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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000
at the end of the year may use this form
► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2011

Open to Public
Inspection

A For the 2011 calendar year, or tax year beginning _____, and ending _____

B Check if applicable

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization

Kansas Speech-Language-Hearing
Association Inc.

Number and street (or P O box, if mail is not delivered to street address)

6001 Cherokee Drive

Room/suite

City or town, state or country, and ZIP + 4

Fairway

KS 66205

D Employer identification number

51-0190803

E Telephone number

913-362-0013

F Group Exemption

Number ►

G Accounting Method. Cash Accrual Other (specify) ► _____I Website: ► www.KSHA.orgJ Tax-exempt status (check only one) — 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)K Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 156,191

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)

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

REVENUE JUN 26 2011

1 Contributions, gifts, grants, and similar amounts received
2 Program service revenue including government fees and contracts
3 Membership dues and assessments
4 Investment income
5a Gross amount from sale of assets other than inventory
b Less: cost or other basis and sales expenses
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)
6 Gaming and fundraising events
a Gross income from gaming (attach Schedule G if greater than \$15,000)
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)
c Less: direct expenses from gaming and fundraising events
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)
7a Gross sales of inventory, less returns and allowances
b Less: cost of goods sold
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)
8 Other revenue (describe in Schedule O)
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8

See Statement

5a
5b6a
6b
6c7a
7b

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10 Grants and similar amounts paid (list in Schedule O)
11 Benefits paid to or for members
12 Salaries, other compensation, and employee benefits
13 Professional fees and other payments to independent contractors
14 Occupancy, rent, utilities, and maintenance
15 Printing, publications, postage, and shipping
16 Other expenses (describe in Schedule O)
17 Total expenses. Add lines 10 through 16

1	3,038
2	102,763
3	48,788
4	223

5c

6d	
7c	
8	1,379
9	156,191

10	960
11	
12	55,200
13	4,497
14	
15	
16	102,004
17	162,661

18	-6,470
19	112,587
20	
21	106,117

Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	112,587	22 106,117
23 Land and buildings	0	23
24 Other assets (describe in Schedule O)	0	24
25 Total assets	112,587	25 106,117
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	112,587	27 106,117

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

See Schedule O

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.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 Dissemination of bi-monthly newsletter to professionals which includes educational information on all areas relating to human speech, hearing, and related disorders.

(Grants \$) If this amount includes foreign grants, check here 28a

29 Conventions & continuing education programs bringing current scientific information and new procedures to the attention of speech and hearing professionals.

(Grants \$) If this amount includes foreign grants, check here 29a

30

(Grants \$) If this amount includes foreign grants, check here 30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here 31a

32 Total program service expenses (add lines 28a through 31a)

 32**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) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Christina Bamgartner 6001 Cherokee Drive	Fairway KS 66205	President Elect 1.00	0	0
Peggy Waggoner 6001 Cherokee Drive	Fairway KS 66205	Past President 1.00	0	0
Douglas Parham 6001 Cherokee Drive	Fairway KS 66205	President 1.00	0	0
Caryn Gustin 6001 Cherokee Drive	Fairway KS 66205	VP Comm. 1.00	0	0
Samuel Bittel 6001 Cherokee Drive	Fairway KS 66205	VP Audiology 1.00	0	0
Tara Marshall 6001 Cherokee Drive	Fairway KS 66205	VP Speech-Lang 1.00	0	0
Lynne Bourne 6001 Cherokee Drive	Fairway KS 66205	VP Prof Practice 1.00	0	0
Dixie Heinrich 6001 Cherokee Drive	Fairway KS 66205	Coordinator 40.00	55,200	0
Angela Vandeventer 6001 Cherokee Drive	Fairway KS 66205	VP Finance 1.00	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

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

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

35a 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

b If "Yes," to line 35a, has the organization filed a Form 990-T 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

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

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a

b Did the organization file Form 1120-POL for this year? 37b

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations Enter 39a

a Initiation fees and capital contributions included on line 9 39b

b Gross receipts, included on line 9, for public use of club facilities 40b

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 40c , section 4912 ► 40d , section 4955 ► 40e

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 40f

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 40g

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40h

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 40i

41 List the states with which a copy of this return is filed ► KS42a The organization's books are in care of ► **Dixie Heinrich** Telephone no ► **913-548-7017**
6001 Cherokee Drive

Located at ► Fairway

KS ZIP + 4 ► **66205**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 ► 42b See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts**.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 ► 42c 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a 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 c Did the organization receive any payments for indoor tanning services during the year? 44c 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 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

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

	Yes	No
46		X

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, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

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

	Yes	No
47		
48		
49a		
49b		

48 Is the organization a school as 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?

b 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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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"

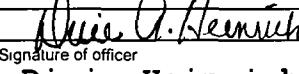
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ► _____

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

► Yes 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 Dixie Heinrich Type or print name and title	5/19/12 Date Coordinator
Paid Preparer Use Only	Print/Type preparer's name Brenda Flanagan, CPA Firm's name ► SS&C Solutions, Inc. Firm's address ► 5825 SW 29th St Ste 202 Topeka, KS 66614-2478	Preparer's signature Date 05/18/12 Check <input type="checkbox"/> if self-employed PTIN P00039590 Firm's EIN ► 48-0969601 Phone no 785-272-4484

May the IRS discuss this return with the preparer shown above? See instructions

► Yes 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 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011Open to Public
Inspection

Name of the organization

**Kansas Speech-Language-Hearing
Association Inc.**Employer identification number
51-0190803**Amended Return Explanation****Address was incorrect on original return****Form 990-EZ, Part I, Line 8 - Other Revenue**

Description	Amount
Capital One Points	\$ 1,279
CSAP reimbursement	\$ 100
	Total \$ 1,379

Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	
Conferences/Meetings	\$ 80,864
Other: 5210 Financial: 5210-0	\$ 1,505
Continuing Education	\$ 2,856
Fees	\$ 3,353
Insurance	\$ 371
Other Expenses	\$ 1,244
Postage/Shipping	\$ 1,189
Printing & Publications	\$ 5,753
Public Relations	\$ 555
Supplies	\$ 540
Telephone	\$ 1,255
Web Page	\$ 2,519
	Total \$ 102,004

Schedule O (Form 990 or 990-EZ) (2011)

Page 2

Name of the organization

Kansas Speech-Language-Hearing

Employer identification number

51-0190803

Form 990-EZ, Part III - Primary Exempt Purpose

To promote basic scientific study of the process of human speech & hearing. As well as to promote investigation of speech disorders and foster improvement of therapeutic procedures with such disorders, to stimulate exchange and dissemination of information among persons thus engaged, to be an advocate for people with communication disabilities.