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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2011

Department of the Treasury Internal Revenue Service

benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Open to Public Inspection

	2011 calendar year, or tax year beginning SEP 1, 2011 and ending		
neck if plicable	C Name of organization KANSAS WHEAT COMMISSION RESEARCH	D Employer identifica	ation number
Address			
Name		-	80579
			00373
-			E20 0255
ated			539-0255
Jreturn	City or town, state or country, and ZIP + 4		200,740
Jtion	MANNATIAN, KS 00502		
perions	F Name and address of principal officer: JUSTIN GILPIN	4	Yes X N
		527 If "No," attach a li	st (see instructions)
		H(c) Group exemption	
orm of o	rganization: X Corporation Trust Association Other ► L Y	ear of formation: 2011 M	State of legal domicile: F
rt I	Summary		<u></u>
1 E	riefly describe the organization's mission or most significant activities. TO PROMO	TE FURTHER AND	FUND
		4	
_			-
	•		(
			(
Di	et uniciated business taxable income non rom 950-1, inic 34		Current Year
•	Santurbushana and arrate (Dark VIII Iraa 1h)	Prior real	200,533
		· · · - · -	200,33
	•	<u> </u>	209
11 (other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	()
12	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		200,740
13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14 E	Benefits paid to or for members (Part IX, column (A), line 4)		
15 3	Galaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
16a F	Professional fundraising fees (Part IX, column (A), line 11e)		
b 1	otal fundraising expenses (Part IX, column (D), line 25).		
17 (Other expenses (Part IX, column (A), lines 11a-100 [1724] (F)		(
	otal expenses, Add lines 13:17 (must equal Part IX column A) line 25) ()		(
			200,740
		Beginning of Current Year	End of Year
20 1	الما		200,740
21	The state of the s		
22 1	let assets or fund halances. Subtract line 21 from line 20		200,740
rt II	Signature Block	<u> </u>	2001130
		ataments, and to the hest of my	knowledge and helief it
			/
correct	and company Declaration of treparer (other than officer) is based on all illiorination of which pres		20/2
	Supplier of officer		<u> </u>
		July	
e			
		VIDE DOWN	PTIN
	***************************************		'
	AMANDA VANKLEECK AMANDA VANKLEECK		
arer	Firm's name > VARNEY & ASSOCIATES, CPAS, LLC	Firm's EIN	<u> 30-0038643</u>
Only	Firm's address 🗩 120 NORTH JULIETTE		
Only	Firm's address 120 NORTH JULIETTE MANHATTAN, KS 66502-6092	Phone no. 78	35-537-2202
	Name Change Initial return Termin-Tated Termin-Tated Termin-Tated Termin Te	Doug Business As	FOUNDATION Doing Business As A5 - 36

KANSAS WHEAT COMMISSION RESEARCH

-om	990 (2011) FOUNDATION	45-3680579	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:		
	TO PROMOTE FURTHER AND FUND SCIENTIFIC WHEAT RESEARCH,		
	INCLUDE THE FUNDING OF SCIENTIFIC WHEAT RESEARCH PROJE	CTS THAT ARE	
	AWARDED GRANTS BY THE KANSAS WHEAT COMMISSION.		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	LYes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	s? Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services,		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	of grants and allocations t	0
	others, the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 0 . including grants of \$) (Rev		<u>209.</u>)
	TO PROMOTE FURTHER AND FUND SCIENTIFIC WHEAT RESEARCH,		
	INCLUDE THE FUNDING OF SCIENTIFIC WHEAT RESEARCH PROJE	CTS THAT ARE	
	AWARDED GRANTS BY THE KANSAS WHEAT COMMISSION.		
			
4b	(Code) (Expenses \$) (Re	venue \$)
			
			
			
4c	(Code) (Expenses \$) (Re	venue \$,
4d	Other program services (Describe in Schedule O)	•	
	Expenses Including grants of \$ (Revenue \$		
<u>4e</u>	Total program service expenses ▶	Form 9	90 (2011)

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Form 990 (2011)	FOUNDATION		
Dort IV	Ch	acklist of Deguired Cabadulas		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X_	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
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		X
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 98-197 If "Yes," complete Schedule C, Part III	5	<u> </u>	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	<u> </u>	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		İ	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			\ .
_	Schedule D, Part III	- 8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide		1	- v
40	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		x
4.4	endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
11	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a		х
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	İ	х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		1	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	ļ	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	ļ	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	İ	1	
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	1		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	-	X
13		13	<u> </u>	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X.
Þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	146		х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		12
13	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	<u> </u>	 	1
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
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	17	•	x
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		X
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	<u> </u>	Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	L	L
		Form	990	(2011)

Form 990 (2011)

FOUNDATION Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,		!	
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
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		ı	
	Schedule J	23		X
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 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			l
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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			l
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	Ì	ĺ	
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			7,5
	of any of these persons? If "Yes," complete Schedule L, Part III	27	<u> </u>	X
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):			v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
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	30		x
	contributions? If "Yes," complete Schedule M	30	 -	A
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		x
	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		<u> </u>
32		32		x
	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	 	
33	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
24	Was the organization related to any tax-exempt or taxable entity?			
34	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	х	
353	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	500		
J	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	-		1
50	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		<u> </u>	
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	1		
			1	1
	Note. All Form 990 filers are required to complete Schedule O	38	X_	L

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Par	V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response to any question in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a C	1		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b C)	'	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable gaming			
	(gambling) winnings to prize winners?		1c		
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 C)		1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	outhority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		X
	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial A	ccounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a_		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	Γ.	
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e organization solicit			
	any contributions that were not tax deductible?		6a	<u> </u>	X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or gifts	-		
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a_		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?		7c	<u> </u>	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?	7f	L	<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h	<u> </u>	<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di				
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at		8_		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a	<u>.</u>	
b	Did the 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	10a			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1	
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a		1	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			1	
	amounts due or received from them)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a	↓	<u> </u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			ļ	1
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.				1
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1		1
	organization is licensed to issue qualified health plans	13b			1
С	Enter the amount of reserves on hand	13c	ļ	<u> </u>	<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a	1	X

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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form **990** (2011)

FOUNDATION

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

	Check if Schedule O contains a response to any question in this Part VI			\mathbf{X}			
Sec	tion A. Governing Body and Management	_					
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 9						
	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 committee, explain in Schedule O.	i					
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
_	officer, director, trustee, or key employee?	2		X			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		X _			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X_			
6	Did the organization have members or stockholders?	6	Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
, 4	more members of the governing body?	7a		X			
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
b	persons other than the governing body?	7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
o a	The governing body?	8a	X_				
b	Each committee with authority to act on behalf of the governing body?	8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			-			
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)						
			Yes	No_			
10a	Did the organization have local chapters, branches, or affiliates?	10a		X			
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u>X</u>			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	ın Schedule O how this was done	12c_					
13	Did the organization have a written whistleblower policy?	13		X			
14	Did the organization have a written document retention and destruction policy?	14		X			
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a		_X_			
b	Other officers or key employees of the organization	15b		<u>X</u>			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
	taxable entity during the year?	16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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		L			
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ► NONE						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	availab	le				
	for public inspection. Indicate how you made these available. Check all that apply						
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ncial				
	statements available to the public during the tax year						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:					
	JULIE WINSOR - (785) 539-0255						
13200	1990 KIMBALL, MANHATTAN, KS 66502		000	(2011)			
A 4 A 7	10	rarm	フラリ	20111			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees; and former such persons.

X Check this box if neither the organization r	nor any related	orga	ınıza	tion	cor	nper	nsat	ed any current officer, o	director, or trustee	
(A) Name and Title	(B) Average		(C) Position					(D) Reportable	(E) Reportable	(F) Estimated
rano and mo	hours per	box	, unle	ss pe	erson	than	han	compensation	compensation	amount of
	week		cer an	dad	lirecto	or/trus	tee)	from	from related	other
	(describe hours for	directo			ŀ			the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or	ıstee			susate		(W-2/1099-MISC)	(11 27 1000 111100)	organization
	organizations	al trus	nal tri		loyee	e emp				and related
	in Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) RICHARD RANDALL	O)	흐	<u>=</u>	5	¥	로 등	윤			
CHAIRMAN	1.00	$ \mathbf{x} $		х	ŀ			0.	0.	0.
(2) RON SUPPES		==								
VICE CHAIRMAN	1.00	X		X	<u> </u>			0.	0.	0.
(3) JAY ARMSTRONG										
SECRETARY/TREASURER	1.00	X	_	X			L	0.	0.	0.
(4) DOUG KEESLING		l								
PAST CHAIRMAN	1.00	X	_	X				0.	0.	0.
(5) BRIAN LININ	1 00									
DIRECTOR	1.00	X	-		├			0.	0.	0.
(6) MIKE MCCLELLAN	1.00	Ţ.						0.	0.	0.
DIRECTOR (7) JASON OCHS	1.00	^					-	0.	0.	•
DIRECTOR	1.00	x			i			0.	0.	0.
(8) DAVID RADENBERG		-					-			
DIRECTOR	1.00	X						0.	0.	0.
(9) SCOTT VAN ALLEN										
DIRECTOR	1.00	X						0.	0.	0.
		 	-	\vdash	\vdash	-				
	 	<u> </u>	ļ .		├-	-	\vdash	-		
						\vdash				
		_	<u> </u>							
	 	<u> </u>		\vdash	-	\vdash				
	_l				1		Ц.	·	· · · · · · · · · · · · · · · · · · ·	Farm 000 (2011)

Form 990 (2011)

KANSAS W		(MM	ISS	SIC	NC	RE	ESI	EARCH	4= 0.				_
Form 990 (2011) FOUNDATION Part VII Section A Officers Directors True									45-36	80	579	Pa	ge 8
	Γ'	nplo	yee			ligh	est	I — — — — — — — — — — — — — — — — — — —		 -		/ =\	
(A)	(B)				C) stion	,		(D)	(E)			(F) mated	a
Name and title	hours per	Average Position (do not check more than one box, unless person is both an						Reportable compensation	Reportable compensatio	n		mated	_
	week					or/trus		from	from related			ther	•
	(describe	ctor						the	organizations	s	comp	ensat	ion
	hours for	9.0	بو			E G		organization	(W-2/1099-MIS	SC)		m the	
	related organizations	ustee	truste		ىپو	bens		(W-2/1099-MISC)			_	nızatı	
	in Schedule	ual tr	tional		ploye	yee						relate nzatio	
	0)	Individual trustee or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				0,90.		
		T =	=		-								
							İ						
						,	İ						
		<u> </u>	<u> </u>		-		<u> </u>						
	 	-									<u></u>		
				_	ļ	<u> </u>							
		-			-	+	-					-	
			ł										
		T											
1b Sub-total						>		0.		0.			0.
c Total from continuation sheets to Part V	II, Section A							0.		0.			0.
d Total (add lines 1b and 1c)						<u> </u>		0.		0.			0.
2 Total number of individuals (including but r	not limited to th	nose	liste	ed a	bov	e) wi	no r	eceived more than \$100	0,000 of reportab	le			0
compensation from the organization									· · · · · ·			Yes	No
3 Did the organization list any former officer,	director or tri	uste	e ke	ev er	mpla	ovee	. or	highest compensated e	mplovee on	ſ			
line 1a? If "Yes," complete Schedule J for s			-,	, .		,,	,	g.,			3		X
4 For any individual listed on line 1a, is the si			omp	ensa	atior	n and	d ot	her compensation from	the organization				
and related organizations greater than \$15											4		X
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion 1	rom	any	y uni	elat	ed organization or indiv	dual for services				
rendered to the organization? If "Yes, " com	plete Schedu	e J I	or s	uch	per	son			<u> </u>		5		X
Section B. Independent Contractors									£100 000 of com		-		
Complete this table for your five highest countered the organization. Report compensation for										ipens	ation ir	OIII	
(A)	the calcindar y	cai	CHG	ng t	*11.1	01 11	<u> </u>	(B)	year		(C)	
Name and business	address	N	ON	$\mathbf{\Xi}$				Description of s	services	С	ompen		1
 							_						
									-			-	•

Form **990** (2011)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

FOUNDATION
Statement of Powers

<u>rai</u>	rt VIII	Statement of Rever	ide		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
tts t	1 a	Federated campaigns	1a					
اع قا	b	Membership dues	1b					
A G	С	Fundraising events	1c					
# E	d	Related organizations	1d					
B,	е	Government grants (contribut	ions) 1e					
Ş	f	All other contributions, gifts, gran	ts, and					
호		similar amounts not included abo	ve 1f	200,531.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	1a-1f \$					
<u>8</u> 0	h	Total. Add lines 1a-1f		<u> </u>	200,531.			
				Business Code				
<u>8</u>	2 a							
le ez	b				 			
o Si	С							
Program Service Revenue	d			-				
Š.	е							
۱ ۳		All other program service reve	enue					
		Total. Add lines 2a-2f		D				
	3	Investment income (including	dividends, inter	est, and	200	209.		
		other similar amounts)			209.	209.		
- 1	4	Income from investment of ta	x-exempt bond p	proceeds				
	5	Royalties		P				
	_		(ı) Real	(II) Personal				
	6 a							
		Less rental expenses						
		Rental income or (loss)		•				
		Net rental income or (loss)	() See whee					_
l	7 a	Gross amount from sales of	(i) Securities	(II) Other				
1	L	assets other than inventory Less: cost or other basis		 				
1	ь	and sales expenses						
	_	Gain or (loss)		 				
				•]		
	d	Gross income from fundraisin	a events (not					
ے ا	0 4	including \$	of					
Other Reven		contributions reported on line						
Æ		Part IV, line 18	а					
ᇐ	h	Less: direct expenses	b					
0		Net income or (loss) from fund						
- {		Gross income from gaming ac	-					
-		Part IV, line 19	а					
- 1	b	Less direct expenses	b					
- 1		Net income or (loss) from garr	ning activities					
		Gross sales of inventory, less						
		and allowances	а					
- 1	b	Less cost of goods sold	b	, [
	С	Net income or (loss) from sale	s of inventory					
		Miscellaneous Revenu	ie	Business Code				
[11 a							
	b							
	С							
	d	All other revenue	_		<u> </u>			
	е	Total. Add lines 11a-11d		▶				
	12	Total revenue. See instructions.		<u> </u>	200,740.	209.	0.	0.
13200	9 -12							Form 990 (2011)

Form 990 (2011)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.	All other organizations must complete column (A) but are not required to
complete columns (B), (C), and (D).	

•	Check if Schedule O contains a respon	se to any question in th			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		-		
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in	· -			
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages			 	
8	Pension plan accruals and contributions (include				
_	section 401(k) and section 403(b) employer contributions)			-	
9	Other employee benefits				
10	Payroll taxes		<u> </u>		
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c d	Accounting Lobbying				
u e	Professional fundraising services. See Part IV, line 17				;
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				·
17	Travel				
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	Depreciation, depletion, and amortization				
23	Insurance			-	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а				<u> </u>	
b			 		
C					
d					
е	All other expenses	<u> </u>		 	
25	Total functional expenses Add lines 1 through 24e	0.	0	. 0.	0.
26	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)	<u> </u>	<u> </u>	<u>, I</u>	5 990 (2011)

FOUNDATION

Part	X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	-		0.	1	200,740.
	2	Savings and temporary cash investments				2	
- 1	3	Pledges and grants receivable, net				3	
- 1	4	Accounts receivable, net		Ţ		4	
	5	Receivables from current and former officers, dir	ectors, trustees, k	ev			
	_	employees, and highest compensated employee		- 1			
ŀ		of Schedule L	,			5	
	6	Receivables from other disqualified persons (as	defined under sect	tion			
		4958(f)(1)), persons described in section 4958(c)		1			
		employers and sponsoring organizations of sect		_			
		employees' beneficiary organizations (see instru-		,		6	
\$	7	Notes and loans receivable, net	J		n	7	
Assets	8	Inventories for sale or use		İ		8	
۷	9	Prepaid expenses and deferred charges		į	,	9	
.		Land, buildings, and equipment cost or other					
	.04	basis. Complete Part VI of Schedule D	10a				
	h	Less. accumulated depreciation	10b			10c	
╽.	11	Investments - publicly traded securities	TOD			11	
- 1	12	Investments - other securities See Part IV, line 1	1	ľ		12	
	13	Investments - program-related See Part IV, line			 	13	
	14	Intangible assets		Ì		14	
ŀ	15	Other assets See Part IV, line 11				15	
1	16	Total assets. Add lines 1 through 15 (must equal	al line 34\		0.	16	200,740.
	17	Accounts payable and accrued expenses	at little 34/			17	20077201
- 1	18	Grants payable			7-	18	
	19	Deferred revenue				19	
ļ,	20	Tax-exempt bond liabilities				20	
1	20 21	Escrow or custodial account liability Complete 6	Part IV of Schedule	3 D	·- ·- · · ·	21	
.99 ∣	22	Payables to current and former officers, director				-	····
ilid	22	highest compensated employees, and disqualifi	-				
==		of Schedule L	od persons, comp			22	
Ι.	23	Secured mortgages and notes payable to unrela	ted third parties			23	
	23 24	Unsecured notes and loans payable to unrelated		·		24	
- 1	2 4 25	Other liabilities (including federal income tax, pa	·	burd			
'	25	parties, and other liabilities not included on lines	='			! i	
		Schedule D	11 24) Complete	T dit X Oi		25	
- 1.	26	Total liabilities. Add lines 17 through 25		•	0.		0.
		Organizations that follow SFAS 117, check he	ye X and	l complete			
,,		lines 27 through 29, and lines 33 and 34.	are P Last and	Complete			
ğ .	27	Unrestricted net assets			0.	27	200,740.
la la	28	Temporarily restricted net assets				28	
<u> </u>	29	Permanently restricted net assets				29	
Ĭ .	23	Organizations that do not follow SFAS 117, ci	nack here	and			
F		complete lines 30 through 34.	icox licie	uu			
ı s	20	•				30	
% I	30 31	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ed	unment fund			31	
Ţ Į	31 32	Retained earnings, endowment, accumulated in		ıde		32	
Se	32 33	Total net assets or fund balances	come, or other lun		0.	33	200,740.
1.	33	Total liabilities and net assets/fund balances			0.	34	200,740.
	34_	Total nabilities and tiet assets/fully balafices			<u>U •</u>		Form 990 (2011)

Form **990** (2011)

KANSAS WHEAT COMMISSION RESEARCH

	990 (2011) FOUNDATION	<u>45-368</u>	<u> 30579</u>	Pag	<u>je 12</u>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	200	0,7	<u>40.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			0.
3	Revenue less expenses Subtract line 2 from line 1	3	200	0,7	<u>40.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			0.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6_	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	200	0,7	<u>40.</u>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				<u></u> _
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
b	Were the organization's financial statements audited by an independent accountant?		2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		1	
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both			}	
	Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь		

Form **990** (2011)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number KANSAS WHEAT COMMISSION RESEARCH FOUNDATION 45-3680579 Reason for Public Charity Status (All organizations must complete this part) See instructions. Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I c Type III - Functionally integrated Type III - Other b ___ Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organizátion in col. organization in col. (ı) listed in your organization in col. organization support (i) organized in the (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes No Yes No Total

132021

Schedule A (Form 990 or 990-EZ) 2011

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2011 FOUNDATION

45-3680579 Page 2

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)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants ")	ļ <u></u>				200,531.	200,531.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	į					
	or expended on its behalf						·
3	The value of services or facilities	 					
	furnished by a governmental unit to			1			
	the organization without charge	<u> </u>				000 501	000 531
	Total. Add lines 1 through 3					200,531.	200,531.
5	The portion of total contributions			1			
	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)				-	 	200,531.
	Public support. Subtract line 5 from line 4 ction B. Total Support	L	<u> </u>		<u> </u>		200,331.
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4	(2) 2007	(8) 2000	(0) 2000	(u) 20 10	200,531.	200,531.
8	Gross income from interest,						
Ŭ	dividends, payments received on					-	
	securities loans, rents, royalties						
	and income from similar sources					209.	209.
9	Net income from unrelated business						
	activities, whether or not the			1			
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10				<u> </u>	,	200,740.
12	Gross receipts from related activities,	, etc (see instructi	ions)			12	<u> </u>
13	First five years. If the Form 990 is for	r the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3)	
	organization, check this box and stor	here					▶
	ction C. Computation of Publ					<u></u>	00.00
	Public support percentage for 2011 (•	column (f))		14	99.90 %
	Public support percentage from 2010				44 00 4/00/	15	<u>%</u>
168	33 1/3% support test - 2011. If the				14 IS 33 1/3% Of	more, check this bo	ox and ►X
	stop here. The organization qualifies 33 1/3% support test - 2010. If the		_		d line 15 is 33 1/3	% or more check th	
	and stop here. The organization qual				u line 15 is 55 i/5	78 Of More, Check a	II3 DOX ▶ □
17-	and stop here. The organization qual 10% -facts-and-circumstances tes				ne 13 162 or 16h	and line 14 is 10%	or more
178	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					a iioii alo orgal	▶ □
,	10% -facts-and-circumstances tes					17a, and line 15 is	10% or
	more, and if the organization meets to						
	organization meets the "facts-and-cire						
18	Private foundation. If the organization		_				ıs ▶ 🔲
						edule A (Form 990	
						-	-

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Se	ction A. Public Support	slow, please com	piete i art <u>ir j</u>		·		
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 201	1 (f) Total
	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 organ- ization'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	Total. Add lines 1 through 5						
7	a Amounts included on lines 1, 2, and 3 received from disqualified persons						
!	h 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						
	c Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)		<u> </u>	<u> </u>	1		
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11 (f) Total
9	Amounts from line 6				ļ		
10	a 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						
11	c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital						
13	assets (Explain in Part IV.) Total support (Add lines 9 10c, 11, and 12)					 	
	First five years. If the Form 990 is for	r the organization	's first, second, thi	d, fourth, or fifth	tax year as a sect	ion 501(c)(3)	organization,
	check this box and stop here						▶□
Se	ction C. Computation of Publ	ic Support Po	ercentage				
15	Public support percentage for 2011 (line 8, column (f)	divided by line 13,	column (f))		15	%
_	Public support percentage from 2010					16	<u>%</u>
_	ction D. Computation of Inve						
17	Investment income percentage for 20)11 (line 10c, colu	ımn (f) divided by lii	ne 13, column (f))		17	%
18	• •					18	%
19	a 33 1/3% support tests - 2011. If the						nd line 17 is not
	more than 33 1/3%, check this box a						1 (00)
	b 33 1/3% support tests - 2010. If the						
	line 18 is not more than 33 1/3%, che						ilization
<u>20</u>	Private foundation. If the organization	on did not check a	a box on line 14, 19	a, or 19b, check	this box and see i	nstructions	

KANSAS WHEAT COMMISSION RESEARCH

Sched	tule A (F	orm 990 o	r 990-EZ) 201	1 FOU	TAC	ON					<u> </u>	45-3	3680 <u>5</u>	79 Page 4
Par			ental Info				rt to pr	ovide th	e explanation	s required by	Part II, line	10; Part	II, line 17a	a or 17b;
			, line 12 Also											
THE	TAX	YEAR	ENDING	JUNI	<u>30,</u>	2012	IS	THE	FOUNDA	TION'S	FIRST	TAX	YEAR	AND
IT	WAS	INCOR	PORATED	ON S	SEPTE.	MBER	<u>1, 2</u>	2011	•					
														
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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.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

KANSAS WHEAT COMMISSION RESEARCH

Employer identification number 45-3680579

FOUNDATION
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SCIENTIFIC WHEAT RESEARCH PROJECTS THAT ARE AWARDED GRANTS BY THE
KANSAS WHEAT COMMISSION.
FORM 990, PART VI, SECTION A, LINE 6: THE BOARD OF DIRECTORS ARE THE
MEMBERS OF THE CORPORATION.
FORM 990, PART VI, SECTION B, LINE 11: THE CEO AND THE BOARD OF DIRECTORS
REVIEW AND APPROVE THE FILING OF FORM 990.
FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION MAKES IT GOVERNING
DOCUMENTS AVAILABLE UPON REQUEST.

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990.

2011 Open to Public Inspection

OMB No 1545-0047

COMMISSION RESEARCH KANSAS WHEAT FOUNDATION Name of the organization

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

Part

Employer Identification number 45-3680579

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Direct controlling End-of-year assets Total income Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Part II

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) led ?
				501(c)(3))		Yes	No
KANSAS WHEAT COMMISSION	INCREASE WHEAT PRODUCER						
1990 KIMBALL	PRODUCTIVITY AND						
MANHATTAN KS 66502	PROFITABILITY	KANSAS					×
							
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule R (Form 990) 2011

KANSAS WHEAT COMMISSION RESEARCH FOUNDATION

Schedule R (Form 990) 2011

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

Page 2-

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(a)	(2)	9	Ð	(e)	ω	(b)	(£)	Ξ	3	3
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	trolling y	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share	of year ts	tions?	UBI n box nedule 1065)	e Ba	rcentage
										
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	ganizations Taxable as rporation or trust during	s a Corpo y the tax y	ration or Trust (Cor rear)	nplete if the organ	ization answered "Yes	" to Form 990, Pa	rt IV, line 34 I	pecause it had or	e or more r	elated
(a) Name, address, and EIN of related organization	Z c		(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets		(h) Percentage ownership
									_	
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								·		
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KANSAS WHEAT COMMISSION RESEARCH FOUNDATION

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Schedule R (Form 990) 2011 FOUNDATION

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				_	Yes No	ŝ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	in Parts II-IV?			
a Receipt of (i) interest (ii) annuties (iii) royalties or (iv) rent from a controlled entity				1 a		×
b Gift, grant, or capital contribution to related organization(s)				9		×
				5		×
				10		×
				4		×
 Loans or loan guarantees by related organization(s) 				<u> </u>		4
f Sale of assets to related organization(s)				÷		×
				19		×
y decided of accepts with related organization(c)				£		×
				÷		×
 Lease of facilities, equipment, or other assets to related organization(s) 				•	\vdash	;
i Lease of facilities equipment, or other assets from related organization(s)				11		×
	anization(s)			¥		×
	inization(s)			=		×
m Sharing of facilities equipment mailing lists or other assets with related organization(s)	ion(s)			Ę		×
n Sharno of paid employees with related organization(s)				1º		×
 Reimbursement paid to related organization(s) for expenses 				9	\dashv	×
				1p	-	×
q Other transfer of cash or property to related organization(s)				10	1	×
r Other transfer of cash or property from related organization(s)				-		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	is line, including covered	relationships and transaction thresholds			
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved			
(1)						
õ						
(a)						
(3)				į		
(4)						-
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KANSAS WHEAT COMMISSION RESEARCH

Schedule R (Form 990) 2011 FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

Schedule R (Form 990) 2011

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KANSAS WHEAT COMMISSION RESEARCH FOUNDATION 45-3680579 Page 5 Schedule R (Form 990) 2011 Part VII | Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions)