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Part II

Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II ☒

(See the instructions for Part II )		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments . . . . .	95,774	22	104,417
23	Land and buildings . . . . .		23	
24	Other assets (describe in Schedule O) . . . . .	7,235	24	7,235
25	<b>Total assets</b> . . . . .	103,009	25	111,652
26	<b>Total liabilities</b> (describe in Schedule O) . . . . .		26	
27	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) .	103,009	27	111,652

Part III

Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose? PROMOTION OF KNOWLEDGEABLE TREE CARE		<b>Expenses</b> (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
<b>28</b> TO EDUCATE THE PUBLIC AS WELL AS MEMBER ARBORISTS ON PRINCIPLES AND PRACTICES OF PROPER CARE OF TREES (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		<b>28a</b>	
<b>29</b>  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		<b>29a</b>	
<b>30</b>  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O) . . . . . (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .		<b>32</b>	

Part IV

List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV )

Check if the organization used Schedule O to respond to any question in this Part IV ☒

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V

Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V ☐

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T . . . . .		
a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes" to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O . . . . .	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> <b>37a</b> <input type="text"/>		
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9 . . . . .	39a	
b	Gross receipts, included on line 9, for public use of club facilities . . . . .	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	40b	
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . <input type="checkbox"/> _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . <input type="checkbox"/> _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .	40e	No
41	List the states with which a copy of this return is filed <input type="checkbox"/> _____		
42a	The organization's books are in care of <input type="checkbox"/> CHARLES LONG Telephone no <input type="checkbox"/> (785) 499-6670 4703 K-177 HWY Located at <input type="checkbox"/> ALTA VISTA, KS ZIP + 4 <input type="checkbox"/> 66834		
b	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)? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <input type="checkbox"/> <b>43</b> <input type="text"/>		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	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		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "				
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
f Total number of other employees paid over \$100,000				

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "		
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d	Total number of other independent contractors each receiving over \$100,000
52	Did the organization complete Schedule A? <b>NOTE:</b> All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. <input type="checkbox"/> Yes <input type="checkbox"/> No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer		2012-01-30 Date		
	CHARLES LONG PRESIDENT Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	SHELIA E WRIGHT	Date 2012-04-04	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	SINK GORDON & ASSOCIATES LLP COMMERCE BANK TOWER 6TH FLOOR MANHATTAN, KS 66502			EIN
					Phone no (785) 537-0190
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.**  
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2011****Open to Public  
Inspection**Name of the organization  
KANSAS ARBORIST ASSOCIATION INC**Employer identification number**

48-6122525

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	FORM 990-EZ, PART I	SCHOLARSHIPS ISSUED (2) 2000
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES CONFERENCE EXPENSE 19,532 BOARD MEETING 379 ATC - INSTRUCTOR 1,250 ATC - SUPPLIES 4,798 FIELD DAY - SPEAKER 5,200 FIELD DAY - SUPPLIES 3,965 INSURANCE 1,166 PROMOTIONAL ITEMS 750 MISCELLANEOUS 202 EXECUTIVE SECRETARY 4,850 TAXES 945 ARB SUPPLIES 8,849 WEB SITE EXPENSES 848 ARBOR DAY EXPENSE 168 REFUNDS 20 UTILITIES 1,010 ATC - MILEAGE 1,912 NON-INVESTMENT DEPRECIATION 0 TOTAL 55,844
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	INVENTORIES FOR SALE OR USE 2,235 2,235 EQUIPMENT 7,165 7,165 LESS ACCUMULATED DEPRECIATION 2,165 2,165 TOTAL 7,235 7,235
ADDITIONAL INFORMATION	FORM 990-EZ, PART IV	ADD DIRECTOR JENNIFER SMITH BOX 28 LECOMPTON, KS 66050 AVG HR=1

**TY 2011 Compensation Explanation****Name:** KANSAS ARBORIST ASSOCIATION INC**EIN:** 48-6122525

Person Name	Explanation
GREG VANBOOVEN	
CHAD GILLIAND	
ADAM MOSER	
TIM MCDONNELL	
CHARLES LONG	
J DAVID MATTOX	
MARK GRAVES	
BRIAN ANDERSON	
BOB HUNTER	
PATRICIA MCCAFFREY	
RICK SPURGEON	
MARK BARTLOW	
JENNIFER SMITH	

Additional Data

Software ID:

Software Version:

EIN: 48-6122525

Name: KANSAS ARBORIST ASSOCIATION INC

Form 990-EZ, Special Condition Description:

Special Condition Description
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Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
GREG VANBOOVEN 10021 WOODEND ROAD EDWARDSVILLE,KS 66111	DIRECTOR 1 00	0		
CHAD GILLIAND 23338 KISSINGER ROAD LEAVENWORTH,KS 66048	DIRECTOR 1 00	0		
ADAM MOSER 201 NW TOPEKA BOULEVARD TOPEKA,KS 66608	DIRECTOR 1 00	0		
TIM MCDONNELL 1901 E 95TH STREET SOUTH HAYSVILLE,KS 67060	DIRECTOR 1 00	0		
CHARLES LONG 4703 K-177 ALTA VISTA,KS 66834	SEC /TREAS 2 00	5,450		
J DAVID MATTOX 3025 DICKENS AVENUE MANHATTAN,KS 66503	DIRECTOR 1 00	0		
MARK GRAVES 1600 WILLOW COVE LAWRENCE,KS 66046	DIRECTOR 1 00	0		
BRIAN ANDERSON 600 CANYON VIEW DRIVE LANSING,KS 66043	DIRECTOR 1 00	0		
BOB HUNTER 13 RAMBLER ROAD HUTCHINSON,KS 67502	DIRECTOR 1 00	0		
PATRICIA MCCAFFREY 2610 CLAFLIN ROAD MANHATTAN,KS 66502	DIRECTOR 1 00	0		
RICK SPURGEON PO BOX 768 OLATHE,KS 66051	DIRECTOR 1 00	0		
MARK BARTLOW 9301 STURGEON OVERLAND PARK,KS 66212	PRESIDENT 1 00	0		
JENNIFER SMITH BOX 28 LECOMPTON,KS 66050	DIRECTOR 1 00	0		