from f		2	_	2 7a	0
_	b		ited business taxable income			EN LIT	7b	0
	-	14ct dillold	ted badineds taxable interne	1101111 01111 000 1, 11110 00		Prior Ye		Current Year
	8	Contributio	ons and grants (Part VIII, line	1h)			576,447	634,206
ī	9		service revenue (Part VIII, line	370,447	034,200			
Revenue	l .	_	nt income (Part VIII, column (A)				7,232	18,424
8	10 11		enue (Part VIII, column (A), line	•		<u> </u>	50	10,424
	ŀ							
	12		nue-add lines 8 through 11 (m				583,729	652,630
	13		d similar amounts paid (Part I)			· · · · · · · · · · · · · · · · · · ·		7,243
	14	•	aid to or for members (Part IX					
Expenses	15	· · · · · · · · · · · · · · · · · · ·	ther compensation, employee t			 	205,397	281,754
Ë	16a		nal fundraising fees (Part IX, co					
ន្ត	b		raising expenses (Part IX, colu			ļ		
_	17	•	enses (Part IX, column (A), line	· · · · · · · · · · · · · · · · · · ·			53,751	116,873
	18	•	enses. Add lines 13-17 (must		•		259,148	405,870
- 10	19	Revenue le	ess expenses. Subtract line 1	8 from line 12	· · · ·	 	324,581	246,760
s or						Beginning of Cu		End of Year
sset 3ala	20		ets (Part X, line 16)			1	,033,094	1,279,854
Net Assets	21		lities (Part X, line 26)					
			s or fund balances. Subtract li	ne 21 from line 20	· · · ·	1	,033,094	1,279,854
	art II		ıre Block					
Un	der pena	alties of perjury	y, I declare that I have examined this r te Declaration of preparer (other than	eturn, including accompanying so officer) is based on all information	chedules and st	atements, and to the arer has any knowle	e best of m	ny knowledge and belief, it is
		1, and complet	2 de la lace de lace de la lace de	Onicory to based on an intermediate		1		-1:
o:.			radley Frals			<u> </u>	7/7	12020
Siç	-	Signat	ture of officer	Da==:= ==		Dat	- •	١ _
He	re	RKI	ADIEY GRABS	PRESIDENT +	EXEC4	ITIVE U	REC	TOK
_		Type o	or print name and title	r			,	
Pa	id	Print/Type	e preparer's name	Preparer's signature		Date	Check [_ 1
	epare	r					self-emp	ioyea
	e On	C	me 🕨			Firm	's EIN ▶	
		Firm's add		······································		Pho	ne no.	
Ma	y the If	RS discuss	this return with the preparer s	shown above? (see instruc	ctions)		<u> </u>	. Yes No
For	Papen	work Reduct	tion Act Notice, see the separat	te instructions.	Ca	t. No. 11282Y		Form 990 (2019)

0) (Revenue \$

329,050

Other program services (Describe on Schedule O.)

Total program service expenses ▶

o including grants of \$

(Expenses \$

0)

	90 (2019)			Page
Part	Checklist of Required Schedules		1.4	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
2	complete Schedule A	1 2	1	-
2 3	Did the organization required to complete scriedate B, scriedate or communities (see instructions)?	3	-	1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		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		✓
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 donor-restricted endowments or in 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, VII, 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		<u>/</u>
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	110		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
e	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		✓
13	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 is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		1
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	 	7
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			
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		V
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		✓
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		▼
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		<u>∨</u>
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		√
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		V
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		√

Part	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	✓					
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		√				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b							
	through 24d and complete Schedule K. If "No," go to line 25a	24a		✓				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b						
С.	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c 24d		1				
d or-	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		· •				
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	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		1				
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		1				
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1				
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):							
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		1				
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		✓				
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		1				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1				
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		√				
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓				
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	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI							
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	1					
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	<u></u>		. 🗆				
			Yes	No				
1a b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1					

4)

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Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	1 1	5	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 19		<u> </u>	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	V	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		-
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	SD		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓_
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).			
5a	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?	5с		
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		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
7	gifts were not tax deductible?	OD		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a	_	7
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
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		
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		/
Ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		✓_
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			!
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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			
	excess parachute payment(s) during the year?	15		✓
	If "Yes," see instructions and file Form 4720, Schedule N.			لــــا
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		✓

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S			
	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			г
4	Enter the number of victing members of the governing hady at the and of the tay year.		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 11			
	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			ļ
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 9			
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	$\overline{\checkmark}$	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6		✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	_		<u> </u>
a	The governing body?	8a 8b	<u>√</u>	
b	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	OD		
9	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue		nde.)	
	on bit diele (mie econor b requeste information about peneres not required by the information about		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			<u> </u>
		10ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	• • • • • • • • • • • • • • • • • • •	12c		✓
13	Did the organization have a written whistleblower policy?	13	✓	
14	Did the organization have a written document retention and destruction policy?	14		✓
15	Did the process for determining compensation of the following persons include a review and approval by	ł		
_	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a		
a b		15a		√
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	.55		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
100		16a		/
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			<u> </u>
~	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the]		
	organization's exempt status with respect to such arrangements?	16b		
Secti	on 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 (1024 or 1024-A, if applicable), 990, and 990-T	(Sec	tion 5	01(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 on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	inter	est p	olicy,
	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 rec	ords	-	

Pa	a	e	ı

Form	agn	(2019)

Part VII	Compensation of Officers, Directors, Trustees	, Key Employees	, Highest C	ompensated	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. See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization no	r any relate	d org	aniz	atic	n c	ompe	nsa	ted any current	officer, director,	or trustee.
				(6	C)					
(A)	(B)	l			ation			(D)	(E)	(F)
Name and title	Average					e than o		Reportable	Reportable	Estimated amount
	hours	box, unless person is both an officer and a director/trustee)						compensation	compensation	of other
	per week (list any	요ㅋ	Ξ̈́	Γō	Ž	g I	7	from the organization	from related organizations	compensation from the
	hours for	흑호	Sŧ.	Officer	y e	렇음	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	dua	ğ	٦	필	st c	۳ ا		,	related organizations
	organizations below	Ť 2	a t		Key employee) A				
	dotted line)	Individual trustee or director	Institutional trustee		0	ě	İ	1		
		"	e		1	Highest compensated employee				
(1) Bradley Grabs	45			<u> </u>						
President & Executive Director		✓		✓	<u> </u>		L	68,466	0	0
(2) Dawn Grabs	5]				Ì				
Vice President, Secretary & Director	<u> </u>	1		✓	<u> </u>		L	4,825	0	0
(3) Judy Marckx	11							1		
Director		1			L			0	0	0
(4) Sr. Vickie Perkins	1							ļ		
Director	ļ <u>.</u>	1		ļ.,	ļ	L	L.	0	0	0
(5) Irene Caudillo	11]				j				
Director	<u> </u>	✓			L		L	0	0	0
(6) Jayson Strickland	1]			ļ					
Director		1	<u></u>	<u> </u>	<u> </u>		<u> </u>	0		0
(7) Chuck Kopel	11	ĺ		1	İ	ļ		ĺ		
Director	ļ	✓		<u> </u>	<u> </u>			0	0	0
(8) Kelsey Finley	11									
Director		1		L	<u> </u>		<u> </u>	0	0	0
(9) Canise Salinas	11									
Director		✓	_	L	<u> </u>		L.	0	0	0
(10) Michael P. Moderson	11	ł	}				Ì			
Director	ļ	/	<u> </u>	<u> </u>	ļ		<u> </u>	0	0	0
(11) Keaton Dorman	11									
Director	ļ	✓_		<u> </u>	$oxed{igspace}$	ļ	ļ	0	0	0
(12)	<u> </u>									
(13)			 							
(14)	ļ	 								
	J		<u>L.</u>		<u>L</u>	<u> </u>	I.		<u> </u>	<u> </u>

Part	VII Section A. Officers, Directors, 1	rustees,	Key	Emj			s, an	<u>d F</u>	lighest Compe	nsated E	Employ	yees (conti	nued)
					•	C)					:			
	(A)	(B)	(do n	ot ch		ition more	e than o	one	(D)	(E)		_	(F)	
	Name and title	Average hours					is both		Reportable compensation	Reporta		Estima	ted an f other	
		per week			_	_	ector/trust		from the	from rela	ated	com	pensat	ion
		(list any hours for	d v	TS T	Officer	ey e	mg/kg	Former	organization (W-2/1099-MISC)	organiza (W-2/1099			om the zation	
		related	dividual director	Institutional	=	a de	st cc	=		,		related (
		organizations below	Individual trustee or director	함		Key employee	ğ							
		dotted line)	tee	trustee	i	_	Highest compensated employee							
				L"	_		e.	<u> </u>	<u> </u>					
(15)		 	-											
(16)		-		-	\vdash	├	-	-						
11.57		İ				L		L						
(17)			-											
(4.0)		<u> </u>	ļ	 	-	├								
(18)		 -	ĺ											
(19)														
		ļ <u>.</u>	ļ	<u> </u>	<u> </u>	↓_	ļ	_	ļ					
(20)		 												
(21)		 	<u> </u>	╁	\vdash	┼		-						
			<u> </u>	<u> </u>	<u> </u>	<u> </u>		_						
(22)		 	1											
(23)				<u> </u>	T					· · · ·				
(0.4)						<u> </u>		_	<u> </u>					
(24)		 	1								İ			
(25)		İ												
		L.,,,	<u>l</u>	<u>l</u> .	L	L		Ļ						
1b	Subtotal			•	•	•	• •		73,291		0			0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)			•	•	•		>	73,291		0			<u>0</u> 0
2	Total number of individuals (including but							e) w						
	reportable compensation from the organ							<u>.</u>	0					
		•											Yes	No
3	Did the organization list any former							mp	loyee, or highes	st compe	nsated	3		<u> </u>
	employee on line 1a? If "Yes," complete									ontion fr	· ·		-	
4	For any individual listed on line 1a, is the organization and related organizations													
	individual											4		V
5	Did any person listed on line 1a receive of													لـــــــــــــــــــــــــــــــــــــ
	for services rendered to the organization	? If "Yes," o	comp	lete	Sci	hedi	ule J 1	or s	such person .	· · · ·	: :	5	l	√
	on B. Independent Contractors			۔ ۔	:				antroptoro that i	ransius d	more t	bon ¢	100.0	00 of
1	Complete this table for your five high compensation from the organization. Rep	nest compe ort.compen	ensat Isatio	ea n foi	ina r the	epe e ca	naeni Ienda	r ve	ear ending with or	within the	e organ	nan o ization	s tax	year.
	(A)								(B)		<u> </u>	(C)		
	Name and business add	lress							Description of sen	vices	(Compens	ation	
	And the second s							<u> </u>						
								\vdash				· - · ·	 .	
							•	\vdash						
								T						
2	Total number of independent contractor) th	hose listed abov	e) who				
	received more than \$100,000 of compens	ation from	the o	gan	ıızat	ion	<u> </u>		None					

;

ran	VIII	Check if Schedule			spon	se or note to an	v line in this Pa	rt VIII		
		OHECK II OCHCOCIC	0.00	inanis a re	эроп		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
တ္ တ	1a	Federated campaign	ns .	·	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b					
عَ ق	С	Fundraising events			1c					
I k	d	Related organization	ns .		1d					
호 필	e	Government grants	(cont	ributions)	1e					
Sis	f	All other contribution	ns, gif	ts, grants,	-					
풀힐		and similar amounts no	ot incli	uded above	1f	G34,206				
tributic Other	g	Noncash contribution								
and a		lines 1a-1f			1g	\$ 0	_			
Og	h	Total. Add lines 1a-	-1f .	<u> </u>	· ·		634,206			
آ ہ						Business Code				
Program Service Revenue	2a									
le P	b									
en S	C									
gram Ser Revenue	d									
<u> </u>	e	All ables and agent as								
مَّ	1 ~	All other program se				•				
	9	Total. Add lines 2a- Investment income								'
	3	other similar amoun	•	_			16,186			16,186
j	4	Income from investr	-				10,100			10,100
	5					>				
		Hoyanico	$\dot{}$	(i) Real		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	C	Rental income or (loss)	6c							
	d	Net rental income o	-	s)		•	0			
		Gross amount from		(i) Securit		(ii) Other				
-	, 4	sales of assets								
		other than inventory	7a	55	59,239					
စ္	b	Less: cost or other basis								
Revenue		and sales expenses .	7b	55	57,001					
ě	C	Gain or (loss)	7c		2,238					
	d	Net gain or (loss)				🕨	2,238			2,238
Othe	8a	Gross income from	m fu	ndraising						
0		events (not including								
		of contributions rep]
		1c). See Part IV, line			8a					
		Less: direct expens			8b					<u> </u>
		Net income or (loss)			g eve	nts ▶	0			
	9a	Gross income 1			0-					
	L	activities. See Part I			9a 9b					
		Less: direct expens				es >				
		Net income or (loss)			Cuvius	· · · · · · · · · · · · · · · · · · ·	0			<u> </u>
	10a	Gross sales of in returns and allowan		ory, less	10a					
	h	Less: cost of goods			10b					
		Net income or (loss)				orv >				
		income or (loss)	,	. 50.00 01 11		Business Code				
Miscellaneous Revenue	11a					1				1
an and	b									
scellaned Revenue	C									
<u> </u>	d	All other revenue								
Ξ		Total. Add lines 11a				▶	0			i
	40	Tatal variance Con								1

	90 (2019)				Page 10
	IX Statement of Functional Expenses				Tage 10
	on 501(c)(3) and 501(c)(4) organizations must comple	ete all columns. All	other organizations i	must complete colui	mn (A).
	Check if Schedule O contains a response				
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21 .	·			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	7,243	7,243		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				· · · · · · · · · · · · · · · · · · ·
4 5	Benefits paid to or for members	157,361	122,742	34,619	
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	100,096	78,075	22,021	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,257	3,320	937	
9	Other employee benefits				
10	Payroll taxes	20,041	15,632	4,409	
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
c d	Accounting	912	0	912	
e	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	2,166	866	1,300	
13	Office expenses	4,254	1,701	2,553	
14	Information technology	685	274	411	
15	Royalties				· · · · · · · · · · · · · · · · · · ·
16	Occupancy	5,000	0	5,000	
17	Travel	657	0	657	· · · · · · · · · · · · · · · · · · ·
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				·····
21	Payments to affiliates			·	
22 23	Depreciation, depletion, and amortization .	4,580	4,580	0	
	Insurance	9,569	7,464	2,105	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
a	Stipends for Interns Volunteer Background Checks	26,880	26,880	0	
b	Summer Program Fees to KCK Comm. College	3,708 39,500	3,708 39,500	0	

18,961

405,870

17,065

329,050

d

25

All other expenses

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) . . .

1,896

76,820

Form **990** (2019)

	Check if Schedule O contains a response or note to any line in this Par	X		
		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing	27,801	1	31,588
2		984,683	2	1,232,236
1 3	*		3	
			4	
5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
•	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).		6	
<u>ي</u> ع	Notes and loans receivable, net		7	
Assets	Inventories for sale or use		8	
\ \ \ \ \	Prepaid expenses and deferred charges		9	
10	ranger in the contract of the			
l	b Less: accumulated depreciation 10b 6,870	20,610	10c	16,030
11			11	
12	· · · · · · · · · · · · · · · · · · ·		12	
13	Ţ		13	
14	Intangible assets		14	
15			15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	1,033,094	16	1,279,854
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
画。			23	
23			24	
1 -				
25	parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	0	26	0
seou	Organizations that follow FASB ASC 958, check here ► □ and complete lines 27, 28, 32, and 33.			_
후 27	·		27	
m 28	Net assets with donor restrictions		28	
Net Assets or Fund Balances	Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
ō 29		0	29	0
st 30		0	30	0
355	i i i i i i i i i i i i i i i i i i i	1,033,094		1,279,854
¥ 32	•	1,033,094		1,279,854
ž 3	F-	1,033,094		1,279,854

Page	1	•
raue	- 6	4

				-9
Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>		. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)		6	52,630
2	Total expenses (must equal Part IX, column (A), line 25)		405,87	
3	Revenue less expenses. Subtract line 2 from line 1		2	46,760
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		1,0	33,094
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))		1,2	79,854
Part	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:	_ [
	If the organization changed its method of accounting from a prior year or checked "Other," explain	in		
	Schedule O.	1	_	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled of	or		
	reviewed on a separate basis, consolidated basis, or both:	- 1	1	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		.	
b	Were the organization's financial statements audited by an independent accountant?	2b		1
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on	а	T	
	separate basis, consolidated basis, or both:	Ì		[]
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	-		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of		
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	2c	ł	
	If the organization changed either its oversight process or selection process during the tax year, explain of	on		
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	ne 🔽		
	Single Audit Act and OMB Circular A-133?	3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo th	ne 🗔		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	3b		
		Fo	m 99 0	(2019)

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.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Employer identification number

Name	of the organ	ization					Employer (dentification	number
	NING CLU						45-53	
Par		ason for Public Cha					 	ons.
The 6 1 2 3 4	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).							
5	☐ An org	panization operated for a 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned o	r operate	ed by a government	al unit described in
6 7								
8 9	☐ An agr	munity trust described in icultural research organi rersity or a non-land-gra sity:	zation described	d in section 170(b)(1)	(A)(ix) op	erated in er the nan	conjunction with a l ne, city, and state of	and-grant college the college or
10	receip	anization that normally its from activities related it from gross investmented by the organization a	to its exempt full income and uni	nctions—subject to c related business taxal	ertain exc ble incom	ceptions, ne (less s	and (2) no more that ection 511 tax) from	n 331/3% of its
11		anization organized and						
12	of one Check	anization organized and or more publicly suppo the box in lines 12a thro	orted organizatio ugh 12d that des	ns described in secti scribes the type of sup	on 509(a oporting o)(1) or se organizati	ection 509(a)(2). Secon and complete line	e section 509(a)(3). es 12e, 12f, and 12g.
а	the su	pe I. A supporting organ supported organization oporting organization. Yo	(s) the power to ou must comple	regularly appoint or e ete Part IV, Sections	lect a ma	jority of t	he directors or trust	ees of the
b	org	pe II. A supporting organitrol or management of ganization(s). You must	the supporting o	rganization vested in V, Sections A and C.	the same	persons	that control or man	age the supported
С	ıts	pe III functionally integ supported organization(s) (see instructio	ns). You must comp	lete Part	IV, Secti	ions A, D, and E.	
d	tha	pe III non-functionally i It is not functionally integ Juirement (see instructio	grated. The orga	nization generally mus	st satisfy	a distribu	ution requirement an	•
е	fur	eck this box if the organictionally integrated, or l	ype III non-func					e II, Type III
f		e number of supported o	ŭ					
<u> </u>		the following Information supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) is the d	irganization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Takal				1	1	I	l	

Part II 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.)

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	252,588	303,201	399,726	576,447	634,206	2,166,168
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	232,300	303,201	399,720	370,447	634,206	2,100,100
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	252,588	303,201	399,726	576,447	634,206	2,166,168
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)						120,242
6 Sacti	Public support. Subtract line 5 from line 4 on B. Total Support	1		,l			2,045,926
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	252,588	303,201	399,726,	576,447		2,166,168
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	615	961	2,300	7,232	16,186	27,294
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.)				50		50
11	Total support. Add lines 7 through 10						2,193,512
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop her			· · · · ·		<u> </u>	· · • 🖺
	on C. Computation of Public Suppor			d (n)	·		0/
14	Public support percentage for 2019 (line 6					14	93.27 %
15 16a	Public support percentage from 2018 Sch 331/3% support test—2019. If the organization qual box and stop here. The organization qual	zation did not	check the box	on line 13, an	id line 14 is 33	31/3% or more,	
b	331/3% support test—2018. If the organization this box and stop here. 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	ets the "facts- facts-and-circu	and-circumstaumstaumstances" te	ances" test, ch st. The organiz	eck this box a zation qualifies	and stop here. s as a publicly	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	tion meets the neets the "fact	e "facts-and-d s-and-circums	circumstances" stances" test.	test, check to the character the organizate the control of the control of the character the character the character the character the character the character the character the character the character the character the character the character the character the character the character the character the character than	this box and son qualifies as	a publicly ▶ □
18	Private foundation. If the organization distributions						

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support							
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Totál	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities 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							
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .							
b	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							
с 8	Add lines 7a and 7b							
Secti	on B. Total Support			·			·	
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
9	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b	1						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried 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.)							
14	First five years. If the Form 990 is for the organization, check, this box and stop he		n's first, secon		n, or fifth tax yo		on 501(c)(3)	
Secti	on C. Computațion of Public Suppor	t Percentag	e	·				
15	Public support percentage for 2019 (line 8	3, column (f), c	livided by line	13, column (f))		15	' %	
16	Public support percentage from 2018 Sch			<u> </u>	<u> </u>	16	%	
	on D. Computation of Investment In					·		
17	Investment income percentage for 2019 (• •	•	ımn (f))	17	%	
18	Investment income percentage from 2018					18	%	
19a	331/3% support tests—2019. If the organi							
	17 is not more than 331/3%, check this box				-			
b/	/331/3% support tests—2018. If the organiz line 18 is not more than 331/3%, check this l							
<u> 26</u>	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 Part VI 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	_	
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 Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c	 	ļ
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
b	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	5a		
	designated in the organization's organizing document?	5b	—	<u> </u>
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the 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.	5c 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 Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	_	
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	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		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	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)			لـــــا
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		<u> </u>
	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		L
Section	on B. Type I Supporting Organizations		Yes	No
	Did the discrete as twinters, or membership of one or more supported arganizations have the newer to		res	140
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 Part VI how the supported organization(s) effectively operated, supervised, or		1	1
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	_	
2	Did the organization operate for the benefit of any supported organization other than the supported			1
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			1
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		<u> </u>
Section	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			i 1
	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			i 1
	the supported organization(s).			ئـــــا
Cooti	on D. All Type III Supporting Organizations	1		
Secu	on b. 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	[.00	1
•	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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			1
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		<u> </u>
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	<u> </u>		
Conti	on E. Type III Functionally Integrated Supporting Organizations	3		<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	netru	ctions	<u> </u>
' a	The organization satisfied the Activities Test. Complete line 2 below.		00,,,	-)·
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	i		
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	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			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
2	-	25		<u> </u>
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> 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		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	 _		1
-	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	tru:	st on Nov. 20, 1970 (explons must complete Sect	ain in Part VI). See ions 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) Pnor Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	Ì		
factors (explain in detail in Part VI):	Ĺ.,		
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		Ł	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 V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	ion D-Distributions		Current Year			
1	Amounts paid to supported organizations to accomplish	exempt purposes				
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted			
3	Administrative expenses paid to accomplish exempt purp	nizations	· · · · · · · · · · · · · · · · · · ·			
4	Amounts paid to acquire exempt-use assets	· · · · · · · · · · · · · · · · · · ·				
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive			
9	Distributable amount for 2019 from Section C, line 6					
10	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · ·				
		<i>a</i>	(ii)	(iii)		
Secti	on EDistribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019		
1	Distributable amount for 2019 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2019					
а						
b	From 2015					
С	From 2016					
d						
е	From 2018					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2019 distributable amount					
i	Carryover from 2014 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2019 from					
	Section D, line 7:					
а	Applied to underdistributions of prior years			<u> </u>		
b	Applied to 2019 distributable amount					
С	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.					
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.					
7	Excess distributions carryover to 2020. Add lines 3j and 4c.					
8	Breakdown of line 7:					
а	Excess from 2015			Į.		
b	Excess from 2016					
С	Excess from 2017					
d	Excess from 2018					
е	Excess from 2019					

Part VI	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	A, PART II, SECTION B, LINE 10
	ome of \$50 Bassivad
	orne of \$30 Received

SCHEDULE D (Form 990)

Department of the Treasury

Name of the organization

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.

► Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

LEAR I	ING CLUB OF KCK		45-5372794
Par			is 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	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		<u> </u>
5	Did the organization inform all donors and donor funds are the organization's property, subject to the	e organization's exclusive legal control	? 🗀 Yes 🗌 No
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the beneficonferring impermissible private benefit?	fit of the donor or donor advisor, or fo	r any other purpose
Par	Conservation Easements.		
	Complete if the organization answered "	'Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		•
	Preservation of land for public use (for example, recre	eation or education) 🔲 Preservation of	f a historically important land area
	Protection of natural habitat	☐ Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easement		
C	Number of conservation easements on a certified h		
d	Number of conservation easements included in historic structure listed in the National Register .	(c) acquired after 7/25/06, and not c	on a
3	Number of conservation easements modified, transtax year ▶	sferred, released, extinguished, or terr	ninated by the organization during the
4	Number of states where property subject to conser	rvation easement is located ▶	
5	Does the organization have a written policy regulations, and enforcement of the conservation ear		
6	Staff and volunteer hours devoted to monitoring, inspect	cting, handling of violations, and enforcing	g conservation easements during the yea
7	Amount of expenses incurred in monitoring, inspectin ▶\$	ng, handling of violations, and enforcing	conservation easements during the yea
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?		Yes 🗌 No
9	In Part XIII, describe how the organization reports of balance sheet, and include, if applicable, the text of organization's accounting for conservation easeme	of the footnote to the organization's fina	and expense statement and ancial statements that describes the
Par	Organizations Maintaining Collections Complete if the organization answered "		Other Similar Assets.
1a	If the organization elected, as permitted under FAS of art, historical treasures, or other similar assets service, provide in Part XIII the text of the footnote	held for public exhibition, education	, or research in furtherance of public
b	If the organization elected, as permitted under FAS art, historical treasures, or other similar assets held provide the following amounts relating to these item	SB ASC 958, to report in its revenue s I for public exhibition, education, or res ns:	statement and balance sheet works of search in furtherance of public service
	(i) Revenue included on Form 990, Part VIII, line 1(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, following amounts required to be reported under FA	historical treasures, or other similar	assets for financial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1 .		777777777777777777777777777777777777777
b	Assets included in Form 990, Part X		► \$

Part	III Organizations Maintaining Co	ollections of A	ırt, Hist	torical T	reasures	, or Ot	<u>her Similar As</u>	sets (contir	nued)
3	Using the organization's acquisition, acc collection items (check all that apply):	ession, and oth						ignificant use	e of its
а	☐ Public exhibition		d [☐ Loan (or exchang	e progr	am		
b	Scholarly research		e (Other					
C	☐ Preservation for future generations								
4	Provide a description of the organization XIII.	's collections ar	nd expla	in how th	ney further	the org	anization's exen	npt purpose	in Part
5	During the year, did the organization sol assets to be sold to raise funds rather that	licit or receive d an to be maintai	lonation ned as p	s of art, loart of the	historical tr e organizati	reasure: ion's co	s, or other simila		□ No
Part	IV Escrow and Custodial Arrang								
	Complete if the organization an	swered "Yes"	on For	m 990, F	Part IV, line	e 9, or	reported an am	ount on Fo	rm
	990, Part X, line 21.				· · · · · · · · · · · · · · · · · · ·				
1a	Is the organization an agent, trustee, cuincluded on Form 990, Part X?							ot □ Yes	□ No
þ	If "Yes," explain the arrangement in Part	XIII and complet	te the fo	llowing ta	able:		.		
						<u> </u>	A	mount	
С	Beginning balance					10			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f	 		
2a	Did the organization include an amount o								☐ No
b	If "Yes," explain the arrangement in Part	XIII. Check here	if the ex	planation	n has been	provide	ed on Part XIII .	<u> </u>	
Par	V Endowment Funds.								
	Complete if the organization an	nswered "Yes"	on For	m 990, F		-			
	((a) Current year	(b) Pric	r year	(c) Two year	s back	(d) Three years back	(e) Four year	s back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships							<u> </u>	
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the	current year end	balanc	e (line 1g	, column (a)) held a	as:		
а	Board designated or quasi-endowment	>	%						
b	Permanent endowment	%							
C	Term endowment ▶ %								
	The percentages on lines 2a, 2b, and 2c	should equal 10	0%.						
3a	Are there endowment funds not in the po	ossession of the	organiz	zation tha	at are held	and ad	ministered for th	θ	
	organization by.		_					Yes	No
	(i) Unrelated organizations							3a(i)	1
	1							3a(ii)	1
b	If "Yes" on line 3a(ii), are the related organ	nizations listed a	as requi	red on So	hedule R?			3b	
4	Describe in Part XIII the intended uses of	the organization	n's endo	wment fu	ınds.				
Part	VI Land, Buildings, and Equipme	ent.							
	Complete if the organization an	swered "Yes"	on For	m 990, F	Part IV, line	e 11a.	See Form 990,	Part X, line	10.
	Description of property	(a) Cost or oth (investme			r other basis ther)		Accumulated epreciation	(d) Book val	ue
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment				22,900		6,870		16,030
е	Other								
Total	Add lines 1a through 1e. (Column (d) mus	t equal Form 99	0 Part	column	(B) line 10)c)	•		

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

Employer identification number

Schedule I (Form 990) (2019) Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990. ° □ (h) Purpose of grant or assistance ✓ Yes 45-5372794 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of noncash assistance . Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. . (f) Method of valuation (book, FMV, appraisal, other) Cat No 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance (p) EIN 1 (a) Name and address of organization **EARNING CLUB OF KCK** or government Part Part II € (12) (9) ß 9 2 ଉ 9 E <u>@</u> 9

Schedule I (Form 990) (2019)
Part III Grants an

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	omestic Individu	als. Complete if the	organization answ	ered "Yes" on Form 990,	Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Scholarships	3	000'9	0	N.A.	N.A.
2 Emergency Assistance to Families	4	1,243	0	N. A.	N.A.
3					
4					
5					
9					
2					
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	the information r	equired in Part I, lin	e 2; Part III, columr	(b); and any other addition	onal information.
Scholarship funds (\$2,000 each) are sent directly to the college or university , to be credited to each students account, after we verify enrollment. Emergency assistance is usually paid to the utility company, mechanic, pharmacy, etc. for the recipient. If we pay an individual, we ask them to submit a receipt.	college or university any, mechanic, pha	', to be credited to each rmacy, etc. for the recip	n students account, af Dient. If we pay an ind	(er we verity enrollment. vidual, we ask them to submi	t a receipt.
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
			NI.		Schedule I (Form 990) (2019)

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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.

2019

• '

Employer identification number

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

OMB No 1545-0047

LEARNING CLUB OF KCK	45-5372794
STATEMENT 1Part III, line 2 of Page 2 of Form 990	·
The Learning Club began a new program to provide one-on-one reading skills development by training vol	unteers to work with elementary
school students during the school day at low performing public schools in the urban core.	
STATEMENT 2Part 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 husbar	nd and wife.
STATEMENT 3-Part VI, line 11b of Page 6 of Form 990	
The 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 do	cuments and the conflict of interest
policy are also made available to the public upon request.	