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Short Form 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. 1545-1150 2013

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	For the	2013 calend		, 20					
В	Check if ap	pplicable	C Name of organization	D Emp	D Employer identification number				
	Address o	change Kansas Association of Conservation Districts			30-0661669				
닞	Name cha	-	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	E Tele	ohone r	number			
뉘	Initial returnate		2237 Rodeo Drive	1	78	85-832-9400			
H	Amended		City or town, state or province, country, and ZIP or foreign postal code	F Gro	F Group Exemption				
ŏ		on pending	Lawrence, KS 66047-1968		nber	•			
G	Account	ting Method:	✓ Cash	Check	eck ▶ ☑ if the organization is no				
1 1	Website	e:▶ www.	kacdnet org		ed to attach Schedule B				
J٦	Tax-exen	npt status (che	eck only one) — ☐ 501(c)(3) ☑ 501(c) (4) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	(Form 9	m 990, 990-EZ, or 990-PF).				
		organization:							
L	Add line:	s 5b, 6c, and	7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tot	al assets	;				
(Pa	ırt II, col	lumn (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ g	\$			
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the	instru	ctions	s for Part I)			
_			the organization used Schedule O to respond to any question in this Part						
	1	Contribution	ons, gifts, grants, and similar amounts received		1	11,550			
	2	Program se	ervice revenue including government fees and contracts		2	74,563			
	3	Membersh	ip dues and assessments		3	53,901			
	4	Investment	:income		4				
	5a	Gross amo	unt from sale of assets other than inventory 5a						
	b	Less cost	or other basis and sales expenses						
	С	Gain or (los	• •	5c	_				
	6	Gaming an	d fundraising events		, ,				
	a		ome from gaming (attach Schedule G if greater than		. ·				
Ę	1	\$15,000) .	6a	-	, , ,				
Revenue	b		me from fundraising events (not including \$ of contribution	ns) '' <i>'</i> ' '				
æ	1		aising events reported on line 1) (attach Schedule G if the						
		sum of suc	h gross income and contributions exceeds \$15,000) 6b		*				
	С		t expenses from gaming and fundraising events		,				
	d		btract		İ				
		line 6c) .			6d				
	7a		s of inventory, less returns and allowances		, , , , ,				
	b		of goods sold		سنتسدد				
	С	•	t or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c				
	8		nue (describe in Schedule O)		8				
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶_	9	140,014			
	10		similar amounts paid (list in Schedule O) RECEIVED	·	10	12,996			
	11		id to or for interribers	-1 oll	11				
es	12		her compensation, and employee benefits	138	12				
Expens	13		al fees and other payments to independent contractors APR. 0.1.2014.	RS-C	13	57,600			
	14		r, rent, utilities, and maintenance		14				
	15		iblications, postage, and shipping	r · ·	15	433			
	16				16	69,416			
	17	Total expe	nses. Add lines 10 through 16		17	140,445			
Net Assets	18			18	(431)				
	19	Net assets		484					
		end-of-yea		19	159,159				
	20		ges in net assets or fund balances (explain in Schedule O) or fund balances at end of year. Combine lines 18 through 20		20	115			
<u>-</u>	21	Net assets	. ▶	21	158,843				

Par	•					
	Check if the organization used Schedule	e O to respond to a	ny question in this	Part II		
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			159,159	22	158,84
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			159,159	25	158,84
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column			159,159	27	158,84
Part				•		Expenses
	Check if the organization used Schedule				(Re	quired for section
What	is the organization's primary exempt purpose?	Conservation educa	tion, information &	advocacy		(c)(3) and 501(c)(4)
as m	ribe the organization's program service accompleasured by expenses. In a clear and concise noise benefited, and other relevant information for e	nanner, describe th ach program title.	e services provide	d, the number of	494	anizations and section 7(a)(1) trusts, optional others)
28	Annual convention draws approximately 400 farmer					
	current conservation program information, education	on about best practice	es, technical support	, and		
	opportunities for networking					
		t includes foreign gr			28a	37,158
	Co-sponsor booth at Kansas State Fair with conserv	vation partners (state	and federal agencie	s) to educate		
	and inform the public about conservation efforts					1
				_		1
		t includes foreign gra			29a	2,290
	Sponsor Kansas Envirothon (youth conservation pr Women Managing the Farm statewide conference.	ogram), Women ın Aç	griculture multi-coun	ity events, and		
	(Grants \$ 11,550) If this amount				30a	10,500
	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	t includes foreign gra	ants, check here .	<u> ▶ ∐</u>	31a	1
	Total program service expenses (add lines 28a				32	1
Part						•
	Check if the organization used Schedule	e O to respond to a	(c) Reportable	Part IV		
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employ benefit plans, and		Estimated amount of their compensation
Bevin	Law - President	7				
287 F	rontier Road, Longford, KS 67458					
Euge	ne Albers - Vice President	3				
3952	SW 160th Ave , Cunningham, KS 67035				\perp	
Willa	m Simshauser - Secretary/Treasurer	3			-	
1697	Rd. 240, Lakin, KS 67860				\perp	
Rona	d Brown - Director	3				
1269	Birch Road, Fort Scott, KS 66701					
	tarns - Director	3			-	
	ounty Road 9, Winona, KS 67764				_	
	k T. Lehman - Executive Director	35				
2237	Rodeo Drive, Lawrence, KS 66047		57,60	0	_	
					-	
					-	
					+	· · · · · - · · · · · · · · · · · · · ·
					+	
					\perp	

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
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	Yes	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)			
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)?	34	-	-
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	35a 35b	├-	V
	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		V
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		1
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		7
	If "Yes," complete Schedule L, Part II and enter the total amount involved	4	}	
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9		1	
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶	,		-
ь	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		
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	100	,	
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	f	ă,	" +c
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		,	, .,
е	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		· /
41	List the states with which a copy of this return is filed ► Kansas			
42a	·	/85) 83		
L	Located at ► 2237 Rodeo Drive, Lawrence, KS ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	66047		
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	NO
	If "Yes," enter the name of the foreign country: ▶	720	<u>, , , , , , , , , , , , , , , , , , , </u>	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	1.0		
	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	,	1
	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		. 1	- 🗆
			Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		~
_	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	-	-
	Did the organization receive any payments for indoor tanning services during the year?	44c		
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	444	,	۱ ۱ - ۱ - ۱ - ۲ - ۲ - ۲ - ۲ - ۲ - ۲ - ۲
	explanation in Schedule O	44d 45a		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	TVA (**)		
	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	1	`

Form 99	0-EZ (20	013)							ا	Page 4		
•				···					Yes	No		
46	Did th	ne organization engage, directly or in	ndirectly, in political c	ampaign activities	on be	half of or	ın opposi	tion : 🏎	- a 18	***		
		ndidates for public office? If "Yes," of		, Part I				· 46	<u> </u>			
Part '		Section 501(c)(3) organizations										
		All section 501(c)(3) organization	is must answer que	estions 47–49b a	nd 52	, and cor	nplete th	e tables	for lin	es		
		50 and 51.										
		Check if the organization used Sc	hedule O to respond	to any question	in this	Part VI	<u> </u>			. 🗆		
									Yes	No		
47		he organization engage in lobbying If "Yes," complete Schedule C, Par		section 501(h) ele	ction is	n effect c	luring the	tax . 47		/		
48	Is the	organization a school as described i	n section 170(b)(1)(A)(i	ii)? If "Yes." comple	ete Sch	nedule F		. 48	+	1		
49a	Did the organization make any transfers to an exempt non-charitable related organization?								_	1		
b	If "Yes," was the related organization a section 527 organization?									1		
50		plete this table for the organization's						tors trust		nd kev		
	emple	oyees) who each received more than	\$100,000 of compe	nsation from the or	ganıza	ation. If th	ere is non	e. enter "l	Vone.'	,		
		· . ·	I	1	Ť	(d) Health I						
	(a)	Name and title of each employee	hours per week compensation contributions to emple					oloyee (e) Estimated amount of				
	, ,	, ,	devoted to position	(Forms W-2/1099-MISC)		netit plans, a compen	and deferred	other co	her compensation			
				-								
					1							
				Ì	Ì							
				<u> </u>	_							
				<u> </u>								
			A 400.000	L		· -						
f		number of other employees paid ov		<u> </u>								
51		olete this table for the organization			ent co	ntractors	who each	received	more	than		
	\$100,	,000 of compensation from the orga	inization. If there is no	one, enter "None.								
	(a)	Name and business address of each independ	and business address of each independent contractor			(b) Type of service			(c) Compensation			
				•								
			<u> </u>									
				<u> </u>								
d	Total	number of other independent contra	actors each receiving	over \$100,000 .	.▶_							
52		ne organization complete Schedule /			ons an	d 4947(a)	(1)					
	none	xempt charitable trusts must attach	a completed Schedul	eA				► □ Yes	<u> </u>	Vo		
Under p	enalties	of perjury, I declare that I have examined this	return, including accompan	ying schedules and stat	ements,	and to the l	est of my kn	owledge and	d belief,	ıt ıs		
true, cor	rect, an	d complete Declaration of preparer (other than	n officer) is based on all info	rmation of which prepa	rer has a	any knowled	ge.					
		Brown Sand 3										
Sign		Signature of officer Date										
Here		BEVIN LAW PRESIDENT										
		Type or print name and title										
		Print/Type preparer's name	Preparer's signature		Date		Check	PTIN				
Paid		The type property of territor					self-employ					
Prepa	_	Esm's same				Erm!	s EIN ▶					
Use (Only	Firm's name				Phon						
May th	o IPS	Firm's address ►	r shown above? See i	nstructions		Pilon		► □ Vos		<u></u>		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Inspection

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

30-0661669

Employer identification number

Name of the organization

Kansas Association of Conservation Districts

Line 10 - Grants and similar amounts paid - \$12,996 as follows:

Kansas Envirothon - \$2,500

Women in Agriculture - \$3,000

Women Managing the Farm - \$5,000

National Association of Conservation Districts Convention Gift Donation - \$175

Prizes for Youth Speech Contestants - \$1,650

KACD Convention Speaker Stipend - \$225

Grant to Grasslands Committee - \$446

Line 13 - Professional fees and other payments to independent contractors - \$57,600 as follows

Lehman, Inc. - Association Management Services - \$57,600

Line 15 - Printing, publications, postage, and shipping - \$433 as follows.

Postage - \$173

Printing - \$260

Line 16 - Other expenses - \$69,416 as follows.

Executive director travel - \$7,457

Office expenses - \$2,583

Board expenses - \$13,979

Telephone expenses - \$1,381

Annual convention expenses - \$37,158

Website expenses - \$2,300

Meeting expenses - \$893

Fair booth expenses - \$2,290

Dues - \$1,375

Line 20 - Other changes in net assets or fund balances - \$115 as follows:

Interest income on annuity - \$115